

Intake Questionnaire

Name of person filling out this form:		Today's Date:	
Relationship to child:			
Address, City, State, Zip:			
Telephone Number: ()			
Email Address:			
Child's First Name:		Child's Last Name:	
Date of Birth:		Birthplace:	
Child's Grade:			
Child's Race:		Child's S.S.#:	
Height:		Weight:	
Natural Child: <input type="checkbox"/> Yes <input type="checkbox"/> No		Adopted (when):	
Is the child presently living at home? (If NO, please specify):			
<p>What are the child's current emotional/behavioral/ family problems?</p>			

Has this child had previous placements outside the home? _____ If YES, please list all other therapeutic programs, schools, hospitalizations, etc. below:

PLACE	ADDRESS	DATE(S)	REASON LEFT

Has this child been denied placement in any other program? YES/NO If yes, why?

Is this child covered on **anyone's** insurance? YES/NO Provide the information below

Insurance Company:	
Address:	
Telephone:	Policy Number:
Group Number:	Name of Insured:
S.S.# of Insured:	Employer:
Employer's Address:	
Employer's Telephone Number:	

Person's to notify in case of an emergency:

NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBER

Who referred you to Promise Village: Home for Children?

The following information is related to the child's family:

Father's Name:	Birth Date:
Address, City, State, Zip:	
Email Address:	
Occupation:	Home Phone:
Yearly Gross Income:	Work Phone:
Highest Grade Completed:	Social Security #:
Health:	Religion:
Military Record:	Marital Status
Employer:	

Mother's Name:	Birth Date:
Address, City, State, Zip:	
Email Address:	
Occupation:	Home Phone:
Yearly Gross Income:	Work Phone:
Highest Grade Completed:	Social Security #:
Health:	Religion:
Military Record:	Marital Status
Employer:	

Person with LEGAL CUSTODY of the child:	Birth Date:
Address, City, State, Zip:	
Email Address:	
Occupation:	Home Phone:
Yearly Gross Income:	Work Phone:
Highest Grade Completed:	Social Security #:
Health:	Religion:
Military Record:	Marital Status
Employer:	

Legal Guardian's Name:	Birth Date:
Address, City, State, Zip:	
Email Address:	
Occupation:	Home Phone:
Yearly Gross Income:	Work Phone:
Highest Grade Completed:	Social Security #:
Health:	Religion:
Military Record:	Marital Status
Employer:	

Please answer all questions as they relate to the child for whom this application is being made.

Does anyone receive any private or public funding for the care of this child? Include child support and government funding of all types. List who receives payment and the amounts below:
Describe the pregnancy of the child (i.e. normal, complications, etc.):
Describe the birthing process (i.e. normal, prolonged, breech, etc.):
Did the child achieve developmental tasks on time (crawling, walking, talking, etc.)?

Describe the overall personality of the child in three phases:

Birth to six years of age:
Six to twelve years of age:
Twelve years of age to present:

Has the child ever had serious illnesses or head injuries? If so, please describe:

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Describe the history of the relationship with the following people. Include how the child currently interacts with each of these people or groups in general:

Father:
Mother:
Stepfather:
Stepmother:
Brother(s):

Sister(s):
Friends:
Teachers:
Authority Figures:

Describe the history of your marriage(s) and your marriage relationship(s).
Describe the history of all divorce(s) and separation(s) and your child's reaction to them.
Has the child ever been traumatized (physical, verbal, sexual abuse, violence, etc.) or witnessed any abuse of this kind? Please describe.
Has the child ever received any previous psychological services. Please include who provided the service(s), what the problem was, the date(s) of the service(s), and the success or failure of the service(s).
Has the child been active sexually? Please describe.
Has the child used drugs (including alcohol)? Please describe history, usage, frequency, kinds, etc.
Does the child have any significant interests, abilities or accomplishments?

