

CHILD AND ADOLESCENT SERVICES INTAKE

I) INTAKE INFORMATION

1. Agency where Intake completed: _____
2. Home Clinic: _____ Location: _____
3. Service Provider: _____ Location: _____
4. Date of Intake: ____/____/____ Start of Services: ____/____/____
5. Person completing this form: _____
6. Address: _____
7. Phone: (____) _____ - _____
8. Therapeutic Case Manager: _____

For Office Use:
INKS/MCIS No: _____
Record #: _____
Initials: _____
Date entered: _____

II) CHILD INFORMATION

1. Child's Name: _____ 2. Sex: M F 3. Birth Date: ____/____/____
4. Social Security No.: _____ - _____ - _____ 5. Town/City: _____
- 6.a. Entitlements: Is the child/adolescent eligible for any of the following entitlements? (*check all that apply*):
 - No Insurance Medicare SSI IV-E Adoption Subsidy
 - Medicaid AFDC SSDI Other (*specify*): _____
- 6.b. If not currently enrolled in Medicaid date of application: ____/____/____
7. Private Insurance: _____
(Name of Subscriber) (Company)

(Group Number) (Card Number)
8. Legal custody:
 - Both parents Father SRS Unknown Self
 - Mother Guardian Other Relative
9. Legal guardian or other representative: _____
10. Has the child/adolescent been adopted? Yes No
11. Referral: By whom was the child/adolescent referred to you? (*check one*)
 - Corrections Physician Department of Health Other (*specify below*): _____
 - Court Private Therapist Drug & Alcohol (ODAP)
 - School Social Service Agency Youth Service Bureau _____
 - Mental Health Agency Self Domestic Violence Group _____
 - Parent/Family/Friend(s) Police Unknown _____
12. Race of child/adolescent: (*check one*)
 - White American Indian/Alaskan Native French Canadian
 - Black not Hispanic Asian/Pacific Islander Unknown
 - Hispanic Native Hawaiian Other (*specify*): _____

III) FAMILY INFORMATION

A. Current Living Situation: (*check one only*)

- | | | |
|--|--|--|
| 1. <input type="radio"/> Two Biological Parents | 8. <input type="radio"/> Correctional Facility (Adult) | 15. <input type="radio"/> Psych. Hospital |
| 2. <input type="radio"/> Biological Mother | 9. <input type="radio"/> Homeless | 16. <input type="radio"/> Correctional Facility (Juvenile) |
| 3. <input type="radio"/> Adoptive Home | 10. <input type="radio"/> Two Adoptive Parents | 17. <input type="radio"/> Independent Living |
| 4. <input type="radio"/> Adult Non-Relative (Unpaid) | 11. <input type="radio"/> Biological Father | 18. <input type="radio"/> Supervised Independent Living |
| 5. <input type="radio"/> Foster Parent | 12. <input type="radio"/> Adoptive Father | 19. <input type="radio"/> Unknown |
| 6. <input type="radio"/> Group Home | 13. <input type="radio"/> Adult Relative | 20. <input type="radio"/> Other (<i>specify</i>): _____ |
| 7. <input type="radio"/> Residential Treatment | 14. <input type="radio"/> Therapeutic Foster Care | 21. <input type="radio"/> Emergency Placement |

B.1. Residential Location

- 1 – Out of Community 3 – Out of State 5 – In Home
- 2 – Out of County 4 – In Community 6 – Unknown

B.2. Type of Placement

- 1 – Community Based 9 – Unknown
- 2 – Institutional

C. Current Household Information:

1. Total number of children living in household (include target child)? _____
2. Total number of siblings? _____
3. Total number of adults living in household? _____
4. Total number of siblings living in household? _____
5. Gross Annual Family Income \$ _____

• *If Primary Care Provider is biological, adoptive or step parent, please complete section III.F-Mother and/or III.G-Father only.*

D. Child or Adolescent’s Primary Care Provider (foster parent or relative):

1. Name: _____
2. Birth Date: ____/____/____ 3. Sex: M F 4. Relationship to child: _____
5. Marital status:
 Never Married Separated Widowed Married Divorced Unknown

E. Child or Adolescent’s Secondary Care Provider (foster parent or relative):

1. Name: _____
2. Birth Date: ____/____/____ 3. Sex: M F 4. Relationship to child: _____
5. Marital status:
 Never Married Separated Widowed Married Divorced Unknown

F. Mother (biological, adoptive or step parent):

1. Name: _____
2. Birth Date: ____/____/____ 3. Living? Yes No - Date of death: ____/____/____
- 4.a. Reason for not living with child: _____ 4.b. Date separated: ____/____/____
5. Highest level of education:
 0-8 years completed Post High School Training (Voc/Tech/Job Training) 4-year Undergraduate Degree
 Some High School Some College (0-2 years) Some Graduate/Professional School
 GED/High School Equivalency 2-year Associate’s Degree Advanced (Graduate) Degree
 High School Diploma Some College (2-4) years Unknown
6. Employment Status:
 Unemployed Employed part-time (1 or more jobs) Retired Unknown
 Employed full-time Not employed outside of the home Disabled
 Employed full and part time Student Other
7. Marital status:
 Never Married Separated Widowed Married Divorced Unknown

