

Celebrating Families! Family Intake Form

Page can be completed while waiting.
Additional comments may be written on the back of page.

Intake completed by: _____ Today's date: ___/___/___

Referred by: _____

Remind participants that in the event there are concerns regarding child safety, you will follow the procedures of the agency which are grounded in your State's child protective laws.

| | |
|---|---|
| Info for Primary Parent/Guardian | First name: _____ Last name: _____ Live in home? Yes No Date of birth: ___/___/___ Address: _____ City: _____ Zip: _____ Home phone: _____ Work phone: _____ Cell phone: _____ Preferred number? Home Work Cell Ethnicity: _____ M/F Parent group: Y/N? Last grade completed in school: _____ |
|---|---|

| | |
|--------------------------|--|
| Emergency Contact | First name: _____ Last name: _____ Relationship: _____ Phone: _____ Second phone: _____ Address: _____ City: _____ Zip: _____ |
|--------------------------|--|

| | |
|---|---|
| Chemical Dependency Family History | Who in the family is chemically dependent? _____ Is he/she in a recovery program? _____ How long has he/she been clean and sober? _____ What is his/her support system? Aftercare Twelve Step meetings Counseling How often does he/she attend? _____ NOTE: <i>Celebrating Families!</i> is not a treatment program. Individuals in early recovery must regularly attend programs specifically addressing their addiction. Are other family members in recovery? _____ If yes, how long? _____ What is the child(ren)'s knowledge of parental substance abuse, domestic violence, and/or incarceration? _____ |
|---|---|

Information About Child

First name: _____

Last name: _____

DOB: ___ / ___ / ___

School: _____

Grade: _____

Behavior or learning problems in school? _____

Health problems? _____

Allergies? _____

Does child have friends? _____

Ethnicity: _____

Preferred language? _____

CF! group assignment: _____

Who does child live with? _____

Relationship to child? _____

Contact information: _____

Who has legal custody? _____

Relationship to child? _____

What is visitation with non-custodial parent? _____

Are there any problematic custody issues or restraining orders that we should know about? _____

Information About Child

First name: _____

Last name: _____

DOB: ___ / ___ / ___

School: _____

Grade: _____

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Relationship to child? _____

What is visitation with non-custodial parent? _____

Are there any problematic custody issues or restraining orders that we should know about? _____

Medical History

| Mothers Pregnancy History | Yes | No | Explain (which child) |
|---|-----|----|-----------------------|
| Maternal alcohol use | | | |
| Maternal tobacco use | | | |
| Exposure to other toxins (e.g. cocaine, marijuana) | | | |
| Previous miscarriages | | | |
| Previous premature births | | | |
| Caesarean section | | | |
| Violence during pregnancy | | | |
| Length of each pregnancy: 1) _____ wks. 2) _____ wks. 3) _____ wks. | | | |
| Any complications during pregnancies? | | | |
| Birth Weight: 1) _____ lbs. _____ oz. 2) _____ lbs. _____ oz. 3) _____ lbs. _____ oz. | | | |

Family Information

| Family History | Mother | Father | Brother(s) | Sister(s) | Other Relatives |
|--------------------------|--------|--------|------------|-----------|-----------------|
| Learning difficulties | | | | | |
| Trouble paying attention | | | | | |
| Hyperactivity | | | | | |
| Autism | | | | | |
| Mental retardation | | | | | |
| Drug or alcohol abuse | | | | | |
| Speech problems | | | | | |
| Mental health concerns | | | | | |
| Depression | | | | | |
| Suicide or attempted | | | | | |
| Domestic violence | | | | | |
| Violence in the home | | | | | |
| Other: | | | | | |

Additional Family Information

Have the police ever come to your home?

Have children ever been in court?

Has there been violence, abuse or incest in the household/family? If so please describe. Has a report been made?

Have there legal problems has the household/family experienced as a result of alcohol and/other drugs?

****Please fill out the following section only if the additional parent/guardian is either attending group or shares legal custody of one or more children participating in group.**

| | | |
|--|---------------------------------------|----------------------------------|
| Info for Additional Parent/Guardian | First name: _____ | Last name: _____ |
| | Live in home? Yes No | Date of birth: ____/____/____ |
| | Address: _____ | City: _____ Zip: _____ |
| | Home phone: _____ | Work phone: _____ |
| | Cell phone: _____ | Preferred number? Home Work Cell |
| | Ethnicity: _____ | M/F Parent group: Y/N? |
| | Last grade completed in school: _____ | Income level: _____ |

Family Members Not Participating in *Celebrating Families!*

First name _____ Last name _____

Date of birth: ____/____/____ M F Lives with: _____

Relationship to child(ren): _____ Which child(ren)? _____

First name _____ Last name _____

Date of birth: ____/____/____ M F Lives with: _____

Relationship To child(ren): _____ Which child(ren)? _____

Additional people in your current living situation:

| | |
|--|--|
| | |
| | |

***I agree to abstain from the use of alcohol or drugs for 24 hours prior to group.**

***I understand that if I miss more than three classes I will receive a certificate of participation in place of a certificate of completion.**

Parent Signature _____ Date: ___ / ___ / ___

Policy Regarding Participants Being Under the Influence

***Celebrating Families!* leaders are family advocates. We take our responsibility seriously and make every effort to create a safe and consistent environment for children and families. Anyone arriving under the influence of alcohol or other drugs will be asked to leave, including Session 16 - the Celebration.**

Children will not be released to drivers who are under the influence. We will contact the emergency number on the children's intake form for an alternative driver. Every effort will be made to get children a safe ride home. It is important for all parents to be aware of this policy. We ask for your active support.

Parent/Guardian Signature: _____ Date:

Fees (if applicable): Full Payment: _____

Sliding Fee Scale/Other: _____

Person responsible for payment: Name

Contact Information:

Group Leader Summary and Comments:

