

LUCAS COUNTY CENTRALIZED DRUG TESTING UNIT
Identification description form
for Lucas County Children Services clients without a picture ID

Today's Date:

Client Name:

Client DOB:

Contact person at LCCS:

Phone #

Physical Description of client:

Gender: Male Female

Race: African-American Caucasian Asian Other:

Ethnicity: Hispanic Non-Hispanic

Hair color: Black Brown Blonde Red Gray Other:

Eye color: Black Brown Blue Green Hazel Other:

Approximate Height:

Approximate Weight:

VISIBLE tattoos/piercings (describe):

Clothing client is currently wearing:

Please complete this form so that CDTU can confirm the identity of the person who leaves a screen (if client does not have a picture ID). You can tab through the form to move from box to box.

Please send email to the following addresses: schapman@co.lucas.oh.us; dmccain@co.lucas.oh.us; hbaldwin@co.lucas.oh.us; dwsmith@co.lucas.oh.us; Lucaskids-drug-screen@jfs.ohio.gov;