

STAR FAMILY CONNECTION - Intake Study - Non-Residential

Name: _____ Open Date: _____

Address: _____ Home Phone # _____

City _____ State: ____ Zip Code: _____ County: _____

Age: ____ Sex: ____ Ethnic Group: _____ DOB: _____

Emergency #'s _____

(Other than home or work# - document who the number belongs to: neighbor, friend, grandmother etc)

Intake Start Time: _____ Intake End Time: _____ Intake Total Time _____

Referral Source: _____

<input type="checkbox"/> Self	<input type="checkbox"/> Protective Service	<input type="checkbox"/> MHMR
<input type="checkbox"/> Parent	<input type="checkbox"/> Tx Runaway Hotline	<input type="checkbox"/> Other Private Agency
<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Other Hotline
<input type="checkbox"/> Provider Agency Staff	<input type="checkbox"/> Juvenile Probation	<input type="checkbox"/> Judge-Mandated OR Court
<input type="checkbox"/> School	<input type="checkbox"/> Clergy/Church	Ordered for Truancy

Reason for Referral: (**check only ONE**)

<input type="checkbox"/> Runaway	<input type="checkbox"/> Misdemeanor Offense + Offense Code # _____
<input type="checkbox"/> Truancy	<input type="checkbox"/> State Jail Felony
<input type="checkbox"/> Family Conflict	<input type="checkbox"/> 7-9 Year Old Delinquent Offense + Offense Code # _____

Contributing factors: (**check ALL that apply**)

<input type="checkbox"/> 01 Severe Family Conflict	<input type="checkbox"/> 06 Youth has Suicidal thoughts
<input type="checkbox"/> 02 Violence in Family	<input type="checkbox"/> 07 Youth Attempted Suicide in Past
<input type="checkbox"/> 03 Youth's Assaultive Behavior	<input type="checkbox"/> 08 Past Victim of Child Abuse
<input type="checkbox"/> 04 Youth's Prob. w/ Juv. justice	<input type="checkbox"/> 09 School Problems
<input type="checkbox"/> 05 Youth's Drug/Alcohol Abuse	<input type="checkbox"/> 10 None Apply

Mother/Stepmother: Name _____ Custody? Y N

Address: _____ Home Phone # _____

City: _____ State: _____ Zip Code: _____

Employed by : _____

City of Employment: _____ Work Phone # _____

Father/Stepfather: Name _____ Custody? Y N

Address: _____ Home Phone # _____

City: _____ State: _____ Zip Code: _____

Employed by : _____

City of Employment: _____ Work Phone # _____

Where is youth living at initiation of service?

<input type="checkbox"/> with Biological/Adoptive Parents	<input type="checkbox"/> Psych. Hospital	<input type="checkbox"/> Street
<input type="checkbox"/> with Legal Guardian	<input type="checkbox"/> Structured Sub. Care	<input type="checkbox"/> No Stable Liv. Environ.
<input type="checkbox"/> Relative's home	<input type="checkbox"/> Secure Facility/Detention	<input type="checkbox"/> Living Independently
<input type="checkbox"/> Unstructured Sub. care (friends, etc.)	<input type="checkbox"/> Trans. from Other Shelter	

Does youth considered this home? _____ Yes _____ No

Client Name _____ Open Date _____

Family Background Who lives in the youth's current household? (*List all, including youth*)

Name	Age	Relationship to youth

List any **natural parents** and **siblings** who do not live in the youth's current household:

Name	City/State	Age/Relationship

If natural parents are divorced/separated/widowed, when? _____

If natural parents are remarried, when? _____

Explain any other marriages/divorces of natural parents or stepparents:

List any other significant adults in youth's life (ex: family, friends, school personnel, minister)

School & Job Information

Name of Last School Attended: _____

Highest Grade Completed: _____ Repeated: _____

<i>Present</i>	_____ Attending regularly	_____ Attending-Some Truancy	_____ Suspended
<i>School</i>	_____ Expelled	_____ Dropped Out	_____ Parents Withdrawn
<i>Status:</i>	_____ Alt Sch/ GED Homebound	_____ Graduated HS	_____ School not in Session
<i>(list one)</i>	_____ Completed GED	_____ Under school age	

How many days has youth been out of school? _____

Is youth having any problems at school in any of these areas?

_____ with teachers _____ with peers _____ attending classes

What are the youth's grades?

Is youth currently in any special education classes? Yes _____ No _____

Has youth been in special education in past? Yes _____ No _____

If so, when & what _____

List any extra-curricular/free time activities youth participates in: _____

Youth's employment status: _____ Full Time _____ Part Time _____ Seasonal/Sporadic
 _____ Not Employed, Looking _____ Not Employed _____ Never Employed _____ Volunteer

Place of employment (if any) _____

Client Name _____ Open Date _____

Medical Overview

Is the youth currently taking any medication? Yes _____ No _____

If yes, what kind? _____

Does youth have any medical conditions that could affect counseling? Yes _____ No _____

If **YES**, please describe _____

Contact with Juvenile Justice System

Is youth currently a runaway? Yes _____ No _____

If yes, how many days away from home? _____

Is there a runaway report filed on the youth? Yes _____ No _____

Did youth's parents kick him/her out? Yes _____ No _____

How many times has the youth runaway for at least overnight? _____

When was the last time? _____

How long was youth gone? _____

How many times has youth been arrested for running away? _____

Where was youth arrested? _____

Has youth ever been arrested on any other charges? Yes _____ No _____

Offense	Date	Outcome (Probation, Community Service, etc.)
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Is youth currently on probation, parole or in the custody of TYC? Yes _____ No _____

Is youth on deferred prosecution/informal probation? Yes _____ No _____

Placement History

Is there a MHMR non-medication case open on youth? Yes _____ No _____

Is there a CPS **ACTIVE** investigation on youth? Yes _____ No _____

Has youth ever been placed outside of his/her home? Yes _____ No _____

If **yes**, please list places youth has lived (include other parents, relatives, foster homes, treatment centers, detention facilities, etc.)

Name/Placement type	City/State	Reason for Placement	Dates
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Client Name _____ Open Date _____

Counseling

Has youth ever had counseling before? Yes _____ No _____

If yes, what kind (s)? Individual _____ Family _____ Group _____
 With whom/where _____ Dates _____ Why _____

Are youth and family interested in participating in counseling at this time? Yes _____ No _____

If no, why not? _____

Violence to Self, Other and Property

Has youth ever had thoughts of self-harm? Yes _____ No _____

If yes, explain when, where & what was going on at the time

Had youth thought of method to use? Yes _____ No _____

Describe method: _____

Was the method available to the youth at the time? Yes _____ No _____

What support did the youth have that helped him/her through this difficult time?

Has youth ever attempted suicide? Yes _____ No _____

If yes, explain when, where & what was going on at the time

What support did the youth have that helped him/her through this difficult time?

How does the youth feel about the option of suicide now?

	Does youth get into arguments with:			Does youth get into physical fights with:		
siblings	frequently	sometimes	never	frequently	sometimes	never
peers	frequently	sometimes	never	frequently	sometimes	never
parents	frequently	sometimes	never	frequently	sometimes	never

Does youth have a history of physical aggression? Yes _____ No _____ If yes, explain:

Client Name _____ Open Date _____

Drug/Alcohol Use and Gang Involvement

(These questions may be asked with or without parent present)

Has youth experimented with or used alcohol? Yes_____ No_____

If yes, what kind: _____

How often: _____ How much at a time: _____

When was the last time: _____

Has youth experimented with or used drugs? Yes_____ No_____

If yes, what kind: _____

How often: _____ How much at a time: _____

When was the last time: _____

Why does youth use drugs/alcohol? _____

Is youth in a gang? Yes__ No__ Does youth have friends who are in a gang? Yes__ No__

If yes, explain _____

Family Relationships

What kinds of things do the youth and parents argue about? *Check all that apply.*

- | | | |
|----------------------------------|---------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Chores | <input type="checkbox"/> School Attendance | <input type="checkbox"/> Clothes |
| <input type="checkbox"/> Rules | <input type="checkbox"/> Where youth can go | <input type="checkbox"/> Grades |
| <input type="checkbox"/> Curfew | <input type="checkbox"/> Sexuality Issues | <input type="checkbox"/> Friends |
| <input type="checkbox"/> Money | <input type="checkbox"/> Drug/Alcohol | <input type="checkbox"/> Music |
| <input type="checkbox"/> Privacy | <input type="checkbox"/> Privileges | <input type="checkbox"/> Religion |

Other Issues: _____

	What kind of relationship does youth say he/she has with their:			How often does youth talk with their:		
	Good	Fair	Poor	Often	Sometimes	Not At All
Mother						
Father						
Siblings						

Other information about the relationships: _____

Is there any screaming in the youth's home? No_____ Rarely_____ Sometimes_____ Alot_____

Is there any hitting in the youth's home? No_____ Rarely_____ Sometimes_____ Alot_____

Is there any family history of drug or alcohol abuse? Yes_____ No_____

If yes, explain: _____

Client Name _____ Open Date _____

Past Abuse

Has youth ever been: physically abused Yes _____ No _____
 sexually abused Yes _____ No _____
 emotionally abused Yes _____ No _____
 abandoned Yes _____ No _____
 neglected Yes _____ No _____

If YES, explain situation (who, when, what has been done to resolve this)

What kind of help does the youth currently want/need with the abuse/neglect?

What kind of help does the parent currently want/need with the abuse/neglect?

Current Situation

Describe the immediate crisis situation/ reason for seeking services:

Youth's point of view _____

Parent's point of view _____

Summary of Interview

Youth appeared to be: _____

Parent appeared to be: _____

Referrals that may benefit youth/family:

_____ Medical Services _____ Employment/ Job Training _____ Legal Services
 _____ Psychological Evaluation _____ Family Planning _____ Drug/Alcohol Treatment
 _____ Alternative Living _____ Other _____

Immediate needs of the youth appeared to be:

_____ Shelter _____ Safe Environment _____ Supervision
 _____ Food _____ Clothing _____ Medical Treatment

Other _____

Referrals made _____

I certify that to the best of my knowledge the above information is true and correct, and I authorize services.

Signature of STAR staff / counselor _____