

SCREENING INFORMATION (Please Print)

<i>se attach) recommends:</i> join Suitability assessment)	
lized Therapeutic Home a Treatment Program	
Nickname	
f Birth	
or Hair	
County	State
can Caucasian er	
(Alaskan Indian;Eskimo;	_Aleut)
_Cuban;Dominican;Latin Amer exican;South American;Spania	
cEpiscopalian Jewish Presbyterian Other:	
Other Custodial (explain)	
Secondary Phone	
Email Address	
County	
	join Suitability assessment) lized Therapeutic Home a Treatment Program Nickname f Birth f Birth or Hair County canCaucasian er (Alaskan Indian;Eskimo; Cuban;Dominican;Latin Ameri exican;South American;Spania eEpiscopalian Jewish PresbyterianOther: <i>Other Custodial (explain)</i> Email Address

I give permission to the staff of Residing Hope to leave a telephone message at the following telephone numbers and/or email (check all that apply):

Referred By: Name:	Church/Agency:		
Address:			
Telephone:()			
Health Insurance Information:			
Health Insurance Provider:	M	edicaid #:	
Policy #:	Type of Coverage	2:	
Primary Physician under the insu	rrance/Medicaid:		
Address:	Ph	one #:	
<i>Medical Information:</i> Does child have any known aller	gies/ sensitivities/ Health Issu	es?	
Has child ever been hospitalized Age How Long	Baker Acts? Yes N Reason	lo	
Has child ever been charged thro Age Re	ugh DJJ? Yes No ason	Charged	with?
Next scheduled Court Date:			
Medication History (list current a Date Medication	and past medications) Prescribing Physician	Response	to Medication

Has the child	ever been seen	by a medical specialist for a major illness or accident?
Age	How Long	Reason

FAMILY/GUARDIAN INFORMATION

	•
Occupation	Level of Education Completed
Mother	
Father Chandian	
Other Guardian Other Guardian	
Are the parents divorced/separated? Yes	No
If yes, explain:	
Does the parent/guardian experience any he	ealth problems or disabilities? Yes No
Has the parent/guardian ever been treated f Age How Long Reaso	
Who else lives in the home? Name	Age
IF CHILD IS ADOPTED Age of child at the time of adoption	
Relevant information about biological pare	nts (substance abuse/mental health/medical history)

Type of adoption (adoption agency, foster care, domestic, international)

PRESENTING PROBLEM (briefly describe your concerns)

(State Placed Kids) Tentative Permanency Plan:

TREATMENT/ COUNSELING HISTORY (child)

Previous Counsel	ing		
When	Where	Therapist/Title	Response To
	r attempted to comi eason	mit suicide or expressed a wish	to die? Yes No
Has the child even If yes, Explain:	r attempted or expr	essed the wish to harm others?	Yes No
	r been in residentia ow Long		
Has the child even	r experienced, witn	essed or been exposed to any of	f the following?
Sexual Abuse	Physical	AbuseNeglect	Domestic Violence
Car Accident	other Accident	Premature BirthP	Major Medical Procedure

____Divorce ____Adoption/Foster Care ____Change of primary caretaker

SUBSTANCE ABUSE HISTORY

Any family history of substance/alcohol abuse (including grand-parents, relatives)?

Parent/guardian history of substance/alcohol abuse (including step-parents, co-caretakers)?

Child's history of substance/alcohol abuse and or cigarette smoking?

LEGAL HISTORY

Has the child ever had difficulty	with the police? Yes No
Has the child ever been on proba	ation? Yes No
Has the child ever appeared in ju	uvenile court? Yes No
Comments:	
Has the family ever been involve	ed with DCF/CPC? Yes No
When	Reason:
Is there currently an open case/in	nvestigation? Yes No
	care or DCF/CPC custody? Yes No
Age How Long	Reason

ACADEMIC HISTORY

Name of the school the child is presently attending:	
School Address:	
School Phone #:	County:
Current grade placement:	
What are the child's typical grades?	
Does the child receive Special Education (ESE) services? _ NOTE: If you answered yes, please provide a copy of the	
Does the child have behavior problems in school? Yes	
Does the child skip or cut classes?YesNo How of	
Has the child ever failed or been held back?YesNo	
Has the child ever been suspended or expelled to an alternati If yes, reason:	ve school? Yes No

BEHAVIORAL CONCERNS

Does the child display any of the following behaviors?

____Defiance/Does not follow rules ____Disrespects adults/authority figures

____Lying ____Stealing ____Talks Back ____Uncontrollable Anger/Rage

____Verbal Aggression ____Destruction of Property ____Physical Aggression with People

___Physical Aggression/Cruelty toward Animals ____Fire Setting

___Sexual Promiscuity/Sexually active (how many partners?)

___Sexually inappropriate/offending behaviors (explain) _____

___Runs away from home (how many times/how often?)

Excessive dieting (how often?)

Binging/Purging (how often?)	
Abuse of diet pills/laxatives (frequency/amo	ount)
Self-Injurious Behaviors (frequency/severit	y of injury)
Violates physical boundaries of others (how	?)
Violates emotional boundaries of others (ho	w?)
InterruptsDaydreamsLacks for	cus/concentrationOften forgetful
Cannot sit still/excessive fidgeting	
Has difficulty making or keeping friends (h	ow so?)
Worries frequentlyAppears nervous	Appears sadOften moody
Often withdrawsAppears shySe	ees/hears things that others don't
How does the child behave in the home?	
How does the child express anger/frustration?	
How does the child express sadness?	
How does the parent/guardian discipline the ch	ild?
What are the child's strengths and interests?	
COMMENTS	
Screening Information Completed By: Pr	rint Name:
Si	gnature:
D	ate: