



FAMILY SERVICE AND GUIDANCE CENTER, INC
CLIENT INFORMATION FACE SHEET - CHILD WELFARE / JJA

CLIENT INFORMATION:

Last Name: _____ **First Name:** _____ **Middle Name:** _____

Alias Name(s): _____

Birth Last Name: _____ **Resident County:** _____

Legal Guardian: _____ **Relationship:** _____

Legal Guardian: _____ **Relationship:** _____

INSURANCE INFORMATION

Primary Insurance Company Name: _____ (Includes Medicaid / Medicare)

ID# _____ **Subscriber:** _____ **DOB:** _____

Subscriber SSN: _____ **Subscriber Employer:** _____

Secondary Insurance Company Name: _____ (Includes Medicaid / Medicare)

ID# _____ **Subscriber:** _____ **DOB:** _____

Subscriber SSN: _____ **Subscriber Employer:** _____

Tertiary Insurance Company Name: _____ (Includes Medicaid / Medicare)

ID# _____ **Subscriber:** _____ **DOB:** _____

Subscriber SSN: _____ **Subscriber Employer:** _____

CUSTODY STATUS

(Please select the current residential setting by placing an "X" before the selection)

<input type="checkbox"/>	1	Child in JJA Custody and Lives at Home	<input type="checkbox"/>	5	Child is Under SRS Supervision, But Not in their Custody
<input type="checkbox"/>	2	Child in JJA Custody and Out of Home Placement	<input type="checkbox"/>	6	Child is Under Supervision of JJA, But Not in their Custody
<input type="checkbox"/>	3	Child is in SRS Custody and Lives at Home	<input type="checkbox"/>	7	No JJA or SRS Involvement
<input type="checkbox"/>	4	Child is in SRS Custody and Out of Home Placement	<input type="checkbox"/>		

ALLERGIES

(Please list all known allergies to medication, food, animals, etc.)

EDUCATIONAL PLACEMENT

(Please select (X) current educational placement)

1	Not applicable (not listed below)	13	Not in school (GED)
2	Institutional instruction: e.g. psych. Hospital, detention	14	Not in school (expelled)
3	Residential School	15	Not in school (drop-out)
4	Home-based instruction from school district	16	Preschool
6	Special Ed. Classroom	17	Other
7	Regular classroom with Special Ed. Services or Consultation	18	Alternative Education placement with Intensive Psychosocial
9	Regular classroom (100% of the day, no Special Ed.)	19	Not in School – Summer Break
10	Home Schooling not provided by the school district	20	Therapeutic Services for Preschool Children
11	Not in school (suspended)	21	Enrolled in Post Secondary Education (Technical School, College, Professional Development such as Cosmetology)
12	Not in school (graduated)		

RESIDENTIAL SETTING

(Please select the current residential setting by placing an “X” before the selection)

1	Jail / Detention	8	Emergency Shelter
2	State Hospital	9	Therapeutic Foster Care
3	Inpatient Psychiatric Unit	10	Foster Home
4	Crisis Resolution/Stabilization Unit	11	Temporarily living with a Relative or Family Friend
5	Drug/Alcohol Treatment Center	12	Home of Parent(s): Biological, Adoptive, or Legal
6	Residential Treatment/Level VI	13	Independent Living
7	Group Home (level III, IV, V)	14	Homeless

JUVENILE JUSTICE & LAW ENFORCEMENT

(Please report the number of each category based on the previous 30 days)

Total number of arrests	# of adjudicated misdemeanors
# of adjudicated felonies for property crimes	# of law enforcement contacts (face-to-face contact not resulting in arrest)
# of adjudicated felonies for crimes against persons	# of adjudicated felonies not property or persons
	Not Applicable

This information is correct to the best of my knowledge _____
 Signature _____ Date _____

CONSENT TO PHOTOGRAPH

I am the Legal Guardian / Custodial Parent of (please print) _____,
 I hereby give my permission for him / her to be photographed solely for identification purposes.

 Legally Authorized Agency Representative Signature _____ Date _____