

**Mary Haven Youth Center
Face Sheet**

Resident's Full Legal Name: _____ SSN: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ County of Residence: _____

Emergency #: _____ Contact Person: _____

Date of Birth: _____ Place of Birth: _____

Race: _____ Sex: _____ Age: _____ Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____ Identifying Marks(Tattoos, Scars): _____

School District: _____ School Attending: _____ Grade: _____

Probation Officer: _____

Resident's Parents' Marital Status: married _____ divorced _____ single _____

Who has legal custody of this child? _____ Relation: _____

MOTHER: _____ SSN: _____

STEP-FATHER: _____ SSN: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell Phone: _____

Mother's Employer: _____ Address: _____ Phone: _____

FATHER: _____ SSN: _____

STEP-MOTHER: _____ SSN: _____

Address: _____ City: _____ State: _____

Telephone: _____ Cell Phone: _____

Father's Employer: _____ Address: _____ Phone: _____

DOCUMENTS REQUIRED FOR INTAKE:

**Birth Certificate
Social Security Card
Medical/Insurance Card
Divorce Decree with Custody Order**