



**NEZ PERCE SOCIAL SERVICES DEPARTMENT**  
**I'nit – Teen Shelter**  
**341 Agency Rd.; P.O. Box 365 Lapwai, ID 83540**  
**208-791-2253; Fax: 208-843-9401**

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### **I'nit – Teen Shelter Intake**

#### INTAKE SHEET

Date: \_\_\_\_\_ Completed by: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date entered the home: \_\_\_\_\_ Referred by: \_\_\_\_\_

Reason for referral: \_\_\_\_\_

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Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ SSN #: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Enrollment#: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Glasses/Contacts: \_\_\_\_\_ Scars or tattoos: \_\_\_\_\_

Primary guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Enrollment#: \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Enrollment#: \_\_\_\_\_

Fathers Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Enrolment#: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Phone#: \_\_\_\_\_ School Address: \_\_\_\_\_

Current daily Schedule: \_\_\_\_\_

Important information or Considerations for staff: \_\_\_\_\_

Medical or special needs: \_\_\_\_\_

Allergies: YES  NO  If yes please explain: \_\_\_\_\_

Taking Medication: YES  NO  If yes, please list: \_\_\_\_\_

IHS Eligible: YES  NO  State Medicaid: YES  NO  Medicaid #: \_\_\_\_\_

Private Insurance: YES  NO  Insurance Provider: \_\_\_\_\_ Expiration: \_\_\_\_\_

Medical Provider: \_\_\_\_\_ Doctor: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Address: \_\_\_\_\_

**(Please check all the apply)**

History of youth: Suicide  Neglect  Drugs/Alcohol Use  Physical Abuse

Sexual Abuse  Emotional Abuse  Habitual Runaway  School Problems

Domestic Violence  Juvenile Offender  Other: \_\_\_\_\_

**Other Needs and Issues:** Disability  Language Barrier  Legal  Spiritual Issues  Medical Needs

Teen Pregnancy  Mental Health  Transportation  Nutrition  Financial  Voc/Edu  Housing

Child Neglect  Foster-Care  Safety concerns for others  Homeless  Cultural Conflict

Crowded Living  Isolation  S/I Ideation  Other: \_\_\_\_\_

Currently Receiving Services From: \_\_\_\_\_

Interest and Hobbies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Favorite foods \_\_\_\_\_  
\_\_\_\_\_

Likes and dislikes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Clothing Size: Pants \_\_\_\_\_ Shirts \_\_\_\_\_ Shoes \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone# \_\_\_\_\_

Caseworker: \_\_\_\_\_ Phone# \_\_\_\_\_

Signature of person filling out form: \_\_\_\_\_

Date: \_\_\_\_\_

Received By: _____ Date: _____
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