

**Juvenile Intake and Assessment
Release/Placement Form**

- LEO Drop off
- Walk-In
- Appointment (NTA/ATA)
- Court-Ordered Assessment

| |
|-------------------------------|
| <u>Intake Arrival</u> |
| Date ___/___/___ Time ___:___ |

Youth's Name _____ DOB ___/___/___ SS# _____
LAST FIRST MIDDLE
 Youth's Address _____

RELEASE

I, _____, am taking custody of this youth at ___:___ on ___/___/___.
 I acknowledge that I am responsible for the proper care, or transfer of care and physical custody, of this child.

Signature _____, Relationship: _____
 Witnessed by _____, Position: _____

Intake Notes _____

POLICE PROTECTIVE CUSTODY PPC _____ **(Initial & Complete ONLY if PPC)** LEO Application Attached

Pursuant to K.S.A. 38-2232(c), I, a duly authorized law enforcement officer, do hereby apply for shelter for this child in the protective custody of law enforcement due to the following circumstances which provide reasonable grounds to believe that this child would be harmed if not taken into custody:

TYPE OF CINC

| | | | |
|----------------------|--------------------|----------------------------|---|
| _____ Physical Abuse | _____ Sexual Abuse | _____ Neglect | _____ Without Adequate Parental Care |
| _____ Abandoned | _____ Runaway | _____ Human Trafficked | _____ Same residence as an abused minor |
| | _____ Truancy | _____ <10yoa commits crime | _____ Other _____ |

Narrative: _____

Child's Parent or Guardian:

| | |
|-------------------------|-------------------------|
| Name: _____ | Name: _____ |
| Address: _____ | Address: _____ |
| City, State, Zip: _____ | City, State, Zip: _____ |
| Phone: _____ | Phone: _____ |
| Relationship: _____ | Relationship: _____ |

Pursuant to K.S.A. 38-2217, temporary guardians of this child may give consent for: 1) Dental treatment by a licensed dentist; 2) Diagnostic examinations including, but not limited to, x-rays, withdrawal of blood and other bodily fluids, and other laboratory examinations; 3) Releases and inspections of medical history records; 4) Immunizations, and 5) Administration of lawfully prescribed drugs. PAYMENT FOR MEDICAL AND MENTAL HEALTH TREATMENTS IS ALWAYS THE RESPONSIBILITY OF THE CHILD'S PARENT/LEGAL GUARDIAN. Further be advised that: 1) K.S.A. 38-2217(a)(5) states "any health care provider who in good faith renders hospital, medical, surgical, mental or dental care or treatment to any child after a consent has been obtained as authorized by this section shall not be liable in any civil or criminal action for failure to obtain consent of a parent"; 2) K.S.A. 38-2232(d) requires "that the person receiving custody of this child forward a copy of this application to the county or district attorney without unnecessary delay"; and 3) K.S.A. 38-2232(e) requires, absent a court order to the contrary, that this child must be released after 72 hours excluding Saturdays, Sundays, and holidays.

LEO Last Name (Print) _____ LEO Signature _____ Badge # _____
 LEA _____ Case Number _____ Date and Time of Signature ___/___/___ Time ___:___

LEO Recommends: (Initial) Parent _____ Relative _____ Foster Home/Shelter _____ Other Explain: _____

Signature of JIAC Staff Admitting Youth _____, _____

Authorization for release to _____ for transportation to _____ was obtained from _____ at ___:___ on ___/___/___.