



INSTRUCTIONS: Please fill out accurately and completely. Please answer all questions.

Today's Date: _____

Client ID #: _____

Adult/Older Youth (18-22) Information

First Name _____ M. Initial _____ Last Name _____

Preferred Name: _____ Preferred Pronoun(s): _____

Street Address _____ City _____ Zip Code _____

Cell/Home# _____ Okay to call or leave a message? Yes No

Work# _____ Okay to call or leave a message? Yes No

Email: _____ Okay to email forms? Yes No

Date of Birth: _____ Age: _____ Country of Birth: _____

If Applicable:

Grade: _____ School: _____ Student ID # _____

PLEASE CIRCLE ONE

Gender Identification:	Female	Male	Gender Not Listed _____ (please specify)		
Race:	White Black	Asian Native American	Native Hawaiian/Pacific Islander Two or More/Multiracial _____ (please specify)		
Ethnicity:	Hispanic/Latino	Non-Hispanic/Latino			
Primary Language Spoken:	English	Spanish	French	Creole	Other _____ (please specify)
English Proficiency Level:	Fluent	Limited	None		
Interpreter Needed?	Yes	No			
Parental Status:	Biological Other (Please Specify) _____	Adoptive	Foster	Stepparent N/A	
Current Marital Status:	Married Living Together	Divorced Single/Never Married	Separated Widowed		
Highest Education:	Elementary School Some College/Associate	Middle School Bachelor Degree	High School Diploma/GED Master's Degree	Doctorate	
Employment Status:	Employed	Unemployed	Retired		



Other Adults and/or Children Living at Home

First Name M. Initial Last Name

Date of Birth: _____ Age: _____ Grade: _____ School/Employer: _____

Relationship to client: _____ Country of Birth: _____

PLEASE CHECK ONE

Gender Identification:	Female	Male	Gender Not Listed _____ (please specify)
Race:	White Black	Asian Native American	Native Hawaiian/Pacific Islander Two or More/Multiracial _____ (please specify)
Ethnicity:	Hispanic/Latino	Non-Hispanic/Latino	

First Name M. Initial Last Name

Date of Birth: _____ Age: _____ Grade: _____ School/Employer: _____

Relationship to client: _____ Country of Birth: _____

Gender Identification:	Female	Male	Gender Not Listed _____ (please specify)
Race:	White Black	Asian Native American	Native Hawaiian/Pacific Islander Two or More/Multiracial _____ (please specify)
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First Name M. Initial Last Name

Date of Birth: _____ Age: _____ Grade: _____ School/Employer: _____

Relationship to client: _____ Country of Birth: _____

Gender Identification:	Female	Male	Gender Not Listed _____ (please specify)
Race:	White Black	Asian Native American	Native Hawaiian/Pacific Islander Two or More/Multiracial _____ (please specify)
Ethnicity:	Hispanic/Latino	Non-Hispanic/Latino	



General Information

Household Income: **(check one)** \$0-24,999 \$25,000-49,000 \$50,000-99,000 Over \$100,000

Do you have your own transportation? **(check one)** Yes No If not, type (e.g., bus, Uber, taxi) _____

How did you learn about our services? **(check one)** Community Agency Court Hospital Previous Client
Private Practitioner Internet School Other (please specify) _____

Primary Concern(s)/Reasons for Seeking Treatment:

- 1) _____ 2) _____
- 3) _____ 4) _____

What do you hope will change by participating in our services? _____

Family Strengths:

- 1) _____ 2) _____
- 3) _____ 4) _____

Medical/Psychiatric/School Services History

Are you currently taking medications? **(check one)** No Yes List: _____

Have you previously taken medications? **(check one)** No Yes List: _____

Are you or your family currently receiving services from another agency/professional? **(check one)** No Yes

List: _____

Have you or your family received prior services from another agency/professional? **(check one)** No Yes

List: _____

Do you or a family member have a history of psychiatric hospitalizations? **(check one)** No Yes

If yes, list dates and reasons: _____



Youth and Family History Questionnaire

Please answer **ALL** questions.

Current = within last 6 months

Past = over 6 months



SCHOOL CONCERNS	Current	Past	Never	COURT/LEGAL INVOLVMENT	Current	Past	Never		
Poor grades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Court ordered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Drop out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Court referred	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Excessive absences/Skips class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Family Violence Intervention (FVIP)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Reading difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Juvenile Diversion Alternative (JDAP)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Repeated a grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Youth Firesetter Intervention (YFIP)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
School detentions/referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Youth Court</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
School expulsion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DCF referred	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
School referred	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family legal involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Truant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EMOTIONAL CONCERNS			Current	Past	Never
BEHAVIORAL CONCERNS	Current	Past	Never	Anxious/Nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Attention seeking behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Disrespectful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grief/Loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Disruptive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homicidal ideation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Eating disorder/problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Fighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suicidal attempts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Fire setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suicidal ideation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Harms animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SOCIAL CONCERNS			Current	Past	Never
Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bullying others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Impulsivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bullied by others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Lying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dangerous neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Physically aggressive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excessive gaming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Profanity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poor peer group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Running away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poor self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Self-injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Social media misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sexual behavior problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Social skills issue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sleep disturbance/problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Soils clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FAMILY CONCERNS			Current	Past	Never
Stealing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Domestic violence					
Urinates in clothes or bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Youth</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Verbally aggressive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Parent</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SUBSTANCE USE				<i>Other Family Member</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Alcohol use concerns				Emotional abuse					
<i>Youth</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Youth</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<i>Parent</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Parent</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<i>Other Family Member</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Other Family Member</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Drug use/concerns				Incarceration					
<i>Youth</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Youth</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<i>Parent</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Parent</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<i>Other Family Member</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Other Family Member</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				Medical concerns					
				<i>Youth</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<i>Parent</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<i>Other Family Member</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



FAMILY CONCERNS CONT'D				Current	Past	Never	HOUSING			Current	Past	Never
Mental health concerns							Hotel/Motel					
<i>Youth</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shelter				<input type="checkbox"/>	<input type="checkbox"/>
<i>Parent</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shared Housing Hardship				<input type="checkbox"/>	<input type="checkbox"/>
<i>Other Family Member</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Space Not Designed for Human Habitation				<input type="checkbox"/>	<input type="checkbox"/>
Neglect							STRENGTHS			Current	Past	Never
<i>Youth</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Best friend				<input type="checkbox"/>	<input type="checkbox"/>
<i>Parent</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Community involvement				<input type="checkbox"/>	<input type="checkbox"/>
<i>Other Family Member</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extra –curricular activities				<input type="checkbox"/>	<input type="checkbox"/>
Physical Abuse							Extended family contact				<input type="checkbox"/>	<input type="checkbox"/>
<i>Youth</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family has fun together				<input type="checkbox"/>	<input type="checkbox"/>
<i>Parent</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good grades				<input type="checkbox"/>	<input type="checkbox"/>
<i>Other Family Member</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handles stress well				<input type="checkbox"/>	<input type="checkbox"/>
Parenting concerns				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hobbies				<input type="checkbox"/>	<input type="checkbox"/>
Parent divorce/separation				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intelligent				<input type="checkbox"/>	<input type="checkbox"/>
Sexual abuse							Likes school				<input type="checkbox"/>	<input type="checkbox"/>
<i>Youth</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Likes teacher (s)				<input type="checkbox"/>	<input type="checkbox"/>
<i>Parent</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parents support each other				<input type="checkbox"/>	<input type="checkbox"/>
<i>Other Family Member</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Positive friends				<input type="checkbox"/>	<input type="checkbox"/>
Sibling rivalry				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safe neighborhood				<input type="checkbox"/>	<input type="checkbox"/>
Weapons in the home				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Solves problems efficiently				<input type="checkbox"/>	<input type="checkbox"/>
Youth pregnancy/birth							Spiritual or religious				<input type="checkbox"/>	<input type="checkbox"/>
<i>Youth</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sports involvement				<input type="checkbox"/>	<input type="checkbox"/>
<i>Parent</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Works at part-time job				<input type="checkbox"/>	<input type="checkbox"/>
<i>Other Family Member</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

I would like to receive information on the following County services? ***(check all that apply)***

Mentoring Programs Future Leaders United for Change Summer Camp Scholarships Housing Authority
 Community Services (Food, Utilities, Job Assistance, Substance Use) Other: _____

Consent for Intake Assessment Services

My signature below indicates that I consent to participate in the Intake Assessment process with the Youth Services Department. The Youth Services Department provides training for mental health counseling, marriage and family therapy, clinical social work, and psychology graduate students and postgraduates in need of clinical experience for licensure. Trainees are able to provide services while under the supervision of a licensed mental health professional.

I agree to have my intake assessment completed by a trainee (check one): **Yes** **No**

 Printed Name

 Signature

 Date