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| **Date:** |
| (*√ One)*: ⬜ Emergency Residential Placement ⬜ Crisis Center Walk-in Service (individual/family session)  ⬜ Basic Needs (food/clothing/toiletries) ⬜ NeighborCare ⬜ Love & Logic Class |
| **1) Child’s Full Name**: Click here to enter text. **2)** **Prefers to be called**: Click here to enter text.  **3) Date of Birth**: Click here to enter text. **4) Age**: --- **5) Gender**: --- **6)** **Sexual Orientation**: Choose an item.  **7) Race**: --- **8) Ethnicity**: --- **9) Social Security Number**: Click here to enter text.  **10)** **Has Child/ren**: Choose an item.  **11) Client Address:** Click here to enter text. **County:** ---  **12) Email:** Click here to enter text. **13) Phone #:** Click here to enter text.  **14) Currently Living With**:  Biological Parents  Relative  Foster Family  Other (Specify): \_\_\_\_\_\_\_\_ |
| **15) School Status:** --- **16)** **Current Grade:** --- **17)** **Special Classes:** ---  **18) School:** Click here to enter text. **19)** **School Phone:** Click here to enter text.  **20) School Address**: Click here to enter text. |
| **21) Referred By:** --- **22)** **DSS Involved:**  Yes\*  No 22.a) DSS County**:** Click here to enter text.  **23) Name of Safe Place Site:** Click here to enter text **24) Safe Place Address:** Click here to enter text.  **25) Referral Contact Name:** Click here to enter text. **26) Referral Contact Address**: Click here to enter text.  **27)** **Referral Contact Phone:** Click here to enter text. **28) Referral Contact Fax:** Click here to enter text. |
| **37) Currently Taking Medications:**  Yes\*  No  **38) Current Allergies:**  Yes\*  No  **39) Current Medical Conditions:** Click here to enter text.  **40) Current Health Coverage:** Click here to enter text. **Policy/ID #:** Click here to enter text.  **\*Complete Reverse** |

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| **Section III: Case Summary**  Reason for Referral *(Please indicate specifically why services are being requested, and presenting problems):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **IV. Required Documents:**  \_\_\_\_ \*Most recent clinical comprehensive assessment *(within 90 days of referral, if applicable)*  \_\_\_\_ \*Birth Certificate/Legal Custody Documentation  \_\_\_\_ \*Social Security Card  \_\_\_\_ \*Insurance/Medicaid Card and List of Medications *(if applicable)*  \_\_\_\_ \*Physical *(within one year of referral)*  \_\_\_\_\_ \*Dental Records *(within six months of referral)*  \_\_\_\_ \*Immunization Records *(if applicable)*  **\* Vital Records are needed to complete an intake** |