

CHILD INTAKE & FAMILY CARE TEAM INFORMATION



Intake Date: _____ Date of Admission: _____

Child's Name (First, Mid, Last): _____

Gender Identity: M F Other (specify): _____

DOB: _____ Religious Preference (fill-in even if none): _____

Ethnicity (please indicate the best fit for the child's background, or provide description):

- White (non-Hispanic)
- Hispanic (if yes, please indicate): Mexican Puerto Rican Cuban Other: _____
- Black (non-Hispanic)
- Asian (if yes, please indicate): Southeast Asian East Indian Other: _____
- Native Hawaiian/Other Pacific Islander
- Native American
- Alaskan Native
- Other : _____
- Medicaid #: _____ Social Security #: _____

Other Insurance Coverage: Yes No If yes, please provide the following:

Insurance Provider: _____

Policy Holder: _____ Policy Number: _____

Social Security Number of Policy Holder: _____

FAMILY INFORMATION

Parent(s)/Guardian(s):			
Address(s) and Phone Numbers of Parent(s)/Guardian(s):			
Email:			
Sibling(s):	M/F	Age	Contact? (Y/N)

If legal custody/guardianship is someone other than a parent/adoptive parent, please indicate below:	
Name: _____ Position/Title: _____	
Relationship to the child: _____	
Organization: _____	
Contact information	
Address: _____	
Phone Number: Main _____ Alternative _____	
Email: _____	
Other: _____	

Child's Hobbies/Special Interests: _____

FAMILY CARE TEAM RESOURCES

System Involvement: Please indicate all individuals involved in the clients care coordination and indicate if they need to be invited to clinical meetings and/or receive monthly reports or incident reports

Name/Title	Contact Information (phone/cell/fax/email)	Meetings/Report Distribution?
Child Welfare/Caseworker Supervisor Case Manager		
Mental Health		
Other Funding Source (primary/secondary insurance, etc.)		
Developmental Disabilities		
Tribal Representative		

Name/Title	Contact Information (phone/cell/fax/email)	Meetings/Report Distribution?
School District Rep		
Juvenile Justice		
Other (CASA, Attorney, etc.)		

OTHER COMMUNITY RESOURCES & NATURAL SUPPORTS

(NOTE: Please indicate individuals you want to attend the family care team meetings.)

Individual	Role	Contact Information (phone/email)	Meetings?

CHILD'S SCHOOL STATUS UPON INITIAL INTAKE

Current School: _____ Current Grade: _____

School Address or Location: _____

School District: _____

Last School Attended: _____

School Address or Location: _____

School District: _____ Current IEP? Y N

Child's most recent teacher(s): _____

IEP Eligibility (If known/applicable): _____

CHILD'S MENTAL HEALTH/BEHAVIORAL STATUS

Child & Family Strengths: _____

JASPER MOUNTAIN DRESS CODE:

To ensure the safety, well-being, and positive treatment model used at Jasper Mountain, we have instituted the following dress code:

- Garments may not reflect violence, discrimination, horror, racism, drugs/drug paraphernalia, alcohol or alcohol brands/advertisements, gang symbols/colors, politics, anything of a sexual nature, offensive language/images, including (but not limited to) images of guns, blood and gore, curse words, or other harmful images or words.
- Tank tops must have a minimum 1" strap, no spaghetti straps.
- Shorts must meet the fingertip rule: shorts may not be shorter than the child's fingertips when arms are resting at the child's sides.
- Clothes must be well-fitting; not too tight, not too loose.
- Hats, ballcaps, backpacks, duffle bags, purses, etc. may not contain any of the prohibited language, symbols, or images mentioned above.
- Full-bottomed underwear, sports bras, full coverage bathing suits, as children will be active and will require active clothing.

I have read & acknowledge the above dress code policy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Guardian Signature:	Today's Date:
Parent/Guardian Printed Name:	Today's Date:

HISTORY OF RESTRICTIVE BEHAVIORAL INTERVENTIONS

Does the child have a history of needing restrictive behavioral interventions such as being held for violent behavior? Yes No If yes, please answer the following:

How would you describe the child's current risk to self and to others?
What are the child's triggers that often result in problematic behavior and what signs indicate the child is likely to become violent?
What types of interventions have been successfully used in the past?
What has not worked in the past?
Does this child have any medical or psychological issues that need to be considered in behavior management interventions?

Please check the problematic behaviors which the child has exhibited:

Behavior		Comments
<input type="checkbox"/>	Violent/Aggressive	<input type="checkbox"/> Children <input type="checkbox"/> Adults <input type="checkbox"/> Animals
<input type="checkbox"/>	Biting	
<input type="checkbox"/>	Destroys Property	<input type="checkbox"/> Own <input type="checkbox"/> Others
<input type="checkbox"/>	Difficulty with Peers	
<input type="checkbox"/>	Encopresis	<input type="checkbox"/> Daytime <input type="checkbox"/> Nighttime <input type="checkbox"/> Smears
<input type="checkbox"/>	Enuresis	<input type="checkbox"/> Daytime <input type="checkbox"/> Nighttime
<input type="checkbox"/>	Fire setting	How many occasions?
<input type="checkbox"/>	Oppositional	
<input type="checkbox"/>	Hyperactive	
<input type="checkbox"/>	Lies excessively	
<input type="checkbox"/>	Runs Away	
<input type="checkbox"/>	Self-Mutilation	How?
<input type="checkbox"/>	Sexual Offending	
<input type="checkbox"/>	Sexually Reactive	
<input type="checkbox"/>	Steals excessively	
<input type="checkbox"/>	Controlling	
<input type="checkbox"/>	Distractible	
<input type="checkbox"/>	Attachment Problems	
<input type="checkbox"/>	Covert	
<input type="checkbox"/>	Manipulative	Unjustified accusations of abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Tantrums	How often/how long?
<input type="checkbox"/>	Nightmares	How often?
<input type="checkbox"/>	Depression	
<input type="checkbox"/>	Suicidal	Ideation <input type="checkbox"/> ActsWhen?
Additional Comments/Clarifications (as needed):		