INTAKE ASSESSMENT/ NETMIS

**Interface Residential Program**

**CDS**

CONFIDENTIAL

 HMIS # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NetMIS ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# PARTICIPANT INFORMATION

Name: First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County of Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender@birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height: \_\_\_\_ Weight: \_\_\_\_ Race: \_\_\_\_\_\_\_\_\_ Eye Color: \_\_\_\_\_\_\_\_ Hair Color: \_\_\_\_\_\_\_\_\_\_ Build: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Citizenship status: [ ] U.S. [ ] Alien Status\_\_\_\_\_\_\_\_\_\_\_\_ Documentation of status \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General Appearance: (Health, Nutritional status, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identifying Marks/Tattoos: (Include bruises, scars, burns, piercing, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# PLACEMENT STATUS

A. DCF/ES (placed by DCF/PFSF)

 [ ] Protective Investigations [ ] Protective Services

 County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. DJJ (placed by DJJ/JPO case worker)

 [ ]  Domestic Violence [ ]  Probation Respite

 DJJ case worker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C. CINS/FINS

 [ ] Truant [ ]  Ungovernable [ ] Runaway

 [ ] Staff Secure CINS Court Ordered # of days \_\_\_\_\_\_\_\_\_

D. BASIC CENTER (completed by counselor)

 [ ]  Runaway [ ]  Homeless

# REFERRAL INFORMATION

Referral reason/issues \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred by (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Px. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transported by (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHOTO

 LABEL

|  |
| --- |
| **Assessment HUD-40118** |
| *Where did you stay last night?*[ ]  Don’t know [ ]  Emergency shelter [ ]  Foster care/Group home [ ]  Hospital [ ]  Hotel/Motel w/o emergency shelter [ ]  Jail/ Prison/ Juvenile facility[ ]  Living with family [ ]  Living with friends [ ]  Other[ ]  Own house apartment[ ]  Place not meant for habitation[ ]  Psychiatric hospital or facility[ ]  Refused[ ]  Rental house or apartment[ ]  Substance abuse treatment center[ ]  Transitional housing for homeless | Home Zip Code: |
| *How long at the place last night?*[ ]  1 week or less[ ]  More than 3mo.[ ]  More than 1wk[ ]  1 Yr. or longer[ ]  1 to 3 Months |
| *Homeless?*[ ]  Yes [ ]  No |
| *Domestic Violence* *Victim?*[ ] Yes [ ] No |

##### DELINQUENCY/section D

Pending Prior

Charge Charge Type of Charge Date: Disposition:

 [ ]  [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ever Adjudicated/Convicted? [ ] Yes [ ] No Current Supervision/Community Control? [ ] Yes [ ] No Ever committed? [ ] Yes [ ] No

Past or Present Sexual Misconduct? [ ] Yes [ ] No

 **CONVERSATION WITH YOUTH/INFORMATION SHOULD COME DIRECTLY FROM YOUTH**

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##### HEALTH/FERTILITY

Have you ever been pregnant or has someone pregnant from you? [ ] Yes [ ] No If yes, number of pregnancies: Choose an item.

Do you use birth control? [ ] Yes [ ] No If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Do you have reason to believe you are pregnant or someone is pregnant from you? [ ] Yes [ ] No

If yes, provide additional information, include due date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### FAMILY/section E (As defined by Participant)

##### Number of persons living in same household with the Participant. \_\_\_\_\_\_\_ Number of persons living in same household, *18 and under*? \_\_\_\_\_\_\_\_

##### STAFF OBSERVATIONS REGARDING PARTICIPANT

Signs of illness/injury/health concerns [ ] Yes [ ] No Signs of substance abuse [ ] Yes [ ] No Signs of intoxication [ ] Yes [ ] No

