Child Intake Form

First Name ____________________________________ M.I. ________ Last Name ___________________________________

DOB ________________________________Age _________ SSN ____

Head of Household? ❑ Yes ❑ No If no, relationship to Head of Household? ________________________

Race ❑ Alaskan Native ❑ American Indian ❑ Asian ❑ Black
❑ Hawaiian Native ❑ Pacific Islander ❑ White ❑ Other __________________________

Hispanic or Latino? ❑ Yes ❑ No

Gender ❑ Male ❑ Female ❑ Transgender Male to Female ❑ Transgender Female to Male ❑ Unknown ❑ Refused

Disabilities

Do you have any diagnosed disabilities? ❑ Yes ❑ No

- ❑ Chronic Health Condition
- ❑ Developmental
- ❑ Physical
- ❑ HIV/AIDS
- ❑ Other ____________________

Do you have a history with drug or alcohol abuse? ❑ Yes ❑ No

❑ Drug Abuse ❑ Alcohol Abuse ❑ Both Drug & Alcohol Abuse

If yes, years sober ___________________

Do you have any diagnosed mental illnesses? ❑ Yes ❑ No

- ❑ Antisocial Personality Disorder
- ❑ Anxiety / Panic Disorder
- ❑ Attention Deficit / Learning Disability
- ❑ Bipolar Disorder
- ❑ Borderline Personality Disorder
- ❑ Dementia / Alzheimer's
- ❑ Eating Disorder
- ❑ Hallucinations
- ❑ Major Depression
- ❑ Posttraumatic Stress Disorder (PTSD)
- ❑ Schizoaffective Disorder
- ❑ Schizophrenia
- ❑ Other: ________________________
- ❑ None

Health Insurance

Is the child covered by Health Insurance? ❑ Yes ❑ No

- ❑ MEDICAID
- ❑ MEDICARE
- ❑ Badgercare
- ❑ COBRA Insurance
- ❑ Employer-Provided Insurance
- ❑ Indian Health Services Program
- ❑ Private Pay Insurance
- ❑ VA Medical Assistance
- ❑ Other __________________________________

Other Information

Has the child ever been in Foster Care? ❑ Yes ❑ No

If yes, age they left the System _____________

Does this child currently attend school? ❑ Yes ❑ No

What grade are they in? ____________________________________

What school do they attend? _________________________________

Is this child pregnant? ❑ Yes ❑ No

Does this child receive WIC? ❑ Yes ❑ No