

**MDHS – DIVISION OF YOUTH SERVICES
JUVENILE PERSONAL DATA SHEET**

I. PERSONAL INFORMATION

COUNTY: _____ CO. # _____ DATE FORM COMPLETED: _____
 NAME: _____ SSN: _____
 ADDRESS: _____
 HOUSE# STREET CITY STATE ZIP
 PHONE: _____ DOB: _____ RACE: _____ SEX: _____
 HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____

II. SCHOOL/EMPLOYMENT INFORMATION

IS CHILD EMPLOYED? YES or NO IF SO, WHERE: _____
 IS CHILD IN SCHOOL? YES or NO IF SO, WHERE: _____
 CURRENT GRADE: _____ ATTENDANCE: (REGULAR) (IRREGULAR) (SPEC. ED.) (GED)
 IS CHILD BELOW EXPECTED GRADE LEVEL? YES or NO GRADE FAILED: _____

III. FAMILY INFORMATION

CHILD LIVING WITH: _____ RELATIONSHIP: _____
NATURAL MOTHER: _____ DOB: _____
 ADDRESS: _____ PHONE: _____
 OCCUPATION / EMPLOYER: _____ PHONE: _____
NATURAL FATHER: _____ DOB: _____
 ADDRESS: _____ PHONE: _____
 OCCUPATION / EMPLOYER: _____ PHONE: _____
LEGAL GUARDIAN: _____ DOB: _____
 ADDRESS: _____ PHONE: _____
 OCCUPATION / EMPLOYER: _____ PHONE: _____

SIBLINGS:

NAME	SEX/AGE	ADDRESS	GRADE/EMPLOYMENT

IV. MEDICAL/PSYCHOLOGICAL INFORMATION

IMMEDIATE MEDICAL NEEDS: _____
 IMMEDIATE PSYCH. NEEDS: _____
 CURRENT MEDICATIONS: _____
 MEDICAL INSURANCE CO. & NUMBER: _____
 KNOWN TO OTHER AGENCIES : _____