

## Spokane Child Intake Form

Parent Identifier: (last initial, first initial, gender, DOB): \_\_\_\_\_

|   | Child 1  | Child 2  | Child 3  | Child 4  | Child 5  |
|---|--|--|--|--|--|
| <b>Last initial</b>                                     |  |  |  |  |  |
| <b>First Initial</b>                                    |  |  |  |  |  |
| <b>Gender</b>   | M F O  | M F O  | M F O  | M F O  | M F O  |
| <b>DOB</b>  |  |  |  |  |  |
| <b>Ethnicity</b>  | Hispanic Origin<br>Not Hispanic Origin   | Hispanic Origin<br>Not Hispanic Origin   | Hispanic Origin<br>Not Hispanic Origin   | Hispanic Origin<br>Not Hispanic Origin   | Hispanic Origin<br>Not Hispanic Origin   |
| <b>Race</b>   |  |  |  |  |  |
| <b>Disabilities</b>                                     | Alcohol/Drug Abuse<br>Mental Illness<br>Mental Ill/AL/Drug<br>Learning Dis<br>Chronic Health<br>Physical Dis<br>Other:   | Alcohol/Drug Abuse<br>Mental Illness<br>Mental Ill/AL/Drug<br>Learning Dis<br>Chronic Health<br>Physical Dis<br>Other:   | Alcohol/Drug Abuse<br>Mental Illness<br>Mental Ill/AL/Drug<br>Learning Dis<br>Chronic Health<br>Physical Dis<br>Other:   | Alcohol/Drug Abuse<br>Mental Illness<br>Mental Ill/AL/Drug<br>Learning Dis<br>Chronic Health<br>Physical Dis<br>Other:   | Alcohol/Drug Abuse<br>Mental Illness<br>Mental Ill/AL/Drug<br>Learning Dis<br>Chronic Health<br>Physical Dis<br>Other:   |
| <b>Are they homeless</b>                                | Yes No   | Yes No   | Yes No   | Yes No   | Yes No   |
| <b>Live w/</b>  | Mom<br>Dad<br>Other Relative<br>Foster Care<br>Other:_____   | Mom<br>Dad<br>Other Relative<br>Foster Care<br>Other:_____   | Mom<br>Dad<br>Other Relative<br>Foster Care<br>Other:_____   | Mom<br>Dad<br>Other Relative<br>Foster Care<br>Other:_____   | Mom<br>Dad<br>Other Relative<br>Foster Care<br>Other:_____   |
| <b>School</b>   |  |  |  |  |  |
| <b>Grade</b>  |  |  |  |  |  |
| <b>Daycare provided by</b>                              |  |  |  |  |  |
| <b>Reasons for not attending school</b>                 | Transportation prob.<br>Unable to register (no documents)<br>Not in one place long enough<br>Lack of clothing, shoes, cleanliness<br>Doesn't like school<br>Must baby sit younger siblings<br>Been Sick<br>Too Tired<br>Other: | Transportation prob.<br>Unable to register (no documents)<br>Not in one place long enough<br>Lack of clothing, shoes, cleanliness<br>Doesn't like school<br>Must baby sit younger siblings<br>Been Sick<br>Too Tired<br>Other: | Transportation prob.<br>Unable to register (no documents)<br>Not in one place long enough<br>Lack of clothing, shoes, cleanliness<br>Doesn't like school<br>Must baby sit younger siblings<br>Been Sick<br>Too Tired<br>Other: | Transportation prob.<br>Unable to register (no documents)<br>Not in one place long enough<br>Lack of clothing, shoes, cleanliness<br>Doesn't like school<br>Must baby sit younger siblings<br>Been Sick<br>Too Tired<br>Other: | Transportation prob.<br>Unable to register (no documents)<br>Not in one place long enough<br>Lack of clothing, shoes, cleanliness<br>Doesn't like school<br>Must baby sit younger siblings<br>Been Sick<br>Too Tired<br>Other: |
| <b>Date of last regular School attendance</b>           |  |  |  |  |  |
| <b>Enrolled in special classes due to disability</b>    | Yes No   | Yes No   | Yes No   | Yes No   | Yes No   |
| <b>Reduced/ Free Lunches at school</b>                  | Yes No   | Yes No   | Yes No   | Yes No   | Yes No   |
| <b># of times child eats a day</b>                      | <1x 1 2 3 3+   | <1x 1 2 3 3+   | <1x 1 2 3 3+   | <1x 1 2 3 3+   | <1x 1 2 3 3+   |
| <b># of times in the past 30 days child (1 &amp; 2)</b> |  |  |  |  |  |
| <b>1. Skipped a meal due to not enough food</b>         | 0 1 2 3 4+   | 0 1 2 3 4+   | 0 1 2 3 4+   | 0 1 2 3 4+   | 0 1 2 3 4+   |
| <b>2. Went a whole day without eating</b>               | 0 1 2 3 4+   | 0 1 2 3 4+   | 0 1 2 3 4+   | 0 1 2 3 4+   | 0 1 2 3 4+   |
| <b>Have Health/Medical Insurance (type)</b>             | Yes No   | Yes No   | Yes No   | Yes No   | Yes No   |
| <b>Have Dental Insurance (type)</b>                     | Yes No   | Yes No   | Yes No   | Yes No   | Yes No   |
| <b>Date of last routine check up</b>                    |  |  |  |  |  |
| <b>Up-to-date on immunizations</b>                      | Yes No   | Yes No   | Yes No   | Yes No   | Yes No   |
| <b>Need medical or dental treatment</b>                 | Yes No   | Yes No   | Yes No   | Yes No   | Yes No   |
| <b>Able to take medication that has been prescribed</b> | Yes No   | Yes No   | Yes No   | Yes No   | Yes No   |
| <b>Children receiving SSI</b>                           | Yes No   | Yes No   | Yes No   | Yes No   | Yes No   |
| <b>Child witnessed Domestic Violence</b>                | Yes No   | Yes No   | Yes No   | Yes No   | Yes No   |
| <b>Teenage Child with Child</b>                         | Yes No   | Yes No   | Yes No   | Yes No   | Yes No   |