



**INSTRUCTIONS:** Please fill out accurately and completely. Please answer all questions.

Today's Date: \_\_\_\_\_

Client ID #: \_\_\_\_\_

**Child/Adolescent Information**

Child/Adolescent First Name \_\_\_\_\_ M. Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Preferred Pronoun(s): \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Student ID # \_\_\_\_\_ Country of Birth: \_\_\_\_\_

**PLEASE CHECK ONE**

Gender Identification:	Female	Male	Gender Not Listed _____ (please specify)
Race:	White Black	Asian Native American	Native Hawaiian/Pacific Islander Two or More/Multiracial _____ (please specify)
Ethnicity:	Hispanic/Latino	Non-Hispanic	
Child/Adolescent's Primary Language Spoken:	English Other (please specify) _____	Spanish	French Creole
English Proficiency Level:	Fluent	Limited	None
Interpreter Needed?	Yes	No	
Highest Education:	Elementary School	Middle School	High School Diploma/GED Some College



**Parent/Legal Guardian Information (1)**

_____	_____	_____
First Name	M. Initial	Last Name
_____	_____	_____
Street Address	City	Zip Code
Cell/Home# _____	Okay to call or leave a message?	Yes No
Work# _____	Okay to call or leave a message?	Yes No
Email: _____	Okay to email forms?	Yes No
Date of Birth: _____	Age: _____	Employer: _____ # of years employed: _____
Country of Birth: _____		

**PLEASE CHECK ONE**

Gender Identification:	Female	Male	Gender Not Listed _____ (please specify)
Race:	White Black	Asian Native American	Native Hawaiian/Pacific Islander Two or More/Multiracial _____ (please specify)
Ethnicity:	Hispanic/Latino	Non-Hispanic/Latino	
Primary Language Spoken:	English Other (Please Specify) _____	Spanish	French Creole
English Proficiency Level:	Fluent	Limited	None
Interpreter Needed?	Yes	No	
Parental Status:	Biological Other (Please Specify) _____	Adoptive	Foster Stepparent
Current Marital Status:	Married Living Together	Divorced Single/Never Married	Separated Widowed
Highest Education:	Elementary School Some College/Associate	Middle School Bachelor Degree	High School Diploma/GED Master's Degree Doctorate
Employment Status:	Employed	Unemployed	Retired



**Parent/Legal Guardian Information (2)**

_____	_____	_____
First Name	M. Initial	Last Name
_____	_____	_____
Street Address	City	Zip Code
Cell/Home# _____	Okay to call or leave a message?	Yes No
Work# _____	Okay to call or leave a message?	Yes No
Email: _____	Okay to email forms?	Yes No
Date of Birth: _____	Age: _____	Employer: _____ # of years employed: _____
Country of Birth: _____		

**PLEASE CHECK ONE**

Gender Identification:	Female	Male	Gender Not Listed _____ (please specify)
Race:	White Black	Asian Native American	Native Hawaiian/Pacific Islander Two or More/Multiracial _____ (please specify)
Ethnicity:	Hispanic/Latino	Non-Hispanic/Latino	
Primary Language Spoken:	English Other (Please Specify) _____	Spanish	French Creole
English Proficiency Level:	Fluent	Limited	None
Interpreter Needed?	Yes	No	
Parental Status:	Biological Other (Please Specify) _____	Adoptive	Foster Stepparent
Current Marital Status:	Married Living Together	Divorced Single/Never Married	Separated Widowed
Highest Education:	Elementary School Some College/Associate	Middle School Bachelor Degree	High School Diploma/GED Master's Degree Doctorate
Employment Status:	Employed	Unemployed	Retired



**Other Adults and/or Children Living at Home**

\_\_\_\_\_  
 First Name M. Initial Last Name

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School/Employer: \_\_\_\_\_

Relationship to child/adolescent: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

**PLEASE CHECK ONE**

Gender Identification:	Female	Male	Gender Not Listed _____ (please specify)
Race:	White Black	Asian Native American	Native Hawaiian/Pacific Islander Two or More/Multiracial _____ (please specify)
Ethnicity:	Hispanic/Latino	Non-Hispanic/Latino	

