

Admission Form

PORT Group Homes

Name: _____ is being admitted to PORT Group Homes

by order of: _____ of _____ on _____
(Social Worker, Probation Officer, Judge) (County) (Date)

Picture Taken:

Placement Status:(Circle one) 72 Hr Detention Short Term Services 30-Day Program Other: _____

Detention/Hold

Have the parents been notified? Yes - No

By Whom _____ Time: _____

Officer/s Involved: _____ Agency: _____

Reason(s) for placement/offense: _____

Person transporting: _____ of _____
(Name) (Agency)

Relationship: _____ Signature: _____
(Person Transporting/Placing)

Referring County: _____ Referring Agency: _____

Agency Address: _____
City State Zip

Probation Officer: _____ Phone #: _____

Agent/Social Worker: _____ Phone #: _____

Medical/Emergency Contact Information

In An Emergency Contact: _____ Relationship: _____

Address: _____ Phone: _____
City State Zip

Alt. Emergency Contact: _____ Relationship: _____

Address: _____ Phone: _____
City State Zip

Family Information Custodial Parent(s) / Guardian(s):

Name: _____

Phone #: _____ Work # _____ Cell# _____

Name: _____

Phone #: _____ Work # _____ Cell# _____

Home Address: _____

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Non-Custodial Parent(s) / Significant Others /Guardian(s):

Name _____ Relationship to child _____
Name _____ Relationship to child _____
Name _____ Relationship to child _____
Name _____ Relationship to child _____

Sibling Information

Name: _____ Age: _____ Brother/Sister - Full/Half/Step
Name: _____ Age: _____ Brother/Sister - Full/Half/Step
Name: _____ Age: _____ Brother/Sister - Full/Half/Step
Name: _____ Age: _____ Brother/Sister - Full/Half/Step

Additional Comments/Observations:

**This section will be completed by PORT Staff during intake
Resident Money and Valuables Verification/Inventory**

I (do) (do not) have money or valuables in my belongings.

I have \$ _____ in my belongings. (Staff should immediately secure this money in a locked area and issue a receipt per SOP policy).

Please list any documents (i.e. I.D., SSN card) and valuables that you need secured until they can be returned home or held until discharge. PORT is not responsible for locating money or valuables that are not specified on this form. Complete the following inventory.

Item	Description (include condition)	Quantity

Where were the items secured? _____

Resident Signature _____

Date _____

Signature of staff Completing This Form

Date _____

*File a copy with Resident Intake Inventory