

**DCFS Guardian's Office
COVID-19 Youth Data Collection Form**

Date: Click or tap to enter a date.

Name of Caller:

Name of Youth:

CYCIS ID#:

R/S/F:

Caseworker:

Supervisor:

DCFS Guardian Representative:

Contact #:

DOB:

Legal Status:

Contact #:

Agency:

PLACEMENT INFORMATION

Name of Placement:

Contact Name:

Contact #:

Type of Placement:

YOUTH SPECIFIC INFORMATION

- Exposed
- Symptomatic (fever, coughing or trouble breathing)
- Tested, awaiting result
- Tested positive
- Special medical needs (describe):

MEMBER OF HOUSEHOLD INFORMATION Add additional sheets if necessary

Name:

- Exposed
- Symptomatic
- Tested, awaiting result
- Tested positive

Name:

- Exposed
- Symptomatic
- Tested, awaiting result
- Tested positive

Name:

- Exposed
- Symptomatic
- Tested, awaiting result
- Tested positive

Name:

- Exposed
- Symptomatic
- Tested, awaiting result
- Tested positive

ADDITIONAL INFORMATION OF HOUSEHOLD/RESIDENT

Are there any adults over the age of 60? **YES** **NO**

Is there a pregnant person in the home? **YES** **NO**

Does anyone have lung disease (such as asthma, Chronic Obstructive Pulmonary Disease [COPD], oxygen-dependent)? **YES** **NO**

Does anyone have heart disease? **YES** **NO**

Does anyone have diabetes? **YES** **NO**

Does anyone have a weakened immune system (such as cancer, HIV, sickle cell disease)? **YES** **NO**

REQUESTED INFORMATION

- New Placement/Movement of Youth
- Additional Services
- Directions for Quarantine/Isolation
- Other (describe):