G. Father (biological, adoptive or step parent):

1. Name: _____
2. Birth Date: ____/____/____ 3. Living? Yes No - Date of death: ____/____/____
- 4.a. Reason for not living with child: _____ 4.b. Date separated: ____/____/____
5. Highest level of education:
 0-8 years completed Post High School Training (Voc/Tech/Job Training) 4-year Undergraduate Degree
 Some High School Some College (0-2 years) Some Graduate/Professional School
 GED/High School Equivalency 2-year Associate’s Degree Advanced (Graduate) Degree
 High School Diploma Some College (2-4) years Unknown

6. Employment Status:

- Unemployed
- Employed full-time
- Employed full and part time
- Employed part-time (1 or more jobs)
- Not employed outside of the home
- Student
- Retired
- Disabled
- Other
- Unknown

7. Marital status:

- Never Married
- Separated
- Widowed
- Married
- Divorced
- Unknown

IV) EDUCATIONAL STATUS

A. IEP Status: (*check one*)

- IEP for SED
- IEP for other reason
- Pending
- Need to refer
- Assessed and found ineligible
- N/A
- Unknown
- Not on an IEP

B. School Type - Over the past 6 months: (*check one*)

- Headstart
- Vocational/Trade School
- Residential School
- Public School
- Private School (Prep)
- Other (*specify*): _____
- Specialized Day School
- Home-Based Instruction
- Hospital-based Instruction
- Not in school - Graduated
- Not in school - Suspended
- Not in school - GED
- Not in school - Dropped Out
- Unknown

C. School Attendance: (*check one*)

- Not Attending (0%)
- Attending Very Infrequently (1-25%)
- Attending Infrequently (26-50%)
- Attending More Than Not (51-75%)
- Attending Regularly (76-100%)
- Unknown

V) MENTAL HEALTH AND BEHAVIORAL STATUS

A. DSM-IV Diagnoses (Child/Adolescent):

AXIS I: Clinical Disorders

1.a. Primary Diagnostic Code: _____.____

1.b. Disorder Description: _____

2.a. Secondary Diagnostic Code: _____.____

2.b. Disorder Description: _____

3.a. Tertiary Diagnostic Code: _____.____

3.b. Disorder Description: _____

AXIS II: Personality Disorders

1.a. Primary Diagnostic Code: _____.____

1.b. Disorder Description: _____

2.a. Secondary Diagnostic Code: _____.____

2.b. Disorder Description: _____

AXIS III: General Medical Conditions

1. Primary: _____

2. Secondary: _____

AXIS IV: Psychosocial and Environmental Problems

1. Primary: _____

2. Secondary: _____

AXIS V: Global Assessment of Functioning Scale (GAF)

Score: _____.____

B. Is the child or adolescent currently receiving medication(s)? Yes No

If yes, what medication(s) is the child/adolescent receiving?

_____	_____
_____	_____
_____	_____

C. Child and Family Risk Factors [Psychosocial History]

1. Family/Setting Risk Factors: *(check all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Parent/caregiver psychiatric hospitalization (ever) | <input type="checkbox"/> History of family mental illness (ever) |
| <input type="checkbox"/> Parent/caregiver convicted of felony (ever) | <input type="checkbox"/> History of family violence (ever) |
| <input type="checkbox"/> Siblings institutionalized (ever) | <input type="checkbox"/> History of family substance abuse (ever) |
| <input type="checkbox"/> Siblings in foster care (ever) | |

2. Child/Adolescent Risk Factors: *(check all that apply)*

- Previous psychiatric hospitalization (ever)
- Substantiated physical abuse (ever)
- Victim of sexual behaviors (ever)
- Has engaged in sexual behaviors (ever)
- History of running away (ever)

- Suicide attempt(s) (ever)

Explain: _____

- History of drug and alcohol abuse (ever)

Explain: _____

- Has engaged in sexual behaviors (ever)
- Involuntary expulsion from home (ever)

Explain: _____

3.a. Juvenile Justice Status - During 12 months prior to intake:

- _____ Number of arrests with convictions during the past year?
- _____ Number of contacts with law enforcement during the past year, as the result of violation of law?
- _____ Number of Adjudicated Felony Charges (Convicted)
- _____ Number of Adjudicated Misdemeanors (Convicted)

3.b. Previous Involvement with the Justice System: _____

4.a. The client works at _____ **as a(n)** _____.

4.b. He/She has worked there for _____ **and works an average of** _____ **hours/week.**

4.c. Past work history includes: _____

D. Presenting Problems. In the space below, briefly describe the three most significant problems that led to the child or adolescent's referral.

Problem: Describe in detail. (For example, "issues with peers" or "inappropriate behavior" does not provide sufficient information. A better description would be "is physically aggressive towards peers" and "is sexually acting out with classmates at school on the playground).

History: For each problem discuss significant current and past child or family events that may have contributed to the current situation.

Problem 1: _____

History: _____

Problem 2: _____

History: _____

Problem 3: _____

History: _____