Level of maturity [ ] Age Appropriate [ ] Immature [ ]  Above age

Behavior: [ ] Normal [ ] Hyperactive [ ] Withdrawn [ ] Resistant [ ] Aggressive

Speech: [ ] Normal [ ] Rapid [ ] Slow [ ] Slurred [ ] Incoherent

Does Participant know: Their name[ ] Yes [ ] No Today’s date[ ] Yes [ ] No Where he/she is[ ] Yes [ ] No Time of day[ ] Yes [ ] No

Does the Participant currently have any medical, dental or health conditions or concerns? [ ] Yes [ ] No

Has the Participant been treated or hospitalized for any medical condition(s) in the last year? [ ] Yes [ ] No

Does the youth see things and/or hear voices? [ ] Yes [ ] No Additional observations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note any follow up needed in the REVIEW SECTION

**Px SELF IDENTIFICATION**

Preferred name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred pronouns: [ ]  he/him/his [ ]  she/her/hers [ ]  they/them/their

Tattoos/distinguishing marks\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assigned gender at birth: : [ ]  Male [ ]  Female

Sexual Orientation: [ ]  Heterosexual/Straight [ ]  Gay [ ]  Lesbian [ ]  Bisexual [ ]  Questioning/Unsure/Queer [ ]  Asexual [ ]  Not known/determined

Gender Identification: [ ]  Male [ ]  Female [ ]  Transgender [ ]  Gender neutral [ ]  Non-Binary [ ]  A gender [ ]  Pangender [ ]  Genderqueer

* **A pronoun** is a word that is used instead of a noun or a noun phrase to refer to individuals.
* **Sexual orientation** is a term used to refer to a person's pattern of emotional, romantic, and sexual attraction.
* **Gender identity** is how a person feels and who they know them self to be when it comes to their gender.

**PARTICIPANT ROOM/ SLEEPING ASSIGNMENT** [Information is used to ensure youth safety and prevent chance of injury. Use ALL information available in determining bed/room assignment.]

### Age\_\_\_\_\_\_\_ Gender\_\_\_\_\_\_\_\_\_ Height\_\_\_\_\_\_\_\_ Weight\_\_\_\_\_\_\_\_\_\_ Physical Build \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| *Behaviors-current & history;* (check all that apply)[ ]  Medical, physical or mental  concerns/disabilities [ ]  Ability to act responsibly[ ]  Able to meet personal needs [ ]  Attitude at admission[ ]  Sleep walker [ ]  Bed wetter | [ ]  criminal offenses/delinquency [ ]  sexual assault aggression/predator/  acting out/misconduct[ ]  Assault or aggressive behavior[ ]  Gang affiliation/behavior[ ]  Substance use[ ]  Fire Setting[ ]  Peer Issues[ ]  Emotional disturbance | [ ]  Restless sleeper[ ]  Suicide Risk[ ]  Anger [ ]  Depression[ ]  Disability [ ]  Susceptibility to victimization (size/age/maturity)[ ]  Concerns requiring quarantine/isolation[ ]  Chronic runner or previous client[ ]  History of mental health/substance abuse issues  |

## Attitude/Cooperation: (negative) 1 2 3 4 5 6 7 8 9 10 (Religious Affiliation: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Room/Bed Assignment;

[ ] None [ ] Top bunk [ ] Bottom Bunk [ ] Rm/Bed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Cross-gender Room Assignment; [ ]  blue room [ ] yellow room [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Sight/Sound Observation End date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Special Inst. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \*provide supporting information/specific placement/assignment changes

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| **4. YOUTH INFORMATION:** |

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| --- |
| Full Name: |
| Alias/ Preferred/ Nickname: |
| Home Address: (street) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (city)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (state)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (zip)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (county)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (phone #)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell #)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Education Information:** |
| School Name: | Special Education Classes: yes\_\_\_\_ no\_\_\_\_ | Current Grade: \_\_\_\_\_\_ |
| School Address: (street) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (city)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (state)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (zip)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (county)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(phone #)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (fax #)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| School transportation arrangements: |
| **Identification Numbers:** |
| Medicaid #: | Child Protective Services #: |
| Other #: Use: | Other #: Use: |
| **Health Insurance Information:** |
| Insurance Company: | Insurance ID #: |
| Group #: | Ins. Company phone #: |
| Participant physician:  | Phone:  |
| Address: |
| Dentist/orthodontist:  | Phone:  |
| Address: |
| Hospital Preference: | Address: |

