

SHARED FAMILY CARE
Participant Intake Form

Referred by: _____
(Name) (Agency/Dept, e.g. ER, FM, FP, FR)

Phone: _____ Fax: _____ Date of referral: ___/___/___

Reason for referral: _____

Participant Family Composition:

_____ Mother/Primary Care Provider	_____ DOB	_____ Ethnicity	_____ Gender	_____ Social Security #
_____ Spouse/Significant Other	_____ DOB	_____ Ethnicity	_____ Gender	_____ Social Security #
_____ Child #1	_____ DOB	_____ Ethnicity	_____ Gender	_____ Child ID #
_____ Child #2	_____ DOB	_____ Ethnicity	_____ Gender	_____ Child ID #
_____ Child #3	_____ DOB	_____ Ethnicity	_____ Gender	_____ Child ID #
_____ Child #4	_____ DOB	_____ Ethnicity	_____ Gender	_____ Child ID #
_____ Child #5	_____ DOB	_____ Ethnicity	_____ Gender	_____ Child ID #

Do all family members have a current TB test and other necessary immunizations? ___ Yes ___ No

Source of Income (check all that apply):

___ Employment earnings ___ Income from spouse, family or friends (including child support)
___ TANF ___ Unemployment benefits ___ SSI/SSDI
___ Food Stamps ___ WIC ___ Other _____

Estimated monthly income: \$ _____

Current Housing Situation (for primary care provider):

___ independent house/apartment ___ sober housing or supported housing
___ homeless shelter/on the street ___ transitional housing
___ residential treatment ___ incarcerated
___ other _____

Do you currently have a Section 8 certificate/voucher? ___ Yes ___ No

Current Living Arrangement (for primary care provider):

___ live with no other adult ___ live with parents or other relatives
___ live with child's father or partner ___ live with non-relatives
___ other _____

C. Level of Education:

- less than high school trade school/vocational training
- some high school some college
- high school graduate/GED college graduate (2 or 4 years)
- other _____

Spouse/Partner (if applicable)

A. Health History and Status:

1. Physical health (*indicate any physical disability and chronic or communicable illness*): _____

Treatment issues (*include medication and special dietary needs*): _____

Name & phone of health care provider: _____

2. Mental health (*past and present*): _____

Current treatment issues (*include medication*): _____

Name & phone of therapist: _____

3. Substance Abuse:

Is there history of substance abuse? Yes (complete following info.) No (go to section B)

Indicate substance(s) of choice (*check all that apply*):

- alcohol crack/cocaine heroine marijuana tobacco
- amphetamines (e.g., crank, ICE, speed, ritalin, diet aids) PCP methadone
- other _____

Treatment history (*check best response*):

received treatment within the past 6 months. Name of program _____

received treatment more than 6 months ago. Name of program _____

never in treatment

Number of months in recovery _____

B. History of criminal behavior? Yes No (go to section C)

Currently on probation or parole? Yes No

C. Level of Education:

- less than high school trade school/vocational training
- some high school some college
- high school graduate/GED college graduate (2 or 4 years)
- other _____

Health Status of Children (complete for all children):

1. Physical health (indicate any physical disability and chronic or communicable illness): _____

Treatment issues (include medication and special dietary needs): _____

Name & phone of health care provider: _____

2. Mental health and behavior (past and present): _____

Current treatment issues (include medication): _____

Name & phone of therapist: _____

Additional information about family (e.g., family support system, resources involved, special parent and/or child needs, family dynamics)

Primary goals achievable within 6 months:

1.

2.

3.

What indicates to you that the family is ready to work toward these goals (e.g., family strengths & motivation)?

Initial Disposition:

Date: ___/___/___

___ Referred for placement in SFC (Name of mentor _____)
List family members entering SFC placement:

___ Not placed in SFC because (check one):

___ family not appropriate for SFC

___ mentor family not available

___ family chose not to participate

___ family whereabouts unknown

___ no mentor home with sufficient space to accommodate family

___ other _____