

SPECIAL CONDITIONS (Hearing, language, mobility, etc)

CONTACT INFORMATION

PRESERVATION SERVICES		REUNIFICATION SERVICES	
<i>List information for the Head of Household of where services are to be provided.</i>		<i>With whom does the child live?</i>	
Address: _____		Name: _____	_____
City: _____		Address: _____	_____
Zip: _____		City: _____	_____
Mother's Contact Information		Father's Contact Information	Relation: _____
Home: _____	Father's Home: _____	Home: _____	_____
Cell: _____	Father's Cell: _____	Cell: _____	_____
Work: _____	Father's Work: _____	Work: _____	_____

EMPLOYMENT/EDUCATION INFORMATION FOR HEAD OF HOUSEHOLD

Is the head of household employed part time, full time or unemployed?	_____
Where is the head of household employed?	_____
What is the last level of education completed by the head of household?	_____

CHILDREN'S EDUCATION INFORMATION

CHILD	SCHOOL	IEP (YES OR NO)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PRESENTING PROBLEMS FOR THIS FAMILY (Check all that apply)

Abuse	Mental/Physical Health	Specify:
Child Abuse	Developmental Disability	_____
Domestic Violence	Learning Disability	_____
Emotional Abuse	Medical Illness/Disability	_____
Physical Abuse	Mental Health Disability	_____
Sexual Abuse	Past Suicide Attempts	_____
Substance Abuse	Suicidal	_____
Other Issues		
Child Behavior	General Neglect	Runaway
Criminal Records	Grief and Loss	School Problems
Family Conflict	Home Management	Teen Pregnancy
Family Disruption	Parent/Child Conflict	Trauma Recovery
Financial Hardship	Prostitution	

SORTING OF PRESENTING PROBLEMS (From the list above)

Primary: _____ **Secondary:** _____ **Tertiary:** _____

SAFETY CONCERNS

Check all that apply to the target child.

Homicidal	Reported	Suspected	Unknown	Explain: _____
Suicidal	Reported	Suspected	Unknown	Explain: _____
Destructive	Reported	Suspected	Unknown	Explain: _____
Violent	Reported	Suspected	Unknown	Explain: _____
Gang Activity	Reported	Suspected	Unknown	Explain: _____
Abuse	Reported	Suspected	Unknown	Explain: _____
Abusive	Reported	Suspected	Unknown	Explain: _____
Neglect	Reported	Suspected	Unknown	Explain: _____

POTENTIAL PHYSICAL VIOLENCE ASSESSMENT

Within the family	Very High	High	Moderate	Low	None	Unknown
Towards others	Very High	High	Moderate	Low	None	Unknown
Within the community	Very High	High	Moderate	Low	None	Unknown

REASON FOR REFERRAL

Please summarize a brief history of DHR's prior involvement with the family, include all dates and significant events:

Explain why the family needs intensive in-home services:

OTHER SUPPORT SYSTEMS:

List names and relationships of others involved with the family who are a source of support:

CHILDREN'S PREVIOUS PLACEMENTS

List any out of home placements, including safety plans.

STARTED	ENDED	CHILD	PLACEMENT TYPE

PREVIOUS SERVICES PROVIDED

List programs, providers, participants, dates of services, diagnosis, special accommodations, medical issues, medications, and results of services utilized with all family members. Be sure to list the specific family member who received each.

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COURT INVOLVEMENT

Check all that apply and provide the date of upcoming court issues.

None

Unknown

Date: _____

Other Date: _____

Shelter Care

Date: _____

If other, please list:

Dependency Review

Date: _____

Custody

Date: _____

Drug Court

Date: _____

CHINS Hearing Review

Date: _____

Truancy

Date: _____

Criminal Charges - Child

Date: _____

Criminal Charges - Parent

Date: _____

DHR'S EXPECTATIONS

Provide the interventions you expect Gateway IIHS to provide to which family members and list expected outcomes.

REQUESTED INTERVENTION	FAMILY MEMBER	OUTCOME EXPECTED

PERMANENCY PLANS (Must be identified on the ISP)

What is the current permanency plan for the children?

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What is the concurrent permanency plan for the children?

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Is the child/are the children at imminent risk of placement?

Yes
No

If yes, please list where the child/children will be placed.

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If no, when is the reunification date:

From where is the child/children being reunified:

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DHR CHILD SAFETY RATING AT INTAKE

PRESERVATION

	The current situation is not tolerable and is not working. The situation is desperate and a great amount of help is needed.
	The current situation is not tolerable more than half of the time and some help is needed.
	The current situation is OK more than half of the time and a little help is needed.
	The current situation is very good. Things are under control and no help is needed at this time.

REUNIFICATION

	The current situation is not tolerable and a great amount of help is needed before reunification can be achieved.
	The current situation is not tolerable more than half of the time and some help is needed before reunification can be achieved.
	The current situation is OK more than half of the time and reunification will take place soon.
	The current situation is very good. Things are under control and no help is needed at this time.

Email form along with CFA and ISP to intake@gway.org or fax to 205-313-9015