Holmes County Family & Children First Council

85 North Grant Street
P.O. Box 72
Millersburg, Ohio 44654
330-763-8755 330-674-0770 (Fax)

INTAKE SCREENING FORM

PLEASE TYPE & FILL OUT COMPLETELY

Date: _____ Screening Completed by: _____
Family Last Name: _____ Identified Youth (IY) Name: _____
Youth DOB: _____ Youth Social Security #: _____
Youth Address: _____ Youth Gender: _____
City: _____ _____
State: _____ Youth Race: _____
Zip: _____ School Youth Attending: _____
Phone: _____ Youth Grade: _____

REFERRAL SECTION

Referral Source:

☐ Board of Developmental Disabilities ☐ Juvenile Justice ☐ Mental Health/Behavioral Health Provider
☐ Child Protective Services ☐ Early Intervention Rep ☐ Primary Care Physician/Hospital
☐ Head Start/Early Head Start ☐ Education Rep ☐ Self/Family
☐ Health Department ☐ Home Visiting Provider ☐ Other _____

Date of Referral: _____ Referral Person's Name: _____
Referral's Phone: _____ Referral's Email: _____

ADDITIONAL YOUTH INFORMATION

Previously Adopted? ☐ Yes ☐ No If yes, age at adoption? _____

Current Living Arrangement: *(Please check below)*

☐ In Home with Parents ☐ Foster or Adoptive placement (not finalized) ☐ Hospital
☐ In Home with relative (non-guardian) ☐ Congregate Care ☐ Department of Youth Services
☐ In Home with guardian ☐ Hospital ☐ Other: _____

INSURANCE AND PHYSICIAN INFORMATION

Medical insurance? ☐ Yes ☐ No Type? ☐ Medicaid OR ☐ Private Insurance Plan #: _____

Insurance Carrier: ☐ AmeriHealth ☐ Anthem ☐ Buckeye Health ☐ CareSource ☐ Humana ☐ Molina ☐ Paramount ☐ United Healthcare
☐ Other: _____

Coverage #: _____ Start Date: _____ End Date: _____
Primary Care Physician (PCP)? ☐ Yes ☐ No PCP Name: _____
PCP Phone: _____ PCP Email: _____

SERVICES AND SUPPORT INFORMATION

Youth Strengths & Positive Qualities

Family Strengths & Positive Qualities

Other systems involved in the care of the youth: *(check all that apply)*

☐ Board of Developmental Disabilities ☐ Job and Family Services ☐ Primary Care Physician (PCP)
☐ Child Services ☐ Juvenile Justice ☐ School
☐ Early Intervention/Help Me Grow ☐ Managed Care ☐ Test
☐ Head Start ☐ Mental Health/Behavioral Health ☐ WIC
☐ Health Department ☐ Opportunities for Ohioans with Disabilities ☐ Other

HOUSEHOLD AND FAMILY INFORMATION

Interpreter Services needed? ☐ Yes ☐ No Do safety hazards exist? ☐ Yes ☐ No

Best time to contact family: ☐ Morning ☐ Afternoon ☐ Evening ☐ Weekends ☐ Anytime

Family Members: *(all family members, **other than identified youth**, living in the family unit, by their definition, including parents/caregivers)*

Name	Relation to Youth	DOB	Identified Gender	Race	Employer or School Attending & Grade	In Home?	ROI?
						▫yes ▫ no	▫yes ▫no
						▫yes ▫ no	▫yes ▫no
						▫yes ▫ no	▫yes ▫no
						▫yes ▫ no	▫yes ▫no
						▫yes ▫ no	▫yes ▫no
						▫yes ▫ no	▫yes ▫no
						▫yes ▫ no	▫yes ▫no
						▫yes ▫ no	▫yes ▫no
						▫yes ▫ no	▫yes ▫no
						▫yes ▫ no	▫yes ▫no

Has youth ever been in any out-of-home placement *(not including respite care)*? ☐ Yes ☐ No

Has the youth ever been in a residential placement? ☐ Yes ☐ No

Was youth in out-of-home placement at the time of referral? ☐ Yes ☐ No

If you answered **yes** to any of the three questions above, please provide where the youth was placed and the dates of the placement below:

Is the youth currently at risk of a residential placement? ☐ Yes ☐ No

HISTORY AND DESIRED OUTCOME INFORMATION

Brief History:

How would youth benefit from a multi-system team? Desired outcome from participation in Service Coordination?

