INTAKE ASSESSMENT/NETMIS

**Family Action Non-Residential Program**

**CDS**

CONFIDENTIAL

|  |
| --- |
| **4. YOUTH INFORMATION: Netmis ID: Religious Affiliation:** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full Name: Place of Birth: | | | | | | |
| Alias/ Preferred/ Nickname: Date of Birth: | | | | | | |
| 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 #)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Transportation arrangements are: | | | | | | |
| **Identification Numbers:** | | | | | | |
| Medicaid #: | | | Child Protective Services #: | | | |
| Other #: Use: | | | Other #: Use: | | | |
| **5. ASSOCIATED CONTACTS:** | | | | | | |
| Please list all parents/legal guardians, and persons closely connected to the youth. List in order of desired contact. These persons are also considered *emergency contacts* unless otherwise noted. Social Security # needed for primary care providers. | | | | | | |
| Name  *first/last* | Relationship  *birth/adoptive/step parent, grandparent, sibling, other adult relative, legal guardian, other* | | | Address  *street/city/state/zip/county* | | Phone  *home/ cellular/ work* |
| 1. |  | | | street | | h- |
| city/state | | c- |
| zip/county | | w- |
| 2. |  | | | street | | h- |
| city/state | | c- |
| zip/county | | w- |
| 3. |  | | | street | | h- |
| city/state | | c- |
| zip/county | | w- |
| 4. |  | | | street | | h- |
| city/state | | c- |
| zip/county | | w- |
| **Comments:** | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 Zip | | | | |
| 12) Estimate number of living situations in which youth has resided in the last month: | | | | |
| 13) 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 | | |
| 14) 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  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) 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) |
| 16) 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 | | | | | |
| 17) 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 | | |
| 18) Is the youth’s father figure employed? (indicate) | | | | | |
| A. Yes | | B. No | C. Do not know | | D. Not applicable |
| 19) Is the youth’s mother figure employed? (indicate) | | | | | |
| A. Yes | | B. No | C. Do not know | | D. Not applicable |
| 20) Is the youth’s spouse/ partner employed? (indicate) | | | | | |
| A. Yes | | B. No | C. Do not know | | D. Not applicable |
| 21) 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 | |
| 22) Do the parents/ legal guardians support the basic needs of the youth ( e.g. food, clothing and shelter)? | | | | | |
| Yes | | | No | | |
| 23) Is the parent or legal guardian of the youth currently incarcerated? | | | | | |
| One parent/ legal guardian is incarcerated  Both parents/ legal guardians are incarcerated | | | The only parent/ legal guardian of the youth is incarcerated  No | | |
| 24) How many household members including youth? | | | | | |
| 25) 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 | | |
| 26) What gender is head of household? (indicate) | | | | | |
| A. Male | | | B. Female | | |
| 27) What is the family’s monthly income? | | | | | |
| **F. Referral (indicate)** | | | | | |
| 28) 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 Organization | | |
| K. Mental Hospital | | |
| L. School | | |
| M. Other Organization | | |
| N. Do not know | | |
| O. Safe Place | | |

|  |  |
| --- | --- |
| 29) 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 |
| G. Runaway and Homeless Youth Status | |
| 30) Status of youth at intake: (indicate) | |
| A. At home  C. Throwaway  E. Emancipated  G. Dept. of Children and Families Placement  I. Safe Place | B. Runaway  D. Homeless  F. DJJ Placement-Respite  H. Other |
| 31) How long has the youth been a runaway, throwaway 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** | |
| 32) Is the youth and/or someone else in the household receiving unearned income: (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 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *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*** | | | | |
|  | | | | |
| 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) |  | | |  | |

##### **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

**Summary of observations/comments:**

|  |  |  |
| --- | --- | --- |
| Adolescent Domestic Battery | Yes | No |
| 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? |  |  |
| Are there any indications of youth-to-parent aggression? *If yes to any of the above, please explain:* |  |  |