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| **5. PARENTS/ LEGAL GUARDIANS**  |
| Please list all parents/legal guardians. Provide legal documentation restricting contact with any parent/guardian. Persons listed are also considered *emergency contacts* unless otherwise noted. Social Security # needed for primary care providers. |
| Name*first/last* | Relationship to youth:*birth/adoptive/step parent, grandparent, sibling, other adult relative, legal guardian, other* | Address*street/city/state/zip/county* | Phone*home/ cell/ work* |
| 1. |  | street | h- |
| city/state | c- |
|  | zip/county | w- |
| 2. |  | street | h- |
| city/state | c- |
|  | zip/county | w- |
| **EMERGENCY CONTACTS:** Indicate at least one person not in the primary home. |
| 3. |  | street | h- |
| city/state | c- |
| zip/county | w- |
| 4. |  | street | h- |
| city/state | c- |
| zip/county | w- |

|  |  |  |
| --- | --- | --- |
| Does the participant have any observable injury, illness or health related issues? | yes | no |
| Does the participant have any medical, dental or health conditions or concerns? | yes | no |
| Has the participant been treated or hospitalized for any medical condition(s) in the last year? | yes | no |

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| If yes to any question please explain: |
|   |
|  |

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| ALLERGIES: |
| List all known | Describe reaction and management of the reaction |
| Medication allergies |  |
|  |  |
|  |  |
| Food allergies |  |
|  |  |
|  |  |
| General– (include insect stings, hay fever, asthma, animal dander, household products/chemicals) |  |
|  |  |
|  |  |

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| MEDICATION: |
| Please list ALL medication (including over-the-counter and nonprescription drugs) taken routinely. You are responsible for providing medication for your youth’s stay at Interface. All medication should be kept in the original package/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration. |
|  | This youth takes NO medications on a routine basis.  |
|  | This youth TAKES medications on a routine basis. Each medication is listed below, attach additional page for more medication.  |
| Medication | Dosage | Specific times medication taken each day | Reason of taking medication |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Identify any medications taken during the school year/hours that the youth does/may not take during the summer or at Interface: |
|  |
|  |

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| RESTRICTIONS: |
| Does the participant have any dietary restrictions, nutritional concerns or fitness issues: |
|  | does not eat red meat |  | does not eat pork |  | does not eat eggs |  | does not eat poultry |  | does not eat seafood |  | does not eat dairy |
|  | other (describe) |
| Explain any nutritional concerns: |
|  |
| Explain any restrictions to activity or fitness issues (e.g. what cannot be done, what adaptations or limitations are necessary): |
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| **GENERAL, PHYSICAL HEALTH SCREENING QUESTIONS** (explain “yes” answers below): |
| Has/does the youth: | Yes | No | Has/does the youth: | Yes | No |
| 1 | Had any recent injury, illness or infectious disease? |  |  | 16 | Have any skin problems (i.e. rash, open sores)? |  |  |
| 2 | Have current pain? |  |  | 17 | Have diabetes?  | ( ) |  |
| 3 | Have you had a recent head injury?  | ( ) |  | 18 | Have asthma? | ( ) |  |
| 4 | Do you have chronic headaches? |  |  | 19 | Have kidney problems? |  |  |
| 5 | Have vision problems/ or wear glasses? |  |  | 20 | Had problems with the digestive system? |  |  |
| 6 | Ever had hearing problems?  |  |  | 21 | Have chronic cough? |  |  |
| 7 | Ever had seizures/blackouts/epilepsy? | ( ) |  | 22 | If female, have abnormal gynecological concerns? |  |  |
| 8 | Ever had chronic pain? |  |  | 23 | If female, pregnancy/ possible? | ( ) |  |
| 9 | Ever had a sexually transmitted disease?( STD/STI) |  |  | 24 | Have a history of bed-wetting or problems with sleeping? |  |  |
| 10 | Ever had high blood pressure? |  |  | 25 | Ever had an eating disorder? |  |  |
| 11 | Ever been diagnosed with a heart murmur/condition? | ( )  |  | 26 | Ever had hepatitis? |  |  |
| 12 | Ever had hemophilia? | ( ) |  | 27 | Ever had TB (tuberculosis)?  | ( ) |  |
| 13 | Ever had alcohol/drug abuse problems? |  |  | 28 | Have any disability, physical/mental?  |  |  |
| 14 | Have an orthodontic appliance being brought to Interface?  |  |  | 29 | Due for immunizations? |  |  |
| 15 | Concerns related to fainting/dizziness? |  |  | 30 | Prenatal exposure to alcohol, tobacco and/or other substances |   |  |