Precipitating events leading to this referral:

What services and supports have been utilized to date?

Any additional information pertinent to this referral?

RESOURCE ELIGIBILITY INFORMATION

Resource Explored?	Child/Family Eligible?	Reasonably Exhausted?	If **YES**, provide detailed information about amounts and how the funds were used
Adoption Assistance	☐ Yes ☐ No ☐ Not Sure	☐ Yes ☐ No ☐ Not Sure	
Child Support	☐ Yes ☐ No ☐ Not Sure	☐ Yes ☐ No ☐ Not Sure	
Home Energy Assistance Program (HEAP)	☐ Yes ☐ No ☐ Not Sure	☐ Yes ☐ No ☐ Not Sure	
Board of Developmental Disabilities	☐ Yes ☐ No ☐ Not Sure	☐ Yes ☐ No ☐ Not Sure	
Mental Health Addiction Board	☐ Yes ☐ No ☐ Not Sure	☐ Yes ☐ No ☐ Not Sure	
Medicaid/Medicaid Managed Care	☐ Yes ☐ No ☐ Not Sure	☐ Yes ☐ No ☐ Not Sure	
Metropolitan Housing Authority	☐ Yes ☐ No ☐ Not Sure	☐ Yes ☐ No ☐ Not Sure	
Post Adoption Special Service Subsidy (PASSS)	☐ Yes ☐ No ☐ Not Sure	☐ Yes ☐ No ☐ Not Sure	
Prevention, Retention and Contingency (PRC)	☐ Yes ☐ No ☐ Not Sure	☐ Yes ☐ No ☐ Not Sure	
Private Health Insurance	☐ Yes ☐ No ☐ Not Sure	☐ Yes ☐ No ☐ Not Sure	
Social Security Survivor's Benefits	☐ Yes ☐ No ☐ Not Sure	☐ Yes ☐ No ☐ Not Sure	
Social Security/Disability Insurance (SSI/SSDI)	☐ Yes ☐ No ☐ Not Sure	☐ Yes ☐ No ☐ Not Sure	
State Adoption Maintenance Subsidy (SAMS)	☐ Yes ☐ No ☐ Not Sure	☐ Yes ☐ No ☐ Not Sure	
Supplemental Nutrition Assistance Program (SNAP)	☐ Yes ☐ No ☐ Not Sure	☐ Yes ☐ No ☐ Not Sure	
Temporary Assistance for Needy Families (TANF)	☐ Yes ☐ No ☐ Not Sure	☐ Yes ☐ No ☐ Not Sure	

PHYSICAL AND BEHAVIORAL HEALTH INFORMATION

CURRENT Provider:
Service Type: ☐ Alcohol, Drug & Mental Health ☐ Behavioral Health/Juvenile Justice ☐ Bright Beginnings ☐ Child Support Enforcement ☐ Children & Family Services ☐ Developmental Disabilities ☐ Job & Family Services ☐ Juvenile Court ☐ Multi-Systemic Therapy (MST) - DCFS ☐ Multi-Systemic Therapy (MST) Juvenile Court ☐ Ohio Department of Youth Services ☐ PEP Connections ☐ PEP Day Treatment ☐ School Building ☐ School District ☐ Tapestry
Provider Name: ______________________ Contact Info: ______________________
Begin Date: ____________ End Date: ____________ Most Recent Visit: ____________

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Does the Youth have a current DSM 5 Diagnosis? ☐ Yes ☐ No

Youth Diagnoses:

Youth Medications:

Family and Child Risk Factors *(check all that apply)*

☐ Abuse/Neglect Concerns
☐ Academic Difficulties
☐ Acute Family Crisis
☐ Adjudicated Delinquent
☐ Adjudicated Dependent
☐ Aggressive Behavior toward animals
☐ Aggressive Behavior toward others
☐ Availability of Weapons
☐ Bedwetting
☐ Depression
☐ Developmentally Delayed
☐ Drug/Alcohol Abuse
☐ Eating Disorder
☐ Encopresis
☐ Enuresis
☐ Family Conflict (verbal, physical)
☐ Fighting
☐ Fire Setting/Arson
☐ Head Injury
☐ Hears Voices/Sees Things
☐ Homicidal Threats
☐ Hospitalizations
☐ Impulsive Behavior
☐ Inability to Maintain Personal Safety
☐ Inappropriate Sexual Behavior
☐ Lack of Stable Residence/Homeless
☐ Limited Ability to Control Anger
☐ Limited Developmental Capacity
☐ Lying
☐ Parent/Teen Conflict
☐ Parent w/ Chronic or Acute Mental Illness, DD, or MR
☐ Parent w/ Drug or Alcohol Problems
☐ Parent w/ Severe Chronic Illness
☐ Prejudicial Thinking/Ideation
☐ Problems with Authority
☐ Problems with Peers
☐ Resides in High Crime Area
☐ Robbery
☐ Running Away
☐ School Behavioral Problems
☐ Self-Injurious
☐ Sex Offender
☐ Sleep Disturbance
☐ Stealing
☐ Suicide Attempt
☐ Suicide Ideation
☐ Supervision Concerns
☐ Suspended, Expelled or Dropped Out of School
☐ Truancy/Chronic Absenteeism
☐ Vandalism
☐ Verbal or Written Threats to Others
☐ Victim of Physical, Emotional or Sexual Abuse
☐ Withdrawn
☐ Other _____

COURT INFORMATION

Order Type _____ Expiration Date: _____
Offense: _____ Adjudication Date: _____
Disposition Date: _____
Disposition Details _____
Next Court Hearing Date: _____

Order Type _____ Expiration Date: _____
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Disposition Date: _____
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Disposition Details _____
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EDUCATION INFORMATION

School District of Residence: _____ Enrolled in School? ☐ Yes ☐ No
School Start Date (mo/yr): _____ District of Attendance: _____
School Name: _____ Current Grade: _____
School Placement ☐ General Education ☐ Special Education Does youth have a 504 accommodation? ☐ Yes ☐ No
School Placement Type: Is youth on an IEP? ☐ Yes ☐ No

☐ Alternative School
☐ Charter School/Community School
☐ Day School Private
☐ Day School Public
☐ Home
☐ Homeschool
☐ online school
☐ private school
☐ Inside regular education classroom
☐ Inside regular education classroom (80% or higher)
☐ Inside regular education classroom (79-40%)
☐ Inside special education classroom

Are there attendance or truancy issues? ☐ Yes ☐ No

ASSESSMENT INFORMATION

Date Case Assessment Completed: _____ Tool used: ☐ CANS - Brief ☐ CANS - Comprehensive ☐ CASII ☐ WFI - EZ
Assessment Outcome: _____
Is Youth OhioRISE Eligible: ☐ Yes ☐ No Enrollment Start Date: _____

PARENT ADVOCATE INFORMATION

Is the Family interested in a Parent Advocate? ☐ Yes ☐ No
Does the Family already have a Parent Advocate (PA)? ☐ Yes ☐ No
If so, PA Name: _____ Phone: _____ Email: _____

Other Notes:

FINANCIAL INFORMATION

Annual Gross Income from Caretaker #1: _____
Annual Gross Income from Caretaker #2: _____
Other Income (adoption subsidy, child support, social security, etc.): _____
Total Monthly Income: _____

☐ TANF eligible

Outcome of Intake ☐ Approved ☐ Denied – Reason: _____

If approved, the following needs to be done:

☐ Release of Information completed and signed Date: _____
☐ Service Coordinator for Family Team assigned SC Name: _____
☐ Safety/Crisis Plan completed Date: _____
☐ Ohio CANS completed Date: _____
☐ Parent Advocate Referral made *(if requested)*

Notes: