

OFFENDER INTAKE INFORMATION

FORM 2503B-17

Enter into ICON, Menu "Intake", sub-menu "Residential - Intake Data Collection" within 24 hours of intake.

Name:		Intake Date:	
Alias Names:			
Birth Information		Birth Date:	
City:		State:	
Zip Code:		Country:	
Physical Identifiers		Height:	Weight:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Hair Color: <input type="checkbox"/> Auburn <input type="checkbox"/> Black <input type="checkbox"/> Blonde <input type="checkbox"/> Brown <input type="checkbox"/> Grey <input type="checkbox"/> Red <input type="checkbox"/> White		
Eye Color - Left Eye: <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Grey <input type="checkbox"/> Hazel	Right Eye: <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Grey <input type="checkbox"/> Hazel		
Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White			
Ethnic Origin: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic			
Citizenship Information: Natural Born U.S. citizen <input type="checkbox"/> Yes (You may skip this section) <input type="checkbox"/> No (complete section)			
INS Number:		Citizenship Country:	
U.S. Citizenship Status:		Expiration Date:	
Social Security Numbers			
SS#:		Alias SS#:	
Driver's License Information <input type="checkbox"/> No Driver's License (You may skip this section)			
Driver's License number:		Driver's License State:	
Address Information 1051 29 th Avenue SW, Cedar Rapids, Iowa 52404			
Education Details & Summary			
School Name:		City:	
State:		Educational Level (Highest Obtained):	
Start Date:		End Date:	
Highest Grade Completed:		Reading Level:	
Health Information			
Health Issue Type: Physical or Mental			
Description:			
Medications:			
Emergency Contact			
Contact Name:	Address:	Relationship:	Phone:
Military Information <input type="checkbox"/> None (Skip this section)		Military Branch:	
Discharge Type:		Highest Rank:	
Rank at Discharge:		Military Occupation:	
Start Date:		End Date:	
Body Markings: (Please list below any marks (birthmarks, freckles, or moles), piercings, scars or tattoos. Please also give a description, color if applicable, and location) Example: Mom-Red White and Blue-R Shoulder)			
Non-Physical Identifiers		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	
Religious Affiliation:		Primary Language:	
ICON Data Entry Completed By:		Date Completed:	