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| **Please explain any “yes” answers to General Questions, noting the number of the question.** |
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| ***( )as a ”yes” indicates that medical follow-up is required. Initiate medical alert system and follow CDS policy on notification.***  |

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| BUSINESS CONTACTS:List the name, relationship, and contact information for those persons we may need to have regular contact with for the purpose of developing a plan and providing services for you and your family. We will also need you to complete release of information forms for these contacts. (ex. school, counselors) |
| **NAME** | **RELATIONSHIP**(ex: attorney, counselor, school contact, minister) | **PHONE # (INCLUDE AREA CODE)** |
|  |  |  |
|  |  |  |
|  |  |  |

###### APPROVED FAMILY/PERSONAL CONTACT LIST: List the name & contact information for ALL persons approved for contact.

###### Only individuals listed are approved for contact with the youth.

**ONLY THE LEGAL GUARDIAN MAY PROVIDE INFORMATION FOR THIS LIST.**

Indicate, with an **X,** approval for either phone, mail or face-to-face contacts. If staff are unable to verify someone's identify the contact will **NOT** be allowed. Approval for a non-guardian to take a youth off site must be written and occur for each trip.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DATE   | NAME | RELATIONSHIP | PHONE NUMBER  | TYPE of CONTACTcheck each that applies | STAFF INITIALS |
| PHONE | On Site VISITS |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

## **INTERFACE COUNSELING SERVICES:**

What are the best days/ times for you to meet with the counselor for weekly family counseling sessions?

If you do not meet with the counselor during the intake, please call ASAP and schedule your first appointment.

Day/Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day/Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day/Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate primary areas of concern for your family.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate the differences in your family you would like to see when your child returns home. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many days would you like for your child to receive residential services at Interface? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide any additional information about the youth’s behavior and physical, emotional, or mental health about which Interface should be aware. Include any current medical, dental or health conditions/ concerns.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Interface does not become the legal guardian of your child during this stay. You must remain available to physically**

