Residential – Intake Data Collection

FORM 2503A-17

Name Information	«OffenderFirstNm» «OffenderMiddleNm» «OffenderLastNm» «OffenderSuffix»			«OffenderCd»
Birth Information	**Date of Birth:** «BirthDt»	**Birth City:** «BirthCity», «BirthState» - «BirthCountry»		
Physical Identifiers	**Height/Weight:** «HeightFormatted2» «Weight» lbs.	**Sex:** «Sex»	**Hair Color:** «HairColor»	**Eye Color:** «LeftEyeColor»/«RightEyeColor»
	Race: «Race»		**Ethnic Origin:** «EthnicOrigin»	
Citizenship Information	**Citizenship Country:** «CitizenshipCountry»		**Status:** «USCitizenshipStatus»	
Social Security Number	«SSN»			
Driver's License Info	**Drivers License Number:** «DriversLicenseNo»		**State:**	
Address Information - - - - - - - - - - - - - - - - - - **ROs – Change to Facility Address**	**Address:** «Valaree__Intake__AddressAddress1»			
	City: «City»		**Zip:** «Zip»	**County:** «County»
Educational Details	**Highest Educational Level:** «HighestEducationLevel»			
Employment Information	**Job Status:** «JobStatus»	**Employer:** «Employer»		
Health Information	**Physical:** «Valaree__Intake__Physical_HealthDescr»«Next Record If»«Next Record If»«Next Record If»«Next Record If»		**Mental:** «Valaree__Intake__Mental_HealthDescrip»«Next Record If»«Next Record If»«Next Record If»«Next Record If»	
Military Information	**Military Branch:** «MilitaryBranch»	**Start Date:** «StartDt»	**End Date:** «EndDt»	
Body Markings	«BodyMarkingType» «BodyMarkingLocation» - *«Comments»*«Next Record If»; Scar Lip - «Next Record If»; Scar Lip - «Next Record If»; Scar Lip - «Next Record If»			
Non Physical Identifiers	**Marital Status:** «MaritalStatus»	**Religious Affiliation:** «ReligiousAffiliation»		**English Speaking:** Yes
Emergency Contact Information	**Contact:** «Contact» **Relationship:** «Relationship»	**Address:** «Valaree__Intake__Emerg_ContactAddress» «AddressCity», «AddressState» «Zip»		**Phone:** «ResidencePhoneNo»

NOTES:

Information needs to be updated by 0700 the day after intake.

Information added/updated in ICON on ______________ by ___________

Original Info merged on

File in RO File when completed.

For Public Information Only