Shepherd Recovery & Counseling Services
Child Request for Services

Child: ❒Male ❒Female DOB: _____ Age: __ SSN # (required) _____- ____- _____

Form completed by: _____Relation to child: _____

Today's Date: _____Time: _____ Location: _____

Child's Legal Name (First, Middle, Last): _____ Preferred Name:_____

Street Address: _____City: _____Zip: _____

Home Phone: (_____)_____Work/Cell (guardian): _____

Email address for guardian _____

FAMILY
Father's Name: _____DOB: _____ Employer: _____

Address (if different from child): _____

Mother's Name: _____DOB: _____ Employer: _____

Address (if different from child): _____

Parents Marital Status: _____with whom does the child live? [ ] Birth Parents [ ] Adoptive Parents

[ ] Foster Parents [ ] One parent _____ [ ] other _____

Who has Legal custody of this child? _____

***If child lives with anyone other than birth parents or parents are divorced, documentation of legal custody is required prior to or at the time of intake.**

List all other persons living in the home, their age, and relationship to client:
_____

_____

_____

EMERGENCY CONTACT
Name: _____Relationship: _____Telephone: (_____)_____

Street Address: _____City: _____Zip: _____

List current physical health concerns: _____

List all current Medications: (list medication name, dose, reason for taking) Include Physical Health and Mental Health medications

_____

_____

INCOME
Annual Household Gross Income: $_____ # in Household: _____

MARITAL STATUS: (of the child)
❒ Never Married ❒ Married ❒ Divorced ❒ Living as Married

RACE
❒White ❒Asian ❒American Indian ❒Native Hawaiian/Other Pacific Islander ❒Black/African American

ETHNICITY Hispanic/Latino Yes ❒ No ❒

HOUSING
Current Residence:
❒Private Residence ❒On the Street ❒ Residential Care Home ❒Institutional Setting ❒ Community

Shelter
❒ Supported Living ❒ Foster Care ❒ Group Home ❒ Specialized Community Group Home

Current Living Situation:
❒ Alone ❒ With Family/Relatives ❒ With Non-Related Persons
Are you currently homeless? ❒ Yes ❒ No If yes, how long have you been homeless? _____

Have you been homeless at any time during the past 3 years? ❒ Yes ❒ No If yes, how many times? _____

EDUCATION (Please list schools attended

Grade	School	Special Classes?	Comments on Behavior/Adjustment

Highest Grade Completed: _____ Additional school support (IEP, special education, etc.) _____

OTHER
Number of times per day Tobacco used: _____ Disabilities: _____

Preferred language: _____Other Languages Spoken: _____

Reason for Seeking Services: _____
_____

_____

Who referred the child to Shepherd RCS_____

Was the child ordered to treatment through the court or juvenile justice system? Yes ( ) No ( )

If yes, what is the county in which the legal proceedings took place? _____
Name of probation officer: _____Phone: _____

Is your child currently having thoughts of harming self and/or others? Yes ( ) No ( )
If yes, describe: _____ _____
Is DHS or OJA currently involved with your child? Yes ( ) No ( )
If yes, workers name: _____Phone: _____

During the past year has your child…	**How often does this occur?**					**Is this a problem now?**
	Never	**Seldom**	**Sometimes**	**Often**	**Always**	
Experimented with alcohol and/or other drugs?	1	2	3	4	5	Yes ( ) No ( )
Experienced problems caused by drinking and/or using other drugs and kept using?	1	2	3	4	5	Yes ( ) No ( )
Drank alcohol and/or used drugs to alter the way that he/she feels?	1	2	3	4	5	Yes ( ) No ( )
Has he/she ever used intravenous (needle injected) drugs?	1	2	3	4	5	Yes ( ) No ( )

If you child is currently using drugs or alcohol, complete the information below:

Type of drug	**Amount of use/how much:**	**Frequency of use/how often:**	**Date of last use:**

Treatment History: Has your child ever been treated for mental health problems? Yes ( ) No ( )

If yes, list name of hospital/facility, date & reason for treatment:
_____

Previous services at this agency? Yes ( ) No ( ) If yes, when/where?
_____

I consent for my child to receive treatment at **Shepherd RCS**. I authorize **Shepherd RCS** to use/disclose any health information to obtain payment for the services received. I understand a bill may be sent to me and/or a third-party payor. I assign all insurance benefits to which I am entitled to **Shepherd RCS**. This agreement will remain in effect until revoked by me in writing or when all third party claims are satisfied. **I understand that I am financially responsible for all charges**. I have read this information and understand it.

Parent/Guardian: _____Date: _____