 **respond to all request from the program. If a situation shall arise and you will be unavailable to respond we will**

 **reach out to your emergency contact to assist in locating you. We may also contact law enforcement to assist in**

 **locating you. If you need to travel out of town you must inform the program prior to the trip.**

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| **6. DEMOGRAPHICS** |
| A. General Information |
| 1) Is the youth a refuge?  |
| Yes | No |
| 2) In what language(s) does the youth communicate? (indicate all that apply) |
| A. An American Indian or Alaskan Native LanguageB. An Asian or Pacific Island languageC. English | D. SignE. SpanishF. Other |
| 3) Parental Status of Youth |
| A. Youth is a Mother | B. Youth is a Father | C. None of the above |
| 4) Marital Status of Youth  |
| A. single, never MarriedB. single, living with partner | C. marriedD. other |
| 5) Is the youth pregnant, or is a female pregnant by the youth? |
| A. Yes | B. No | C. Do not know |
| 6) How many children does the youth have?  |
| B. Education |
| 7) School program last attended: |
| A. Elementary/middle/high schoolC. VocationalE. Alternative/homebound programG. College | B. GEDD. Special educationF. Post-secondaryH. Not applicableI. Do not know |
| 8) School status: |
| A. Attending school regularlyC. Completed GEDE. Dropped outG. Expelled | B. Graduated high schoolD. Attending school irregularly/ extended truancyF. Suspended (Date youth may return to school \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_)H. School not in session I. Do not know |
| 9) Last grade Completed: |
| A. Grade 5 or lessC. Grade 7E. Grade 9G. Grade 11I. 1 to 3 years of collegeK. Other post-secondary training  | B. Grade 6D. Grade 8F. Grade 10H. Grade 12J. 4 or more years of collegeL. School program not graded |
| 10) Current Grade (indicate)A. 1 B. 2 C. 3 D. 4 E. 5 F. 6 G. 7 H. 8 I. 9 J. 10 K. 11 L. 12 M. PK N. K O. Home School P. Home Bound Q. Vo-Tech R. GED Program S. Expelled T. Adult ED. U. Graduate V. Drop Out  |
| C. Living Situation |
| Youth’s legal residence:11) County State 12) Zip |
| 13) Estimate number of living situations in which youth has resided in the last month: |
| 14) Last living situation for past year: (indicate) |
| A. Parents/ guardian’s homeC. Relative’s homeE. Other adult’s homeG. Group homeI. Independent living programK. Basic CenterM. Living independentlyO. On the StreetQ. Educational instituteS. Residential treatmentU. Correctional instituteW. Other temporary shelterY. Other | B. Other parent’s homeD. Friend’s homeF. Foster homeH. Transitional living programJ. Job CorpsL. Homeless family centerN. On the runP. In SQUATR. Drug treatment centerT. Mental hospitalV. Other instituteX. MilitaryZ. Do not know |
| 15) Primary living situation for past year: (indicate)A. Parents/ guardian’s homeC. Relative’s homeE. Other adult’s homeG. Group homeI. Independent living programK. Basic CenterM. Living independentlyO. On the StreetQ. Educational instituteS. Residential treatmentU. Correctional instituteW. Other temporary shelter | B. Other parent’s homeD. Friend’s homeF. Foster homeH. Transitional living programJ. Job CorpsL. Homeless family centerN. On the run P. In SQUATR. Drug treatment centerT. Mental hospitalV. Other instituteX. MilitaryZ. Do not know | Y. Other |
| 16) Previous foster care and total duration: (indicate) |
| Never4 months8 months12 months | 1 month5 months9 months13-24 months (1+ - 2 yr.) | 2 months6 months10 months25-60 months (2+ - 5 yr.) | 3 months7 months11 monthsmore than 61 months (5+ years) |

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| 17) Previous juvenile justice involvement and total duration: (indicate) |
| Never4 months8 months12 months | 1 month5 months9 months13-24 months (1+ - 2 yr.) | 2 months6 months10 months25-60 months (2+ - 5 yr.) | 3 months7 months11 monthsmore than 61 months (5+ years) |
| D. Household Situation |
| 18) Employment status of the youth: |
| A. Full time (over 35 hours)C. Seasonal/ sporadicE. Not employed, in schoolG. Not employed, not looking | B. Part time D. Not employed, looking for workF. Not employed, unable to workH. Do not know/ other |
| 19) Is the youth’s father figure employed? (indicate) |
| A. Yes | B. No | C. Do not know | D. Not applicable |
| 20) Is the youth’s mother figure employed? (indicate) |
| A. Yes | B. No | C. Do not know | D. Not applicable |
| 21) Is the youth’s spouse/ partner employed? (indicate) |
| A. Yes | B. No | C. Do not know | D. Not applicable |
| 22) Who are the youth’s legal guardian(s)? (indicate) |
| Guardian 1\_\_ Biological mother\_\_ Adoptive mother\_\_ Step-Mother\_\_ Foster mother\_\_ Parent’s partner (female)\_\_Youth’s spouse/ partner (female)\_\_ Aunt\_\_ Grandmother\_\_ Sister\_\_ Other (female)\_\_ Biological father\_\_ Adoptive father | \_\_ Step-father\_\_ Foster father\_\_ Parent’s partner (male)\_\_ Youth’s spouse/ partner (male)\_\_ Uncle\_\_ Grandfather\_\_ Brother\_\_ Other (male)\_\_ Child Welfare/ DSS\_\_ Juvenile Justice/DJS\_\_ Self\_\_ Do not know | Guardian 2\_\_ Biological mother\_\_ Adoptive mother\_\_ Step-Mother\_\_ Foster mother\_\_ Parent’s partner (female)\_\_Youth’s spouse/ partner (female)\_\_ Aunt\_\_ Grandmother\_\_ Sister\_\_ Other (female)\_\_ Biological father\_\_ Adoptive father | \_\_ Step-father\_\_ Foster father\_\_ Parent’s partner (male)\_\_ Youth’s spouse/ partner (male)\_\_ Uncle\_\_ Grandfather\_\_ Brother\_\_ Other (male)\_\_ Child Welfare/ DSS\_\_ Juvenile Justice/DJS\_\_ Self\_\_ Do not know |
| 23) Do the parents/ legal guardians support the basic needs of the youth (e.g. food, clothing and shelter)? |
| Yes | No |
| 24) Is the parent or legal guardian of the youth currently incarcerated (in jail)? |
| One parent/ legal guardian is incarceratedBoth parents/ legal guardians are incarcerated | The only parent/ legal guardian of the youth is incarceratedNo |
| ***25) How many household members including youth?*** |
| 26) What is the youth’s current family structure? (indicate) |
| A. Lives with Both ParentsC. Lives with Single MotherE. Lives with Non-relativesG. Other | B. Lives with Single FatherD. Lives with RelativesF. Foster Care |
| 27) What gender is head of household? (indicate) |
| A. Male | B. Female |
| ***28) What is the family’s monthly income?*** |
| **F. Referral (indicate)** |
| 29) Who referred the youth to the agency? |
| A. Self-referral | E. Residential Programa. FYSB Transitional Living Program b. Other Transitional Living Programc. Group homed. Independent living Program (Res)e. Job Corps | f. Drug Treatment Centerg. Residential Treatment Centerh. Educational Institutei. Other Agency Residential ProgramJ. Other Residential Program |
| B. Individuala. Parent/ Legal Guardianb. Relative or Friendc. Other Adult or Youthd. Partner/ Spousee. Foster Parent |
| F. Hotlinea. National Runaway Switchboardb. Other Hotline  |
| C. Street Outreach Programa. FYSB (Federal funded) Street Outreach Programb. Other Street Outreach Program |
| G. Other Agency or Programa. Child Welfare/ Child Protective Servicesb. Independent living program (non-res)c. Other Program operated by your agencyd. Other youth services agency |
| D. Temporary Sheltera. FYSB Basic Center (Federal funded runaway shelter)b. Other Youth Emergency Shelterc. Homeless Family Centerd. Homeless Sheltere. Safe placef. Other temporary shelter |
| H. Juvenile Justice |
| I. Law Enforcement/Police |
| J. Religious Organization |
| K. Mental Hospital |
| L. School |
| M. Other Organization |
| N. Do not know |
| 30) Where did you hear about the agency? (indicate all that apply) |
| A. Referral source (item #1)C. Other youthE. Street outreachG. Other forms of promotional materials | B. Public mediaD. SchoolF. Public presentationsH. Other |