\_\_\_\_\_  
 First Name M. Initial Last Name

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School/Employer: \_\_\_\_\_

Relationship to child/adolescent: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Gender Identification:	Female	Male	Gender Not Listed _____ (please specify)
Race:	White Black	Asian Native American	Native Hawaiian/Pacific Islander Two or More/Multiracial _____ (please specify)
Ethnicity:	Hispanic/Latino	Non-Hispanic/Latino	

\_\_\_\_\_  
 First Name M. Initial Last Name

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School/Employer: \_\_\_\_\_

Relationship to child/adolescent: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Gender Identification:	Female	Male	Gender Not Listed _____ (please specify)
Race:	White Black	Asian Native American	Native Hawaiian/Pacific Islander Two or More/Multiracial _____ (please specify)
Ethnicity:	Hispanic/Latino	Non-Hispanic/Latino	



**General Information**

Household Income: **(check one)**    \$0-24,999            \$25,000-49,000            \$50,000-99,000            Over \$100,000

Do you have your own transportation? **(check one)**    Yes    No    If not, type (e.g., bus, Uber, taxi) \_\_\_\_\_

How did you learn about our services? **(check one)**    Community Agency    Court    Hospital    Previous Client  
Private Practitioner    Internet    School                      Other (please specify) \_\_\_\_\_

Primary Concern(s)/Reasons for Seeking Treatment:

- 1) \_\_\_\_\_ 2) \_\_\_\_\_
- 3) \_\_\_\_\_ 4) \_\_\_\_\_

What do you hope will change by participating in our services? \_\_\_\_\_  
\_\_\_\_\_

Family Strengths:

- 1) \_\_\_\_\_ 2) \_\_\_\_\_
- 3) \_\_\_\_\_ 4) \_\_\_\_\_

**Medical/Psychiatric/School Services History**

Is youth currently taking medications? **(check one)**    No    Yes    List: \_\_\_\_\_

Has youth previously taken medications? **(check one)**    No    Yes    List: \_\_\_\_\_

Is youth/family currently receiving services from another agency/professional? **(check one)**    No    Yes

List: \_\_\_\_\_

Has youth/family received prior services from another agency/professional? **(check one)**    No    Yes

List: \_\_\_\_\_

Does youth have a history of psychiatric hospitalizations? **(check one)**    No    Yes

If yes, list dates and reasons: \_\_\_\_\_  
\_\_\_\_\_

Specialized School Services: **(check one)**

Individual Education Plan (IEP):	Current	Past	Never
504 Accommodation Plan:	Current	Past	Never
Response to Intervention Plan (RTI):	Current	Past	Never
Speech or Occupational Therapy:	Current	Past	Never
Language/ESOL:	Current	Past	Never
Other (please specify)	_____		



## Youth and Family History Questionnaire

Please answer **ALL** questions.

*Current = within last 6 months*

*Past = over 6 months*



SCHOOL CONCERNS	Current	Past	Never	COURT/LEGAL INVOLVMENT	Current	Past	Never		
Poor grades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Court ordered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Drop out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Court referred	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Excessive absences/Skips class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Family Violence Intervention (FVIP)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Reading difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Juvenile Diversion Alternative (JDAP)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Repeated a grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Youth Firesetter Intervention (YFIP)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
School detentions/referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Youth Court</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
School expulsion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DCF referred	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
School referred	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family legal involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Truant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>EMOTIONAL CONCERNS</b>			<b>Current</b>	<b>Past</b>	<b>Never</b>
BEHAVIORAL CONCERNS	Current	Past	Never	Anxious/Nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Attention seeking behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Disrespectful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grief/Loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Disruptive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homicidal ideation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Eating disorder/problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Fighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suicidal attempts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Fire setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suicidal ideation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Harms animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SOCIAL CONCERNS</b>			<b>Current</b>	<b>Past</b>	<b>Never</b>
Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bullying others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Impulsivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bullied by others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Lying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dangerous neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Physically aggressive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excessive gaming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Profanity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poor peer group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Running away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poor self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Self-injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Social media misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sexual behavior problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Social skills issue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sleep disturbance/problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Soils clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>FAMILY CONCERNS</b>			<b>Current</b>	<b>Past</b>	<b>Never</b>
Stealing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Domestic violence					
Urinates in clothes or bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Youth</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Verbally aggressive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Parent</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>SUBSTANCE USE</b>				<i>Other Family Member</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Alcohol use concerns				Emotional abuse					
<i>Youth</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Youth</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<i>Parent</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Parent</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<i>Other Family Member</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Other Family Member</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Drug use/concerns				Incarceration					
<i>Youth</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Youth</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<i>Parent</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Parent</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<i>Other Family Member</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Other Family Member</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				Medical concerns					
				<i>Youth</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<i>Parent</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<i>Other Family Member</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



