

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 _____

Has the child ever been in Kinship Care or Out of Home Care? Yes No If yes, age they left Care _____

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