

FOSTER YOUTH SERVICES
INTAKE FORM

Patterson Joint Unified School District

510 Keystone Boulevard, Patterson, CA 95363
Tel 209.895.7700 - Fax 209.892.5803

STUDENT INFORMATION - REQUIRED

Last Name _____ First Name _____ M _____

Date of Birth _____ Male ☐ Female ☐ Age _____ Current Grade _____

Previous school and district _____

Foster Youth Placement: Name/Provider _____; ☐ Foster Home ☐ FFA ☐ Group Home

Foster Parent(s) Names _____

Address _____ Cell Phone _____

Email _____ Home Ph _____

Does the student have a 504 Accommodation Plan? ☐ Yes ☐ No ☐ Unknown

A current IEP? ☐ Yes ☐ No ☐ Unknown

School enrolling in _____ Date of Enrollment _____

EDUCATIONAL RIGHTS HOLDER - REQUIRED

Name _____ Relationship _____

Address/City/Zip _____

Home Phone _____ Cell Phone _____

Email _____

AGENCY INFORMATION/SUPPORT PERSONNEL - REQUIRED

County of Origin _____

County Social Worker _____ Phone _____

E-mail _____

Student Attorney _____ Phone _____

E-mail _____

ADDITIONAL AGENCY INFORMATION/SUPPORT PERSONNEL - IF APPLICABLE

FFA Social Worker _____ Phone _____

E-mail _____

Mental Health Clinician _____ Phone _____

E-mail _____

Probation Officer _____ Phone _____

CASA Worker _____ Phone _____

E-mail _____

Other (specify) _____ Phone _____

E-mail _____

Education Liaison: Lisa Thompson/Social Worker of the Day Phone: (209) 558-3627 E-mail: ThompLa@stancounty.com

Form Completed by:

Name: _____ Date: _____ Relationship to student _____

**Please attach a copy of the JV-535 and send to
Tracy Manzoni, PJUSD Assistant Superintendent, Student Services at
tmanzoni@patterson.k12.ca.us or fax to 209-892-5803.**

SUBMIT via Email

PRINT to Fax