

**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  
Paola Solorio Negrete, Coordinator of Safe and Supportive Schools at psolorionegrete@patterson.k12.ca.us  
or fax to 209-892-5803.**