

COVER SHEET

CTP    ATP     Teen Mom/Child    Shelter     Full Family     Day Treatment     SNFC

**Full Name:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Place of birth:** \_\_\_\_\_ **SS#** \_\_\_\_\_

**Admission Date:** \_\_\_\_\_ **Religious Preference:** \_\_\_\_\_

**Legal Status:** (check one)    Parents have custody/voluntary placement    **Custody Arrangements:**  
 Parents have custody/court ordered placement  
 State ward  
 Other: Specify \_\_\_\_\_

**Parents' Marital Status:**    M    S    D    Separated

**Child's Race:** (Check all that apply)

Caucasian    Hispanic    Native American--Enrolled Member    Yes    No  
African American    Other (Specify) \_\_\_\_\_    Tribal Information \_\_\_\_\_  
Contact Information: \_\_\_\_\_

**Parent(s) Name:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **WORK:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Other Parent(s) Name:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **WORK:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Sibling Names and Addresses:** \_\_\_\_\_

**IN CASE OF AN EMERGENCY CONTACT:**

**SHOULD NOT HAVE CONTACT WITH:**

**Workers:**

<b>Name (Primary)</b> _____ <b>Work #</b> ( _____ )	<b>Name (Secondary)</b> _____ <b>Work #:</b> ( _____ )
<b>Guardian Ad Litem:</b> _____	<b>Other:</b> _____

<b>Home School:</b>	<b>IEP:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Grade:</b>
<b>Counselor:</b>		<b>School #:</b>

<b>MA#:</b>	<b>Insurance Name:</b>
Diagnostic Info: _____	<b>Insurance #:</b>
Date of Diagnostic: _____	

<b>Date of last physical:</b>	<b>Date of last eye exam:</b>
<b>Clinic:</b> _____ <b>Phone #:</b> _____	<b>Clinic:</b> _____ <b>Phone #:</b> _____
<b>Date of last dental exam:</b>	<b>Allergies (Red Flag):</b>
<b>Clinic:</b> _____ <b>Phone #:</b> _____	
<b>Current Medications:</b>	<b>Medical Instructions:</b>

<b>ADDITIONAL INFORMATION:</b>
<b>Clothing responsibility:</b>

GOALS SENT TO:		(SENT TO:)	STAFFING NOTICES (VOICEMAILED:)
<b>CLIENT:</b>	<b>CM:</b>	<b>CLIENT:</b>	<b>FOSTER PARENTS:</b>
<b>PARENT(S):</b>	<b>IC:</b>	<b>PARENT(S):</b>	<b>CM:</b>
<b>PARENT:</b>	<b>FT:</b>	<b>PARENT:</b>	<b>IC:</b>
<b>FOSTER PARENT:</b>	Youth Care Workers	<b>WORKER:</b>	<b>FT:</b>
<b>WORKER:</b>		<b>2<sup>ND</sup> WORKER:</b>	
<b>2<sup>ND</sup> WORKER:</b>	<b>GAL:</b>	<b>GAL:</b>	

SEND WELCOME LETTER TO:	
_____	_____
_____	_____

<b>DISCHARGED TO:</b> _____	<b>TYPE OF DISCHARGE:</b> <input type="checkbox"/> Staff recommended <input type="checkbox"/> Staff concurred <input type="checkbox"/> Against advice	<b>EVALUATIONS SENT:</b>
<b>DISCHARGE DATE:</b> _____		<b>EVALUATIONS RECEIVED:</b>