## **Shelter Care UA Screens**

YOUTH DEMOGRAPHIC	S			
First Name:				
Middle Name:				
Last Name:				
Date of Birth:				
UA INFORMATION				
*UA Completed:	□ Yes	□ No		□ Refused
*Date of UA Screen:				
*UA Screen Results (pick one):				
Negative	Positive		Excused	No Show
*UA results related to discharge:  Ves No				