PALM BEACH COUNTY
Youth Services Department
Residential Treatment and Family Counseling Division

Family Information Form

INSTRUCTIONS: The Family Information Form must be filled out accurately and completely. Please answer all questions. Do not leave any items blank. If an item does not apply, write N/A (not applicable).

TODAY'S DATE: _____

HOW DID YOU LEARN ABOUT OUR SERVICES?

☐ Community Agency ☐ Court ☐ Hospital ☐ Legal ☐ Private Practitioner ☐ School ☐ Self ☐ Other

SPECIFY: _____

HOUSEHOLD INCOME:
☐ $0 - $24,999 ☐ $25,000 - $49,999 ☐ $50,000 - $99,999 ☐ Over $100,000

DO YOU HAVE TRANSPORTATION?
☐ Yes ☐ No Type: _____

I. CLIENT'S INFORMATION

FULL NAME OF PERSON WITH WHOM CHILD LIVES: _____

RELATIONSHIP TO CHILD: _____

First Name _____ M. Initial _____ Last Name _____ Date of Birth _____ Age _____

GENDER IDENTIFICATION (CHECK ONE): ☐ Female ☐ Male ☐ FTM (female to male transgender) ☐ MTF (male to female transgender) ☐ OTHER (please specify _____)

RACE: ☐ White ☐ Black ☐ Asian ☐ Native American ☐ Native Hawaiian/Pacific Islander ☐ Two or More/Multiracial

ETHNICITY: ☐ Hispanic ☐ Non/Hispanic

PRIMARY LANGUAGE SPOKEN: ☐ English ☐ Spanish ☐ French ☐ Creole ☐ OTHER (please specify): _____

ENGLISH PROFICIENCY LEVEL: ☐ Fluent ☐ Limited ☐ None

NEED INTERPRETER? ☐ Yes ☐ No

PARENTAL STATUS: ☐ Biological ☐ Adoptive ☐ Foster ☐ Stepparent ☐ N/A Child ☐ OTHER (explain): _____

CURRENT MARITAL STATUS: ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Living Together ☐ N/A Child ☐ Single/Never Married

Country of Birth _____ Grade _____ School/Employer _____ Student # _____

HIGHEST EDUCATION: ☐ Elementary ☐ Middle ☐ High School Diploma/GED ☐ Some College/Associates ☐ Bachelor's Degree ☐ Master's Degree ☐ Doctorate

EMPLOYMENT STATUS: ☐ Employed ☐ Unemployed ☐ Retired ☐ N/A Child

Address _____ City _____ Zip Code _____

II. PARENT/LEGAL GUARDIAN'S INFORMATION

WHO HAS LEGAL CUSTODY OF YOUTH? _____

A. Parent/ Legal Guardian Information

First Name _____ M. Initial _____ Last Name _____ Date of Birth _____ Age _____

GENDER IDENTIFICATION (CHECK ONE): ☐ Female ☐ Male ☐ FTM (female to male transgender) ☐ MTF (male to female transgender) ☐ OTHER (please specify _____)

RACE: ☐ White ☐ Black ☐ Asian ☐ Native American ☐ Native Hawaiian/Pacific Islander ☐ Two or More/Multiracial

ETHNICITY: ☐ Hispanic ☐ Non/Hispanic

PRIMARY LANGUAGE SPOKEN: ☐ English ☐ Spanish ☐ French ☐ Creole ☐ OTHER (please specify): _____

ENGLISH PROFICIENCY LEVEL: ☐ Fluent ☐ Limited ☐ None

NEED INTERPRETER? ☐ Yes ☐ No

PARENTAL STATUS: ☐ Biological ☐ Adoptive ☐ Foster ☐ Stepparent ☐ N/A Child ☐OTHER (explain): _____

CURRENT MARITAL STATUS: ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Living Together ☐ N/A Child ☐ Single/Never Married

Country of Birth _____ Address _____ City _____ Zip Code _____

Occupation _____ Employer _____ # of years employed _____

HIGHEST EDUCATION: ☐ Elementary ☐ Middle ☐ High School Diploma/GED ☐ Some College/Associates ☐ Bachelor's Degree ☐ Master's Degree ☐ Doctorate

EMPLOYMENT STATUS: ☐ Employed ☐ Unemployed ☐ Retired ☐ N/A Child

Cell# _____ **OKAY TO LEAVE A MESSAGE?** ☐ Yes ☐ No

Work# _____ **OKAY TO LEAVE A MESSAGE?** ☐ Yes ☐ No

Home# _____ **OKAY TO LEAVE A MESSAGE?** ☐ Yes ☐ No

B. Parent/Legal Guardian Information

First Name _____ M. Initial _____ Last Name _____ Date of Birth _____ Age _____

GENDER IDENTIFICATION (CHECK ONE): ☐ Female ☐ Male ☐ FTM (female to male transgender) ☐ MTF (male to female transgender) ☐ OTHER (please specify _____)

RACE: ☐ White ☐ Black ☐ Asian ☐ Native American ☐ Native Hawaiian/Pacific Islander ☐ Two or More/Multiracial

ETHNICITY: ☐ Hispanic ☐ Non/Hispanic

PRIMARY LANGUAGE SPOKEN: ☐ English ☐ Spanish ☐ French ☐ Creole ☐ OTHER (please specify): _____

ENGLISH PROFICIENCY LEVEL: ☐ Fluent ☐ Limited ☐ None

NEED INTERPRETER? ☐ Yes ☐ No

PARENTAL STATUS: ☐ Biological ☐ Adoptive ☐ Foster ☐ Stepparent ☐ N/A Child ☐OTHER (explain): _____

CURRENT MARITAL STATUS: ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Living Together ☐ N/A Child ☐ Single/Never Married

Country of Birth | Address | City | Zip Code

Occupation | Employer | # of years employed

HIGHEST EDUCATION:
☐ Elementary ☐ Middle ☐ High School Diploma/GED
☐ Some College/Associates ☐ Bachelor's Degree
☐ Master's Degree ☐ Doctorate

EMPLOYMENT STATUS:
☐ Employed ☐ Unemployed ☐ Retired
☐ N/A Child

Cell# **OKAY TO LEAVE A MESSAGE?** ☐ Yes ☐ No

Work# **OKAY TO LEAVE A MESSAGE?** ☐ Yes ☐ No

Home# **OKAY TO LEAVE A MESSAGE?** ☐ Yes ☐ No

III. OTHER ADULTS AND CHILDREN LIVING AT HOME

NUMBER OF PEOPLE LIVING IN THE HOUSEHOLD:_______

First Name | M. Initial | Last Name | Date of Birth | Age

Country of Birth | Grade | School/Employer | Relationship to child

GENDER IDENTIFICATION (CHECK ONE):
☐ Female ☐ FTM (female to male transgender)
☐ Male ☐ MTF (male to female transgender)
☐ Other (please specify):_______________________________

RACE:
☐ White ☐ Native American
☐ Black ☐ Native Hawaiian/Pacific Islander
☐ Asian ☐ Two or More/Multiracial

ETHNICITY:
☐ Hispanic
☐ Non/Hispanic

First Name | M. Initial | Last Name | Date of Birth | Age

Country of Birth | Grade | School/Employer | Relationship to child

GENDER IDENTIFICATION (CHECK ONE):
☐ Female ☐ FTM (female to male transgender)
☐ Male ☐ MTF (male to female transgender)
☐ Other (please specify):_______________________________

RACE:
☐ White ☐ Native American
☐ Black ☐ Native Hawaiian/Pacific Islander
☐ Asian ☐ Two or More/Multiracial

ETHNICITY:
☐ Hispanic
☐ Non/Hispanic

First Name | M. Initial | Last Name | Date of Birth | Age

Country of Birth | Grade | School/Employer | Relationship to child

GENDER IDENTIFICATION (CHECK ONE):
☐ Female ☐ FTM (female to male transgender)
☐ Male ☐ MTF (male to female transgender)
☐ Other (please specify):_______________________________

RACE:
☐ White ☐ Native American
☐ Black ☐ Native Hawaiian/Pacific Islander
☐ Asian ☐ Two or More/Multiracial

ETHNICITY:
☐ Hispanic
☐ Non/Hispanic

First Name	M. Initial	Last Name	Date of Birth	Age

Country of Birth	Grade	School/Employer	Relationship to child

GENDER IDENTIFICATION (CHECK ONE):
☐ Female ☐ FTM (female to male transgender)
☐ Male ☐ MTF (male to female transgender)
☐ Other (please specify):_____

RACE:
☐ White ☐ Native American
☐ Black ☐ Native Hawaiian/Pacific Islander
☐ Asian ☐ Two or More/Multiracial

ETHNICITY:
☐ Hispanic
☐ Non/Hispanic

IV. MEDICAL/PSYCHIATRIC HISTORY

1. Is your youth currently taking medication? ☐ Yes ☐ No List: _____
2. Has your youth previously taken medication? ☐ Yes ☐ No List: _____
3. Is youth/family currently receiving services from another agency/professional? ☐ Yes ☐ No
   List:
   _____
4. Has youth/family received prior services from another agency/professional? ☐ Yes ☐ No
   List:
   _____
5. Does youth have a history of psychiatric hospitalization? ☐ Yes ☐ No
   List:
   _____
6. History of specialized school services:
   a. Individualized Education Plan (IEP) ☐ Current ☐ Past ☐ Never
   b. 504 Accommodation Plan ☐ Current ☐ Past ☐ Never
   c. Response to Intervention (RTI) ☐ Current ☐ Past ☐ Never
   d. Speech or Occupational Therapy ☐ Current ☐ Past ☐ Never
   e. Language/ESOL ☐ Current ☐ Past ☐ Never
   f. Other (please specify):_____

V. QUESTIONNAIRE: Please answer ***"current" (last 6 months), "past" (over 6 months),*** or ***"never"*** to **ALL** items listed below.

SCHOOL CONCERNS	Current	Past	Never
Poor grades	☐	☐	☐
Drop out	☐	☐	☐
Excessive absences/Skips class	☐	☐	☐
Reading difficulties	☐	☐	☐
Repeated a grade	☐	☐	☐
School detentions/referrals	☐	☐	☐
School expulsion	☐	☐	☐
School referred	☐	☐	☐
Truant	☐	☐	☐

BEHAVIORAL CONCERNS	Current	Past	Never
Attention seeking behavior	☐	☐	☐
Disrespectful	☐	☐	☐
Disruptive	☐	☐	☐
Eating disorder/problems	☐	☐	☐
Fighting	☐	☐	☐
Fire setting	☐	☐	☐
Harms animals	☐	☐	☐
Hyperactivity	☐	☐	☐
Impulsivity	☐	☐	☐
Lying	☐	☐	☐
Physically aggressive	☐	☐	☐
Profanity	☐	☐	☐
Running away	☐	☐	☐
Self-injury	☐	☐	☐
Sexual behavior problems	☐	☐	☐
Sleep disturbance/problems	☐	☐	☐
Soils clothes	☐	☐	☐
Stealing	☐	☐	☐
Urinates in clothes or bed	☐	☐	☐
Verbally aggressive	☐	☐	☐

SUBSTANCE USE	Current	Past	Never
Alcohol use concerns			
Youth	☐	☐	☐
Parent	☐	☐	☐
Other Family Member	☐	☐	☐
Drug use concerns			
Youth	☐	☐	☐
Parent	☐	☐	☐
Other Family Member	☐	☐	☐