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| G. Runaway and Homeless Youth Status |
| 31) Status of youth at intake: (indicate) |
| A. Px wants to stay at home C. Parents interested in Out-of-home placementE. EmancipatedG. Dept. of Children and Families Placement | B. **RUNAWAY history/ left home w/o permission, planned to**  **stay away from home**D. **HOMELESS/ family of youth w/o their own residence**F. DJJ Placement RespiteH. OtherI. DJJ Placement Delinquency |
| 32) How long has the youth been a runaway or homeless: (indicate) |
| A. OvernightC. 2 to 4 daysE. 8 to 14 daysG. 22 to 28 daysI. More than 56 days | B. 1 dayD. 5 to 7 daysF. 15 to 21 daysH. 29 to 56 daysJ. Do not knowK. Not Applicable |
| **H. Unearned Income** |
| 33) Is the youth and/or someone else in the household receiving unearned income (see list below): (indicate) |
| A. Yes | B. No | C. Do not know  | D. Not applicable |
| \_\_ Aid to families with dependent children (AFDC)\_\_ Other\_\_ Supplemental security income\_\_ Welfare (not AFDC) | \_\_ Foster Care\_\_ State allowances\_\_ Unemployment compensation |

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| --- | --- | --- |
| Does the youth have a current or past adolescent domestic battery related charge on a parentOr primary caregiver who has been in the role of primary caregiver a minimum of 12 months? | Yes | No |
| Are there any indications of youth-to-parent aggression?  | Yes | No |
| ***If yes to any of the above, please explain:***    |

|  |  |  |
| --- | --- | --- |
| Substance Abuse Screening | Yes | No |
| Is the client currently using or under the influence of alcohol or drugs?Date of last use? |  |  |
| If yes, are you currently receiving services for substance use? (If no, additional referral for screening/services required)  |

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| --- | --- | --- |
| *Are you currently or do you regularly experience any of the following:* | Yes | No |
| 1. Have you recently been in a situation where you did not care whether you lived or died?
 |  |  |
| 1. Have you felt continuously sad or hopeless to the point of wanting to die?
 |  |  |
| 1. Do you feel like life is not worth living or wish you were dead?
 |  |  |
| 1. Have you ever tried to harm or kill yourself?
 |  |  |
| 1. Are you thinking of harming yourself or killing yourself right now or in the past two weeks?

If yes, do you have a plan (specific method) to kill yourself? |  |  |
| ***If yes to any of the above, complete suicide risk assessment and safety plan*** |
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| **\*MENTAL HEALTH ALERT SYSTEM**  |
| If a youth answers yes to **Suicide Screening** question #: | Place the youth on: |
| \*1 |   | Constant Sight and Sound Supervision until assessment  |
| \*2 | With no immediate method available to enact the suicide plan  | Constant Sight and Sound Supervision until assessment  |
| \*2 | With **an** immediate method available to enact the suicide plan | **One-to One Supervision until assessment** |
| \*3 | With no immediate method available to enact the suicide plan | Constant Sight and Sound Supervision until assessment |
| \*3 | With **an** immediate method availableto enact the suicide plan | **One-to One Supervision until assessment** |
| \*4 |  | Constant Sight and Sound Supervision until assessment |
| \*5 | With **an** immediate method availableto enact the suicide plan | **One-to One Supervision until assessment** |

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|  **\*** Initial each action when it is completed and/or upon the participants return from a Crisis Stabilization Unit (CSU) |
| ­­­\_\_\_**\_\_\_** Place participant on **One-to-One Supervision or** **Constant Sight and Sound Supervision as indicated.** |
| \_\_\_\_\_\_ Begin Observation Log |
| \_\_\_\_\_\_ Complete Youth Safety Agreement |
| \_\_\_\_\_\_ Alert a supervisor of participant’s status |
| **\_\_\_\_\_\_** Alert the licensed professional or unlicensed professional of the need for an assessment to occur within 24 hours |
| \_\_\_\_\_\_ Contact Parent/ Legal guardian and inform them of the participant’s status |
| \_\_\_\_\_\_ Document in the Program Log Book |
| \_\_\_\_\_\_ Document in the participant file |
| Note other actions taken: |
|  |

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 **Staff/Nurse interview of medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_**

 **Staff completing intake assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_**

 **Counselor/Supervisor review:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_**