

HOMESPACE CORPORATION INTAKE APPLICATION

PART 1:

Date: _____

DEMOGRAPHIC:

Applicant's Name: _____ Date of Birth: _____

Applicant's SS#: _____ Age: _____

Current Address: _____

County: _____ Telephone #: _____

Emergency contact person: _____ Relationship: _____

Address: _____ Telephone #: _____

CID: _____ PPG: _____

Children's Names

Age/D.O.B.

S.S. #

- | Children's Names | Age/D.O.B. | S.S. # |
|-------------------------|-------------------|---------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

Parent/guardian: _____

Address: _____ Phone number: _____

Caseworker and phone #: _____

Presenting Challenges/needs:

REFERRAL INFORMATION:

Referring Agency: _____

Contact Person: _____ Telephone #: _____

• **Education:**

Do you attend High School/College? _____ Grade completed: 9 10 11 12 GED

Name & Address of school: _____

Do you have special education services: _____

Have you attended any type of further education (job training, college, vocational programs etc.):
_____ If yes, where: _____

• **Day Care**

Name of Provider: _____

Address: _____

Phone number: _____

• **Employment:**

Employed? Yes ____ No ____ If yes, circle one: part time full time

What is your schedule? _____

Hourly rate: _____ Length of employment: _____

Address: _____

Supervisor: _____ Telephone #: _____

• **Medical & Emergency Health Needs**

Physician/Pediatrician: _____

Address: _____

Telephone #: _____

Do you have any medical conditions or illness? Yes No If yes, explain:

Do you have any physical disabilities? Yes No If yes, explain:

Do you take any medications? Yes No If yes, explain:

Have you ever been hospitalized?

Are there any allergies to medications/foods/environment:

Child's Medical Information

Pediatrican: _____

Address: _____

Telephone #: _____

Does your child have any medical conditions or illness? Yes No If yes, explain:

Does your child have any physical disabilities? Yes No If yes, explain:

Does your child take any medications? Yes No If yes, explain:

Has your child ever been hospitalized?

Are there any allergies to medications/foods/environment:

Legal History

Have you ever been involved with Child Protective Services? Yes No

Have you ever been involved with criminal and/or family court? Yes No

Have you ever been convicted of a crime? Yes No

Have you ever been in juvenile detention/prison? Yes No

Mental Health/Counseling Services/Treatment History:

Have you ever been to counseling? _____
Name of clinic/counselor: _____

What was your diagnosis? _____
Medication(s): _____

Are you currently in counseling?
Name of clinic/counselor: _____

What is your diagnosis? _____

Medication(s): _____

Circle any that apply and explain below (Current/History):

Fire Setting	C	H	Homicidal Ideation	C	H
Cruelty to Animals	C	H	Homicidal Attempt	C	H
Aggressive towards:			Sleep Disturbances	C	H
Adults	C	H	AWOL risk	C	H
Peers	C	H	Stealing	C	H
Children	C	H	Lying	C	H
Suicidal Ideation	C	H	Self Mutilation	C	H
Suicidal attempts	C	H	Poor Hygiene	C	H
Alcohol Use/Abuse	C	H	Cigarette Smoking	C	H
Substance Use/Abuse	C	H	Sexual Acting Out	C	H
Property Destruction	C	H	PINS/JD	C	H
Abuse	C	H	Neglect	C	H

Explain all circled:

Current Client Status:

Individual/Family Strengths:

Activities Assessment/Interests/Hobbies:

Relationship History:

Current Relationship: (With whom/length/issues):

Issues related to abuse history:

Concerns/Current Order of Protections:

PPG/Visitation

Current PPG: _____

Do you have a Permanency Pact? Yes No

If yes, with who?

Who facilitated the Perm. Pact? _____

Do you regularly visit with your paren(s) and/or siblings? Yes No

Current Visitation Plan:

(1) With Whom: _____
Frequency: _____
Location: _____
Concerns: _____
Supervised: Y / N By whom: _____
Transportation Necessary: Y / N

(2) With Whom: _____
Frequency: _____
Location: _____
Concerns: _____
Supervised: Y / N By whom: _____
Transportation Necessary: Y / N

(3) With Whom: _____
Frequency: _____
Location: _____
Concerns: _____
Supervised: Y / N By whom: _____
Transportation Necessary: Y / N

Other visitation information:
