

# 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):

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

Child's Hobbies/Special Interests: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FAMILY CARE TEAM RESOURCES**

**System Involvement**

- Child Welfare                       Mental Health                       Developmental Disabilities  
 Oregon Youth Authority                       Other: \_\_\_\_\_

Caseworker (if applicable): \_\_\_\_\_

Branch/ Address: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

**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?

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**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	
<input type="checkbox"/>	Controlling	
<input type="checkbox"/>	Distractable	
<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	Suicidal? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Additional Comments/Clarifications (as needed):</b>		

## 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?