



CHINS INTAKE FORM

CHILD IN NEED OF SERVICES INTAKE FORM

Child's Legal Name:

Child's Date of Birth

Child's Age

Child's Gender

Child's Race

Male

Female

I'd Rather Not Say

PARENT/GUARDIAN CONTACT INFORMATION

Guardian 1: Legal Name:

Guardian 1: Date of Birth

Guardian 1: Primary Address:
(Please Include City and State)

Guardian 1: Current Phone
Number:
(Please Include the Area Code)

Guardian 1: Living Situation

Guardian 1: Current E-mail Address

Guardian 1: Are you currently employed?

If Employed: Where do you work?
(If Unemployed, Leave Blank)

Guardian 2: Legal Name:

Guardian 2: Date of Birth

Guardian 2: Primary Address:
(Please Include City and State)

Guardian 2: Current Phone Number:
(Please Include the Area Code)

Name/Type of Health Insurance
(If none, leave blank)

Health Insurance Number
(If none, leave blank)

Do you currently receive any services?

Name of the Agency and Type of Services Received:
(If none, leave blank)

Do you currently have any OPEN cases with DFCS?

If Yes, in what County and who is the Case Manager?
(If none, leave blank)

PEOPLE LIVING IN THE HOME

Names, Relationship and Age of anyone living in the home

Please input as follows:

1. John Doe-Father-40
2. Theresa Ivy-Grandmother-80

Do you have custody of your Child(ren)?

Yes

No

CHILD'S HEALTH AND SCHOOL INFORMATION

Child's School Name

(If child is not currently enrolled, input "Not currently enrolled")

Child's Grade

(If child is not currently enrolled, input "Not currently enrolled")

Does your Child have an Individualized Educational Plan (IEP) or 504 Plan?

Child's Health Insurance Provider Name

(Input "None", if Child does not currently have medical insurance)

Child's Health Insurance Number

(If None, Leave Blank)

Has your child had a recent In School Suspension (ISS) OR Out of School Suspension (OSS) due to behavior?

DEVELOPMENTAL/BEHAVIORAL/SOCIAL/ EMOTIONAL CHALLENGES

Does your Child have challenges or have experienced any of the following:
(check all that apply)

Reading

Writing

Attendance

School Behavior

Speech

Coping Skills

Trauma

Anxiety

Anger

Risky Behavior: Alcohol

Risky Behavior: Drugs

Risky Behavior: Sex

Risky Behavior: Tobacco

Respecting Authority At Home

Respecting Authority At School

Abusive Verbally

Abusive Physically

Self-Harm

Attempted Suicide

Bullying

Stealing

None of the Above

Other

Does your Child have any mental health challenges?

If Yes, What was the Child's Diagnosis?
(If None, leave blank)

Does your Child have any current or prior mental health hospitalization?

Name of Hospital and Length of Stay
(If None, Leave Blank)

Type of Treatment Services that have been provided?
(If none, leave blank)

Is your Child currently being seen by a mental health professional?

Mental Health Professional's Name?
(If child does not have a mental health provider leave blank)

List any current medications that Child is taking:
(If none, input "NONE")

Is getting to school on time a challenge?

Child's Most Recent Dental
Visit

Child's Most Recent
Health Check

Child's Most Recent
Vision Screening

Child's Most Recent
Hearing Screening

What is the greatest challenges when
parenting your child?

What are some of the qualities you admire most about your child?
(provide details)

Confidentiality and Disclosure Notices:

Confidentiality and Disclosure of Client Information:

Confidentiality and Disclosure of Client. The CHINS Unit may make referrals to outside agencies, community organizations and/or consult mental health professionals as necessary.

I Understand the CHINS Unit may make referrals to to outside agencies, community organizations and/or consult mental health professionals as necessary.

Disclosure Notice:

I have read and understand the information in this document. By signing below, I consent to the release of information to the collective body and community agencies. I also understand that confidential information may be released to agencies/ authorities without my permission to protect individuals from harming self/others or in cases of suspected abuse or neglect.

ELECTRONIC SIGNATURE AGREEMENT

By selecting the "I Accept" button, you are signing this Application electronically. You agree your electronic signature is the legal equivalent of your manual/handwritten signature on this Application. By selecting "I Accept" using any device, means or actions agree that your signature on this document (hereafter referred to as your "E-Signature") is as valid as if you signed the document in writing.

Electronic Signature Acceptance

I ACCEPT

Signature: Parent/Legal Guardian/Legal Custodian

Date Submitted