

Chesterfield Adolescent Resource Pathways

Face Sheet

Client Name _____ Age _____ DOB _____
Address _____ City _____ State _____ Zip _____
Sex _____ Race _____ Cell # _____ Religious restrictions _____

Court Involvement

Offense history, including current offense _____
Probation Officer _____ Phone # _____

Parent/Guardian

Parent/Guardian Name

Address _____ City _____ State _____ Zip _____
Occupation/Employer _____
Phone # _____ Work # _____ email _____

Parent/Guardian

Address _____ City _____ State _____ Zip _____
Occupation/Employer _____
Phone # _____ Work # _____ email _____

Emergency Contact Person

Phone # _____
Address _____ City _____ State _____ Zip _____

Service Coordination

How will the family arrange for transportation? _____
Is youth employed? Yes No If yes, where and schedule _____
Mental Health Counselor _____ Phone _____
Edline/Student View Username _____ Password _____

Education Information

Is youth currently in school? Yes No If yes, where and time out each day? _____
If no, last School Attended _____ Grade _____
Does the juvenile have any learning disabilities? Yes No
If yes, how will this limit ability to perform certain tasks with accommodations (Please include any difficulties with reading and writing)? _____

Medical Information

Current Medications _____
Medications to be given by staff of CARP? Yes _____ No _____ (if yes, complete medications form)
Known medical Problems _____
Drug/ Food Allergies _____
Health Insurance _____ Policy # _____
Staff Signature _____ **Date** _____

Admission Date _____ CARP Case Manager _____
Release Date _____ Successful Completion? Yes No