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 nameYes No Today’s dateYes No Where he/she isYes No Time of dayYes 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:** |

|  |  |  |  |
| --- | --- | --- | --- |
| 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: | |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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## **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.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 Language  B. An Asian or Pacific Island language  C. English | | | | | D. Sign  E. Spanish  F. 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 Married  B. single, living with partner | | | | | C. married  D. 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 school  C. Vocational  E. Alternative/homebound program  G. College | | | | B. GED  D. Special education  F. Post-secondary  H. Not applicable  I. Do not know | | | | |
| 8) School status: | | | | | | | | |
| A. Attending school regularly  C. Completed GED  E. Dropped out  G. Expelled | | | | B. Graduated high school  D. Attending school irregularly/ extended truancy  F. Suspended (Date youth may return to school \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_)  H. School not in session  I. Do not know | | | | |
| 9) Last grade Completed: | | | | | | | | |
| A. Grade 5 or less  C. Grade 7  E. Grade 9  G. Grade 11  I. 1 to 3 years of college  K. Other post-secondary training | | | | B. Grade 6  D. Grade 8  F. Grade 10  H. Grade 12  J. 4 or more years of college  L. 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 home  C. Relative’s home  E. Other adult’s home  G. Group home  I. Independent living program  K. Basic Center  M. Living independently  O. On the Street  Q. Educational institute  S. Residential treatment  U. Correctional institute  W. Other temporary shelter  Y. Other | | | | B. Other parent’s home  D. Friend’s home  F. Foster home  H. Transitional living program  J. Job Corps  L. Homeless family center  N. On the run  P. In SQUAT  R. Drug treatment center  T. Mental hospital  V. Other institute  X. Military  Z. Do not know | | | | |
| 15) Primary living situation for past year: (indicate)  A. Parents/ guardian’s home  C. Relative’s home  E. Other adult’s home  G. Group home  I. Independent living program  K. Basic Center  M. Living independently  O. On the Street  Q. Educational institute  S. Residential treatment  U. Correctional institute  W. Other temporary shelter | | | B. Other parent’s home  D. Friend’s home  F. Foster home  H. Transitional living program  J. Job Corps  L. Homeless family center  N. On the run  P. In SQUAT  R. Drug treatment center  T. Mental hospital  V. Other institute  X. Military  Z. Do not know | | | | Y. Other | |
| 16) Previous foster care and total duration: (indicate) | | | | | | | | |
| Never  4 months  8 months  12 months | 1 month  5 months  9 months  13-24 months (1+ - 2 yr.) | | | | 2 months  6 months  10 months  25-60 months (2+ - 5 yr.) | | | 3 months  7 months  11 months  more than 61 months (5+ years) |

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| --- | --- | --- | --- | --- | --- | --- |
| 17) Previous juvenile justice involvement and total duration: (indicate) | | | | | | |
| Never  4 months  8 months  12 months | | 1 month  5 months  9 months  13-24 months (1+ - 2 yr.) | | 2 months  6 months  10 months  25-60 months (2+ - 5 yr.) | | 3 months  7 months  11 months  more than 61 months (5+ years) |
| D. Household Situation | | | | | | |
| 18) Employment status of the youth: | | | | | | |
| A. Full time (over 35 hours)  C. Seasonal/ sporadic  E. Not employed, in school  G. Not employed, not looking | | | | B. Part time  D. Not employed, looking for work  F. Not employed, unable to work  H. 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 incarcerated  Both parents/ legal guardians are incarcerated | | | | The only parent/ legal guardian of the youth is incarcerated  No | | |
| ***25) How many household members including youth?*** | | | | | | |
| 26) What is the youth’s current family structure? (indicate) | | | | | | |
| A. Lives with Both Parents  C. Lives with Single Mother  E. Lives with Non-relatives  G. Other | | | | B. Lives with Single Father  D. Lives with Relatives  F. 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 Program  a. FYSB Transitional Living Program  b. Other Transitional Living Program  c. Group home  d. Independent living Program (Res)  e. Job Corps | f. Drug Treatment Center  g. Residential Treatment Center  h. Educational Institute  i. Other Agency Residential Program  J. Other Residential Program | |
| B. Individual  a. Parent/ Legal Guardian  b. Relative or Friend  c. Other Adult or Youth  d. Partner/ Spouse  e. Foster Parent | | | |
| F. Hotline  a. National Runaway Switchboard  b. Other Hotline | | |
| C. Street Outreach Program  a. FYSB (Federal funded) Street Outreach Program  b. Other Street Outreach Program | | | |
| G. Other Agency or Program  a. Child Welfare/ Child Protective Services  b. Independent living program (non-res)  c. Other Program operated by your agency  d. Other youth services agency | | |
| D. Temporary Shelter  a. FYSB Basic Center (Federal funded runaway shelter)  b. Other Youth Emergency Shelter  c. Homeless Family Center  d. Homeless Shelter  e. Safe place  f. 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 youth  E. Street outreach  G. Other forms of promotional materials | | | B. Public media  D. School  F. Public presentations  H. 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 placement  E. Emancipated  G. 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 Respite  H. Other  I. DJJ Placement Delinquency | | |
| 32) How long has the youth been a runaway or homeless: (indicate) | | | | |
| A. Overnight  C. 2 to 4 days  E. 8 to 14 days  G. 22 to 28 days  I. More than 56 days | | B. 1 day  D. 5 to 7 days  F. 15 to 21 days  H. 29 to 56 days  J. Do not know  K. 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 parent  Or 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) | | |

|  |  |  |
| --- | --- | --- |
| *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*** | | |
| |  |  |  | | --- | --- | --- | | **\*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** |  |  | | --- | | **\*** 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: | |  | | | |

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

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

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