COURT/LEGAL INVOLVEMENT	Current	Past	Never
Court ordered	☐	☐	☐
Court referred	☐	☐	☐
Family Violence Intervention (FVIP)	☐	☐	☐
Juvenile Diversion Alternative (JDAP)	☐	☐	☐
Youth Firesetters Intervention (YFIP)	☐	☐	☐
Youth Court	☐	☐	☐
DCF referred	☐	☐	☐
Family legal involvement	☐	☐	☐

EMOTIONAL CONCERNS	Current	Past	Never
Anxious/Nervous	☐	☐	☐
Depressed	☐	☐	☐
Grief/Loss	☐	☐	☐
Homicidal ideation	☐	☐	☐
Irritable	☐	☐	☐
Suicidal attempts	☐	☐	☐
Suicidal ideation	☐	☐	☐

SOCIAL CONCERNS	Current	Past	Never
Bullying others	☐	☐	☐
Bullied by others	☐	☐	☐
Dangerous neighborhood	☐	☐	☐
Excessive gaming	☐	☐	☐
Poor peer group	☐	☐	☐
Poor self-esteem	☐	☐	☐
Social media misuse	☐	☐	☐
Social skills issue	☐	☐	☐
Withdrawn	☐	☐	☐

FAMILY CONCERNS	Current	Past	Never
Domestic violence			
Youth	☐	☐	☐
Parent	☐	☐	☐
Other Family Member	☐	☐	☐
Emotional abuse			
Youth	☐	☐	☐
Parent	☐	☐	☐
Other Family Member	☐	☐	☐
Incarceration			
Youth	☐	☐	☐
Parent	☐	☐	☐
Other Family Member	☐	☐	☐
Medical concerns			
Youth	☐	☐	☐
Parent	☐	☐	☐
Other Family Member	☐	☐	☐

FAMILY CONCERNS CONT'D	Current	Past	Never
Mental health concerns			
Youth	☐	☐	☐
Parent	☐	☐	☐
Other Family Member	☐	☐	☐
Neglect			
Youth	☐	☐	☐
Parent	☐	☐	☐
Other Family Member	☐	☐	☐
Physical Abuse			
Youth	☐	☐	☐
Parent	☐	☐	☐
Other Family Member	☐	☐	☐
Parenting concerns	☐	☐	☐
Parent divorce/separation	☐	☐	☐
Sexual abuse			
Youth	☐	☐	☐
Parent	☐	☐	☐
Other Family Member	☐	☐	☐
Sibling rivalry	☐	☐	☐
Weapons in the home	☐	☐	☐
Youth pregnancy/birth			
Youth	☐	☐	☐
Parent	☐	☐	☐
Other Family Member	☐	☐	☐

STRENGTHS	Current	Past	Never
Best friend	☐	☐	☐
Community involvement	☐	☐	☐
Extra –curricular activities	☐	☐	☐
Extended family contact	☐	☐	☐
Family has fun together	☐	☐	☐
Good grades	☐	☐	☐
Handles stress well	☐	☐	☐
Hobbies	☐	☐	☐
Intelligent	☐	☐	☐
Likes school	☐	☐	☐
Likes teacher (s)	☐	☐	☐
Parent support each other	☐	☐	☐
Positive friends	☐	☐	☐
Safe neighborhood	☐	☐	☐
Solves problem efficiently	☐	☐	☐
Spiritual or religious	☐	☐	☐
Sports involvement	☐	☐	☐
Works at part-time job	☐	☐	☐

Other Concerns (youth/family):

Other Strengths (youth/family):

What do you hope will change by participating in our services?

VI. CONSENT FOR INTAKE ASSESSMENT SERVICES:

My signature below indicates that I consent to participate in the Intake Assessment process with the Youth Services Department.

The Youth Services Department provides training for mental health counseling, marriage and family therapy, clinical social work, and psychology graduate students and postgraduates in need of clinical experience for licensure. Trainees are able to provide services while under the supervision of a licensed mental health professional.

I agree to have my intake assessment completed by a trainee. ☐ Yes ☐ No

Youth Printed Name

Youth Signature

Parent Printed Name

Parent Signature

Parent Printed Name

Parent Signature