Describe the child's school performance (grades, classroom behavior, etc.) in three phases:

Kindergarten to 6 th Grade:
Middle School:
High School:

Has the child ever had difficulties in school? If YES, when?
Has the child ever repeated a grade(s)? If YES, when and what grade(s)?
Has the child ever been expelled? If YES, what grade and what for?
What are the child's favorite subjects?
What are the child's worst subjects?
Is the child currently attending school? If YES, give name and address of school, name of principal and grade.
What do you perceive as your child's current academic needs?
Is the child certified for special education? EI___ LD___ Hours per day_____

Please list all schools the child has attended (If available, please attach a copy of the child's most recent report card or transcript):

NAME OF SCHOOL	ADDRESS	GRADE(S)	YEAR	REASON LEFT

<p>Has the child ever been involved with the legal system? If YES, please describe in detail.</p>
<p>Has the child ever demonstrated violent behavior? Please describe.</p>
<p>Has the child ever run away from home or school? Please describe length of time, where, etc.</p>
<p>Describe the history of any specific disorder that the child has had (depression, anxiety, eating disorder, etc.).</p>
<p>Has your child ever sustained a significant death or loss? If YES, please explain.</p>
<p>Does the child have a history of stealing? If YES, when and what has been stolen?</p>
<p>Has the child been sexually abused? If YES, by whom and when?</p>
<p>Does the child have any history of sexually acting out? If YES, when and how?</p>
<p>To your knowledge, does your child struggle with sexual identity issues?</p>
<p>Is there a history of neglect? If YES, by whom and when?</p>
<p>Has the child ever threatened or attempted suicide? If YES, please explain.</p>
<p>Has the child ever cut themselves or self-mutilated?</p>
<p>Does the child have any history of fire-setting? If YES, please give details.</p>
<p>Does the child have any history of cruelty to animals? IF YES, please explain.</p>

Does the child have any history of bizarre thinking or abnormal thought? If YES, please explain.

Does the child know that plans for placement are being made for him/her? If YES, what is the child's attitude?

Describe the current problems that you feel the child has in the following categories:

Has the child ever been involved with the legal system? If YES, please describe in detail.

Has the child ever demonstrated violent behavior? Please describe.

Has the child ever run away? Please describe length of time, where, etc.

Describe the history of any specific disorder that the child has had (depression, anxiety, anorexia, etc.).

Social (Friends):

School:

Behavioral:

Emotional:

Family:

How is the child's general health?

Date of last physical exam?

Date of last dental exam?

Date of last hearing exam?

Date of last eye exam?

Is the child currently being treated for any medical/dental problems? If YES, please explain.
Are there any medical or dental conditions that would interfere with the child's normal school work, activities, recreation, or athletics? If YES, please explain.
Does the child have any birthmarks, tattoos, etc.?
Is the child currently taking any prescription medications? If YES, give type, reason, and dosage.
Please provide history of medications, dosages, reactions.
Is the child on a special diet? If YES, give type and reason.
Does the child wet the bed? If YES, how often.
Does the child soil his/her clothing? If YES, how often.
Does the child smoke? If YES, how much?

Has the child had any of the following? Please answer with yes or no for each one.

Anemia	Date
Appendicitis	Date
Asthma	Date
Chicken Pox	Date
Frequent Colds	Date
Diabetes	Date
Ear Infections	Date
Epilepsy	Date
Seizures	Date
Hay Fever	Date
Heart Ailment	Date
Hepatitis	Date
Kidney Disorder	Date
Long Measles	Date
Migraines	Date
Mumps	Date
Pneumonia	Date
Polio	Date
Psychiatric Treatment	Date

Rheumatic Fever	Date
Scarlet Fever	Date
Three-Day Measles	Date
Tuberculosis	Date
Typhoid	Date
Other	Date
Other	Date

Does the child receive any of the following incomes or benefits?

Social Security	Amount	Claim Number
VA Benefits	Amount	Claim Number
DPW	Amount	Claim Number

Where are the records located?
What other individuals and/or agencies (Pastors, Child Welfare, etc.) have been in contact with the family and know about the existing situation/problem? Please give name(s), phone numbers(s), address(es), and the person to contact.
Please describe what your placement goals are. Please include what you hope Promise Village: Home for Children can do for the child. Please attach an additional pages, if necessary

Parent/Guardian Signature

Date