FAMILY CONCERNS CONT'D				Current	Past	Never	HOUSING			Current	Past	Never
Mental health concerns							Hotel/Motel					
<i>Youth</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shelter				<input type="checkbox"/>	<input type="checkbox"/>
<i>Parent</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shared Housing Hardship				<input type="checkbox"/>	<input type="checkbox"/>
<i>Other Family Member</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Space Not Designed for Human Habitation				<input type="checkbox"/>	<input type="checkbox"/>
Neglect							STRENGTHS			Current	Past	Never
<i>Youth</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Best friend				<input type="checkbox"/>	<input type="checkbox"/>
<i>Parent</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Community involvement				<input type="checkbox"/>	<input type="checkbox"/>
<i>Other Family Member</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extra –curricular activities				<input type="checkbox"/>	<input type="checkbox"/>
Physical Abuse							Extended family contact				<input type="checkbox"/>	<input type="checkbox"/>
<i>Youth</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family has fun together				<input type="checkbox"/>	<input type="checkbox"/>
<i>Parent</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good grades				<input type="checkbox"/>	<input type="checkbox"/>
<i>Other Family Member</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handles stress well				<input type="checkbox"/>	<input type="checkbox"/>
Parenting concerns				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hobbies				<input type="checkbox"/>	<input type="checkbox"/>
Parent divorce/separation				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intelligent				<input type="checkbox"/>	<input type="checkbox"/>
Sexual abuse							Likes school				<input type="checkbox"/>	<input type="checkbox"/>
<i>Youth</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Likes teacher (s)				<input type="checkbox"/>	<input type="checkbox"/>
<i>Parent</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parents support each other				<input type="checkbox"/>	<input type="checkbox"/>
<i>Other Family Member</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Positive friends				<input type="checkbox"/>	<input type="checkbox"/>
Sibling rivalry				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safe neighborhood				<input type="checkbox"/>	<input type="checkbox"/>
Weapons in the home				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Solves problems efficiently				<input type="checkbox"/>	<input type="checkbox"/>
Youth pregnancy/birth							Spiritual or religious				<input type="checkbox"/>	<input type="checkbox"/>
<i>Youth</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sports involvement				<input type="checkbox"/>	<input type="checkbox"/>
<i>Parent</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Works at part-time job				<input type="checkbox"/>	<input type="checkbox"/>
<i>Other Family Member</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

I would like to receive information on the following County services? ***(check all that apply)***

Mentoring Programs      Future Leaders United for Change      Summer Camp Scholarships      Housing Authority  
 Community Services (Food, Utilities, Job Assistance, Substance Use)      Other: \_\_\_\_\_

**Consent for Intake Assessment Services**

My signature below indicates that I consent to participate in the Intake Assessment process with the Youth Services Department. The Youth Services Department provides training for mental health counseling, marriage and family therapy, clinical social work, and psychology graduate students and postgraduates in need of clinical experience for licensure. Trainees are able to provide services while under the supervision of a licensed mental health professional.

I agree to have my intake assessment completed by a trainee (check one):      **Yes**      **No**

\_\_\_\_\_  
 Youth Printed Name

\_\_\_\_\_  
 Youth Signature      Date

\_\_\_\_\_  
 Parent Printed Name

\_\_\_\_\_  
 Parent Signature      Date

\_\_\_\_\_  
 Parent Printed Name

\_\_\_\_\_  
 Parent Signature      Date