



**GPS Social Data**

Date: \_\_\_\_\_

**Youth Information**

Child's Full Legal Name: \_\_\_\_\_ Youth's Cell#: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

D. O. B. \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Race:  American Indian/ Alaska Native  Asian  Black  Hawaiian / Pacific Island  White

**Parent Information**

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Home Phone No: \_\_\_\_\_

Cellular Phone No: \_\_\_\_\_ Cellular Phone No: \_\_\_\_\_

Work Phone No: \_\_\_\_\_ Work Phone No: \_\_\_\_\_

**Emergency Contact Information**

Emergency Contact Name: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Phone: \_\_\_\_\_

**School Information**

Name of School Child is attending: \_\_\_\_\_ School Hours \_\_\_\_\_

Mode of Transportation:

School Bus or Private Bus  Public Transportation  Driven  Walks

What time does youth leave from home to go to school? \_\_\_\_\_

What time does the youth arrive home from school? \_\_\_\_\_

**Services**

Type of Services/ Program:

Counseling  Tutoring  Community Work Service

Days:

Sun  Mon  Tue  Wed  Thu  Fri  Sat Hours: \_\_\_\_\_  Weekly  Monthly

Name of the Service/Program: \_\_\_\_\_

Address: \_\_\_\_\_