

Office use only: JAC _____

Your responses to the following questions, will assist us in better serving all youth in Douglas County.

Please provide **ALL** of the following information regarding your son/daughter:

- 1. Full LEGAL name of juvenile: _____
- 2. Other name(s) the juvenile may be known as: _____
- 3. Juvenile's Social Security Number: _____ - _____ - _____
- 4. Juvenile's Date of Birth: _____

LANGUAGE ASSISTANCE NEEDS

- 5. Are interpreter services needed? Circle one: NO YES
 - (a) If yes, in what language? _____
 - (b) And for whom? Circle one: Child Parent(s) Both Child & Parent(s)

INSURANCE

- 6. Juvenile's health insurance. Circle one: Insurance Medicaid Both Insurance and Medicaid None

HOUSEHOLD INFORMATION

- 7. With whom does the juvenile reside? Check one below:

___ Aunt/Uncle	___ Both Parents	___ Equally between separated/divorced parents
___ Father & Step-Mother	___ Father only	___ Foster/Group Home
___ Grandparents	___ Mother & Step-Father	___ Mother Only
___ Other Non-relative	___ Other relative	___ Sister/Brother
- 8. What is the household annual income? Circle one: \$0 - \$9,999 \$10,000-\$24,999 \$25,000-\$39,999 \$40,000 or over
- 9. Are there any "no contact" situations of which we should be aware? No Yes
 - (a) If yes, please describe: _____

RACE, GENDER, AND ETHNICITY INFORMATION

- 10. What is the juvenile's race? Check **one** below:

___ African American	___ Asian/Pacific Islander	___ Hispanic or Latino	___ Mixed
___ Native American/ Alaska Native	___ Native Hawaiian/ other Pacific Islander	___ Other	___ Unknown
___ White/Caucasian			
- 11. What is the juvenile's gender? Circle one: Male Female
- 12. Please circle which of the below **most closely** applies to your child's ethnicity/culture: ___ Hispanic/Latino ___ Non Hispanic/Latino or any of the following:
 - ___ Afghan ___ Burmese ___ Congolese ___ Hmong ___ Iraqi ___ Kareni ___ Laotian ___ Liberian ___ Nepalese ___ Somali ___ Sudanese ___ Tanzanian
 - ___ Togolese ___ Other (please describe): _____

TELEPHONE CONTACT INFORMATION:

- 13. Home () _____ Father's Cell () _____
- Juvenile's Cell () _____ Father's Work () _____
- Juvenile's Work () _____ Mother's Cell () _____
- Other () _____ Mother's Work () _____

Please indicate the BEST/PRIMARY number you would like us to use: _____.

(b) Step-Mother's Information:

Name: _____ Birth Date: _____

Address: _____
Street City State Zip

19. Please provide the following information regarding **other family and household members (living in the home)**:

First Name	Last Name	DOB	This person's relationship to juvenile (i.e. brother, cousin, etc.):
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEDICATION INFORMATION:

20. Please list any prescription medications your child is currently taking for **mood or behavior** (any behavioral health-related meds):

(a) _____ (b) _____ (c) _____ (d) _____

ACADEMIC INFORMATION:

21. Child's School: _____

22. Date child began attending the above school (if known): _____

23. Current grade: _____

24. School ID Number: _____