

Family Support Program Universal Application

Head of Household _____

Address _____

☐ Family lives in rural area ☐ Family lives in urban area ☐ Family lives in suburban area

Name of child /individual receiving services: _____

Date of Intake _____ **Date of Birth** _____ **Age at Intake** _____

Child is living with ☐ Parents ☐ Single parent ☐ Foster Parent ☐ Relative ☐ Other

List names of everyone living in household:

Name	DOB	M/F	Relationship to HOH
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Please list contact names and telephone numbers of all agencies/service providers that the child & family are currently involved with (Use back of sheet if necessary):

Agency: _____ Contact: _____ Tel.#: _____

Agency: _____ Contact: _____ Tel. #: _____

Agency: _____ Contact: _____ Tel.#: _____

Agency: _____ Contact: _____ Tel.#: _____

Demographics: please check all that apply in household & note numbers for individual family members from above list. If all, write "all".

☐ Mental Health Issues (has diagnosis) _____

☐ Substance Abuse Issues _____

☐ Person with Disability _____

☐ Person on PINS _____

☐ Person on Probation _____

☐ Person who is Incarcerated _____

☐ Person with limited English proficiency _____

☐ Person cannot read newspaper or fill out application _____

☐ Person who is hearing impaired _____

☐ Person who is blind _____

☐ Person is homeless _____

Family Support Program Universal Application

Race/Ethnicity: Please check all that apply. Use numbers from above list of family members. If all family members, write "all".

- ☐ Black/African American _____
☐ Hispanic _____
☐ Asian _____
☐ Native American _____
☐ White _____
☐ Other _____

History for child receiving services: Please check all that apply and list dates of service.

- ☐ Psychiatric hospitalizations _____
☐ Psychiatric ER visits _____
☐ Mobile Crisis visits _____
☐ Out of home placement (foster care, residential, etc.) _____
☐ Police involvement _____
☐ School detentions/suspensions (frequency) _____

Does your family identify with any cultural group? Yes No

If "yes", which ones? _____

Parent Education: please list highest grade completed for parent/caregivers

Father _____ Mother _____

Other caregiver _____

Do you have a problem getting to appointments because of geographical distances? Yes No

Give examples: _____

Total Income for previous calendar year, include all sources: \$ _____

Earnings _____ Who? _____

SSI _____ Who? _____

SSD _____ Who? _____

SS _____ Who? _____

Public Assistance _____ Other _____

Do you receive Food Stamps? Yes No If so, list amount \$ _____

Do you live in Section 8 Housing? Yes No If so, amount you pay \$ _____

How did you hear about the Family Support Program? _____

Referral Source: _____

Family Support Program Universal Application

STRENGTH BASED ASSESSMENT:

Child's Name _____

Tell me a little bit about your child....what does he or she like?

What are his/her favorites?

Foods: _____

TV Shows: _____

Sports: _____

School Subjects: _____

Books/Movies: _____

Parents:

What are the best things about your family?

Who provides the most help to you and your family?

What things best help you as parents to cope during times of crisis and in stressful situations? e.g. go for a walk, to be left alone, restraint, divert attention)

What doesn't work? _____

Child: (if present at interview)

What do you like to do to have fun? _____

What are you good at? _____

Who are your close friends? _____

Why are they special to you? _____

Current situation information:

What is happening now to make it difficult for your child to be at home? _____

If you had a magic wand, what would you change? _____

What would it take to make it happen? _____

Signatures of persons completing assessment _____

Date: _____