



**OUT OF COUNTY ADMISSION FORM**

**CHILD INFORMATION**

NAME				DOB
GENDER	AGE	SS#		
HEIGHT	WEIGHT	HAIR	EYES	
PRIMARY LANGUAGE	RELIGION	RACE		

**REFERRAL INFORMATION**

COUNTY OF RESIDENCE	REFERRING COUNTY		
REFERRAL DATE	REFERRING AGENCY		
CONTACT PERSON	PHONE		
<b>*24 HR. CONTACT PERSON</b>	<b>PHONE</b>		
CHARGE(S)			
PETITION TYPE	PLACEMENT	DSS	OCFS
JUDGE	LAW GUARDIAN	PHONE	
CASEWORKER	APPOINTMENTS		
PREVIOUS PLACEMENT			

**PARENTS/GUARDIANS INFORMATION**

MOTHER
ADDRESS
PHONE
CELL
FATHER
ADDRESS
PHONE
CELL
OTHER
SIBLINGS