

CHILD INTAKE & FAMILY CARE TEAM INFORMATION



Date: _____

Child's Name (First, Mid, Last): _____ Sex: M F

DOB: _____ Religious Preference (optional): _____

Ethnicity (please indicate the best fit for the child's background, or provide description):

- White (non-Hispanic)
- Hispanic (if yes, please indicate): Mexican Puerto Rican Cuban Other: _____
- Black (non-Hispanic)
- Asian (if yes, please indicate): Southeast Asian East Indian Other: _____
- Native Hawaiian/Other Pacific Islander
- Native American
- Alaskan Native
- Other race: _____

Medicaid #: _____ Social Security #: _____

Other Insurance Coverage: Yes No If yes, please provide the following:

Insurance Provider : _____

Policy Holder: _____ Policy Number: _____

Social Security Number of Policy Holder: _____

FAMILY INFORMATION

Parent(s)/Guardian(s):
Address(s) and Phone Numbers of Parent(s)/Guardian(s):

Email: _____			
Sibling(s):	M/F	Age	Contact? (Y/N)

Child's Hobbies/Special Interests: _____

FAMILY CARE TEAM RESOURCES

System Involvement: Please indicate all individuals involved in the clients care coordination and indicate if they need to be invited to clinical meetings and/or receive monthly reports or incident reports

Name/Title	Contact Information (phone/cell/fax/email)	Meetings/Report Distribution?
Child Welfare/Caseworker		
Supervisor		
Case Manager		
Mental Health		
Other Funding Source (primary/secondary insurance, etc.)		
Developmental Disabilities		

Name/Title	Contact Information (phone/cell/fax/email)	Meetings/Report Distribution?
Tribal Representative		
School District Rep		
Juvenile Justice		
Other (CASA, Attorney, etc.)		

Other Community Resources & Natural Supports

(NOTE: Please indicate individuals you want to attend the family care team meetings).

Individual	Role	Contact Information (phone/email)	Meetings?

CHILD'S SCHOOL STATUS UPON INITIAL INTAKE

Last School Attended: _____ Current Grade: _____

School Address or Location: _____

School District: _____ Current IEP? Y N

Child's most recent teacher(s): _____

IEP Eligibility (If known/applicable): _____

CHILD'S MENTAL HEALTH/BEHAVIORAL STATUS

Child & Family Strengths: _____

Please check the problematic behaviors which the child has exhibited:

Behavior		Comments
<input type="checkbox"/>	Violent/Aggressive	<input type="checkbox"/> Children <input type="checkbox"/> Adults <input type="checkbox"/> Animals
<input type="checkbox"/>	Biting	
<input type="checkbox"/>	Destroys Property	<input type="checkbox"/> Own <input type="checkbox"/> Others
<input type="checkbox"/>	Difficulty with Peers	
<input type="checkbox"/>	Encopresis	<input type="checkbox"/> Daytime <input type="checkbox"/> Nighttime <input type="checkbox"/> Smears
<input type="checkbox"/>	Enuresis	<input type="checkbox"/> Daytime <input type="checkbox"/> Nighttime
<input type="checkbox"/>	Firesetting	How many occasions?
<input type="checkbox"/>	Oppositional	
<input type="checkbox"/>	Hyperactive	
<input type="checkbox"/>	Lies excessively	
<input type="checkbox"/>	Runs Away	
<input type="checkbox"/>	Self-Mutilation	How?
<input type="checkbox"/>	Sexual Offending	
<input type="checkbox"/>	Sexually Reactive	
<input type="checkbox"/>	Steals excessively	

Behavior		Comments
<input type="checkbox"/>	Controlling	
<input type="checkbox"/>	Distractible	
<input type="checkbox"/>	Attachment Problems	
<input type="checkbox"/>	Covert	
<input type="checkbox"/>	Manipulative	Unjustified accusations of abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Tantrums	How often/how long?
<input type="checkbox"/>	Nightmares	How often?
<input type="checkbox"/>	Depression	
<input type="checkbox"/>	Suicidal	<input type="checkbox"/> Ideation <input type="checkbox"/> Acts When?
Additional Comments/Clarifications (as needed):		

HISTORY OF RESTRICTIVE BEHAVIORAL INTERVENTIONS

Does the child have a history of needing restrictive behavioral interventions such as being held for violent behavior? Yes No If yes, please answer the following:

How would you describe the child's current risk to self and to others?
What are the child's triggers that often result in problematic behavior and what signs indicate the child is likely to become violent?

What types of interventions have been successfully used in the past?
What has not worked in the past?
Does this child have any medical or psychological issues that need to be considered in behavior management interventions?