

HOPE HOUSE INTAKE INQUIRY

Directions: Complete this form and email it to Mary Kent, service worker at MARYJKENT@GMAIL.COM

Email a recent psychiatric/psychological evaluation or a treatment summary from a licensed mental health professional listing diagnosis.

If applicable, email your child's IEP.

Please email a recent photo of your child.

Date: _____ Parent/Guardians Name(s): _____

Mailing Address _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

*****For Office Use *****	
___ Clinical Evaluation received.	___ IEP received.
Interview Date _____	
Youth accepted for placement?	
___ YES, Arrival Date _____	
___ NO _____	

Child's Name	Birth Date	Age	Grade	Gender
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1. What is (if any) your child's mental health diagnosis? Date given?

2. Does your child have any cognitive or developmental delays? NO YES If, YES please describe. If known, what is your child's IQ? Date tested?

3. Does your child have any struggles with academics? NO YES If, YES please describe. Does your child have an (IEP) Individual Education Plan with an emotional impairment, behavior and/or learning disabilities? NO YES, please describe.

4. Why (specifically) is an out of home placement needed?

5. Are there any siblings in your home? Are they younger, older, adopted and/or your natural/birth childre How does your child treat/interact with them?

5. Will this be a long term (until completion of highs school) or a short term (at least 18 months) placem your child? OR Is this not known at this time?

6. How long has your child been in your home? What month, year and at age was your child adopted?

7. Has your child been adopted before? NO YES, please explain.

8. Is legal guardianship and custody clearly established? YES NO Do you have an adoption decree? YES NO, please explain.

9. What city, state and country was your child born in? If foreign born, does your child have a Certificate Citizenship YES NO NA If NO, please explain. What age/year did they arrive in the US?

10. What is known about your child's life before he/she was adopted? Please describe any trauma (i.e. neglect, abandonment, significant losses, foster care history, other etc.)
11. Has your child had any contact or communication with any biological family since they were placed in home? NO YES, please explain.
12. Has your child ever been hospitalized medically and/or psychiatrically? Has your child been in a residential treatment facility? NO YES, please list reason, location and dates of duration.
13. Has your child lived out of your home since they were adopted? NO YES, please describe if not a listed.
14. Does your child have any medical problems, health issues or physical disabilities? NO YES, please describe.
15. Has your child been physically aggressive or violent? NO YES, please describe when, how often and indicate who or what is/was targeted.
16. What types of outpatient treatment, counseling and/or other services/interventions has your child received?
17. Do you have any objections or reservations with your child taking psychotropic medication (drugs that affect a person's mental state) if prescribed by a psychiatrist? NO YES, please explain.
18. Does your child have a criminal history or any pending legal charges? NO YES, please describe.
19. Has your child ever done any sexually acting out? Have they been sexually aggressive towards others? YES, please describe. Include age, time frame, etc.
20. Have your child engaged in any sexually activity with others? Is your child sexually active? NO YES, please describe.
21. Does your child identify as lesbian, gay, bisexual, transgender, and/or questioning? Do you suspect they might occur in the future? NO YES, please describe.
22. Has your child experimented with, used and/or abused illicit drugs and/or alcohol (including inhalants)? YES, please describe.
23. Has your child engaged in any self injurious behaviors (cutting, eraser burning, skin picking, etc.)? Do they make suicide threats or have made suicide attempts? NO YES, please describe, include dates.

24. **Has your child ever run away from home and/or have they ever been missing for more than 1 hour YES, please provide details, includes dates.**

25. **Does your child have any extreme fears or phobias? NO YES, please describe**

26. **Has your child ever engaged in any secretive or unusual/bizarre behaviors not listed already? (ho fetishes, fixations, animal abuse, soiling pants, eating dirt, animalist behaviors, tics, exhibitionism, YES, please describe include age, duration etc.**

27. **Do you plan to move over the next year? NO YES, where and when?**

28. **List any other information about your child and/or your home situation that you feel we should know?**

29. **What questions do you have for us? (See also inquiry steps and frequently asked questions on our web site**

HOPE HOUSE ARRIVAL

[16.06.02.651]

Actual Date of Arrival _____

1. Person(s) and Relationship of Who Accompanied Child/Youth on Day of Arrival.

2. Observations of Interaction.

3. Assessment of Child's Physical and Emotional State at The Time of Placement.

Staff Signature

Date

