FOUNDATION FOR YOUTH

Intake Form

The information provided below will assist us in providing a safe program for your child(ren). Feel free to ask any questions about the information being requested. Please note that all information provided below will be kept confidentially unless allowed or required by law. Your written permission will be required to release any information.

Date: ___/ ___/ _____

Child's Name:_____ Nickname: _____

Contact Information

Parent/ Guardian's Name filling out form: _____

Relationship: _____

Health Information:

If your child has been diagnosed specifically with a mental/physical health need, please list the diagnosis:

1. _____
2. _____
3. _____

Additional Information:

_____
_____
_____
_____

Office Use Only

Staff Signature _____Director Signature _____ Date _____

Additional Health Information continued

What are triggers for your child? Reactions?

_____
_____
_____

_____
_____
_____

_____
_____
_____

How do you calm your child in the home?

_____
_____
_____

_____
_____
_____

Other areas of need/Additional Information:

_____
_____
_____

Office Use Only

Staff Signature _____Director Signature _____ Date _____

Food Allergies

My child is allergic to:

_____

And the reaction is:

_____.

Professional Services:

___ BCSC Schools IEP/504/Behavior Plan
___Physician
___Community Organization
___Mental Health Provider ___Other

Contact Info:

_____
_____
_____

_____
_____
_____

_____
_____
_____

Description of services:

_____
_____
_____

_____
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_____
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_____

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Staff Signature _____Director Signature _____ Date _____

Other areas of need/Additional Information:

_____
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***Please initial the following statements to ensure you are comfortable and in agreeance to the Foundation For Youth practices.*

____ All of the information provided is accurate and up-to-date for my child.

____ If there are any changes, I am responsible for notifying staff to make changes in order to continue appropriate care of my child(ren).

___ When appropriate I will share copies of plans and relevant information from Schools or other professional services to aid in the success of my child.

Parent/ Guardian (Print): _____ Date: _____

Parent/ Guardian Signature:_____ Date: _____

Office Use Only

Staff Signature _____Director Signature _____ Date _____