

Carter's Crew Intake Assessment Form

CLIENT INFORMATION			Date of Intake:
First Name:	MI	Last Name:	
Client's Phone:		Soc. Sec. #:	
Address:			DOB:
City:	State:	Zip:	Parent's Phone:
Client has the following documents: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Driver's Lic/ID <input type="checkbox"/> Social Security Card <input type="checkbox"/> Passport			
EMERGENCY CONTACT INFORMATION			
Name/Relationship/Phone:		Name/Relationship/Phone:	
FAMILY INFORMATION – (to be completed by Outreach Worker)			
Living Situation:			
<input type="checkbox"/> Mother and father <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Mother and stepfather <input type="checkbox"/> Father and stepmother <input type="checkbox"/> Mother and another adult (specify) _____ <input type="checkbox"/> Father and another adult (specify) _____		<input type="checkbox"/> Other relatives (specify) _____ <input type="checkbox"/> Legal guardian/not relative (specify) _____ <input type="checkbox"/> In a foster or group home <input type="checkbox"/> Living by self – independently or with another person <input type="checkbox"/> With spouse <input type="checkbox"/> In juvenile detention, local or state jail	
How many siblings are present in the home?	Sibling Name:	Birth Year:	
	Sibling Name:	Birth Year:	
	Sibling Name:	Birth Year:	
	Sibling Name:	Birth Year:	
How many children does the client have?	Child's Name:	Birth Year:	
	Child's Name:	Birth Year:	
Significant Other/Spouse Name:			

EDUCATION**Is client currently attending school?** Yes No**If the client is not attending, why not?** Suspended Expelled Dropped out**Grade:****School:****School attendance:**

- Attends regularly
 Attends school only occasionally
 Attends an alternative school
 Participates in a non-traditional school-sponsored program

Program:**Is the client in special education classes?** Yes No Do not know**Does the client have learning disabilities (IEP, 504, ESE, etc)? * OBTAIN COPIES *** Yes No Unknown**Is the client on some other disciplinary status?** No Yes If yes, describe:**Does your youth receive SSI? Yes/No****Does the family receive SNAP? Yes/No****EMPLOYMENT****Is your youth presently employed?** Yes
 No**Employer:****Address:****Contact person/Supervisor:****Phone:****Job Title or Potential Job Skills:****Length of employment:**

Years	Months

Hours of work per week:**Hourly wage:**

SUBSTANCE USE/DISTRIBUTION

Frequency of alcohol use: Never Occasionally Regularly Daily Unknown

Frequency of drug use: Never Occasionally Regularly Daily Unknown

Types of drugs used: _____

Treatment: None Voluntary Out-Patient Voluntary In-Patient Court Ordered Out-Patient Court Ordered In-Patient
 Unknown

Treatment Provider Name: _____ **Address:** _____

Phone: _____ **Contact Person/Counselor:** _____

Comments/Notes:

OTHER INFORMATION

Is the client under a doctor's care: Yes No Don't know **Doctor Name/Location:** _____

Diagnosis:

Does the client have any physical impairments? Yes No Unknown _____

Does the client's family have insurance?: Yes No Don't know **Type:** _____

Is the client taking any prescribed medications?: Yes No Don't know **If yes for,** Health Mental health Both

Prescribed Medications: _____

Suicidal thoughts/attempts? Yes No Unknown

Physical abuse? No Yes No Unknown **Sexual abuse?** Yes No Unknown

Are there any Mental Health concerns or diagnosis? _____

If yes, has the client received any treatment? _____

Mental Health Provider: _____

Are there any other factors in regards to this client and his/her family that would be important for intervention purposes?

GANG INVOLVEMENT

Does the client admit involvement? Yes No

Is it suspected? Yes No

If yes to either, what gang?

How many years/months has this client been a member of this gang?

Years	Months

With 4 being the lowest and 1 being the highest, how would you rate this client's service need level?

Level 1 Level 2 Level 3 Level 4

1-severe risk 2-high risk 3-medium risk 4-low risk

Age when the client joined the gang?

Reasons for joining (can select more than one):

Fun Protection Forced to Join Respect Money Fit In Other Unknown

Comments:

Are or have any family members been affiliated with gangs? If yes, what gang(s)?

Yes No Don't know

CRIMINAL INVOLVEMENT INFORMATION

Status in legal system:

Not Involved in Legal System Pending Adjudication Court Diversion On Probation On Parole Incarcerated

Previously Incarcerated Previously Under Supervision Previous Diversion Unknown JPO:

Age of First Arrest: _____ **Has the client ever runaway from home?** No Yes If yes, explain below: _

Name of Probation/Parole Officer: _____ **Lawyer/PD:** _____

Phone: _____ **Cell:** _____ **Email:** _____

Restrictions or special conditions of probation/parole (curfew, no contact, etc.): _

Has the client been referred to other service agencies by probation/parole? No Yes If yes, list agencies below:

Comments/Notes:

