INTAKE ASSESSMENT/NETMIS

**Family Action Non-Residential Program**

**CDS**

CONFIDENTIAL

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

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| 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:**  |
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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 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 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 |
| 14) 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 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 |

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| 15) 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) |
| 16) 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 |
| 17) 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 |
| 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 incarceratedBoth parents/ legal guardians are incarcerated | The only parent/ legal guardian of the youth is incarceratedNo |
| 24) How many household members including youth? |
| 25) 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 |
| 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 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 Organization |
| K. Mental Hospital |
| L. School |
| M. Other Organization |
| N. Do not know |
| O. Safe Place |

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| 29) 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 |
| G. Runaway and Homeless Youth Status |
| 30) Status of youth at intake: (indicate) |
| A. At homeC. ThrowawayE. EmancipatedG. Dept. of Children and Families PlacementI. Safe Place | B. RunawayD. HomelessF. DJJ Placement-RespiteH. Other |
| 31) How long has the youth been a runaway, throwaway 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** |
| 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 |

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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?
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| 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 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

**Summary of observations/comments:**

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