

THERAPEUTIC SERVICES AGENCY, INC.

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SHELTER INTAKE INTERVIEW

Name: _____ Date: _____

Worker=s Name: _____ County: _____

Previous Placements: _____

Presenting Problems: _____

Run Risk: _____

Aggression: _____

Self Injurious: _____

Stealing: _____

Social Behavior: _____

Emotional Behavior: _____

Chemical Usage: _____

Smoking: _____

Peer Relationships: _____

Recreation/ Hobbies: _____

School Consideration: _____

Medical Information: _____

