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| Youth’s Name:       | Date of Admission: Click or tap to enter a date. |

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| A contact list shall be created upon intake with reviews and updates as needed. The initial contact list, reviews and updates shall have the CSO’s signature. |
| **Name of Contact** | **Relationship** | **Contact Information(phone number(s), address)** | **Contact Type (phone, mail, day pass, overnight, etc.)** | **Date of update or change in type of contact** |
|       |       |       |       |       |
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| **CSO signature:** | **Date** |  | **CSO Signature:** | **Date** |  | **CSO Signature:** | **Date** |
|  |   /  /     |  |  |   /  /     |  |  |   /  /     |
| **CSO Signature:** | **Date** |  | **CSO signature:** | **Date** |  | **CSO Signature:** | **Date** |