

Child Background Information and Additional Service Needs

| Please select all that apply for your child, even if they occurred in the past. | Past | Current |
|--|--------------------------|--------------------------|
| Attention-Deficit/Hyperactivity Disorder (ADHD) | <input type="checkbox"/> | <input type="checkbox"/> |
| Autism Spectrum Disorder (ASD) | <input type="checkbox"/> | <input type="checkbox"/> |
| Bipolar Disorder | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional disability – IEP | <input type="checkbox"/> | <input type="checkbox"/> |
| Cognitive delay or learning disability | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech delay or communication disability | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical or mobility disability | <input type="checkbox"/> | <input type="checkbox"/> |
| Visual Impairment or Blind | <input type="checkbox"/> | <input type="checkbox"/> |
| Hearing Impairment or Deaf | <input type="checkbox"/> | <input type="checkbox"/> |
| Limited English proficiency | <input type="checkbox"/> | <input type="checkbox"/> |
| Limited family connections | <input type="checkbox"/> | <input type="checkbox"/> |
| Immigrant/ Refugee/ Asylum Seeker | <input type="checkbox"/> | <input type="checkbox"/> |
| Online interactions with unknown adults | <input type="checkbox"/> | <input type="checkbox"/> |
| History of running away | <input type="checkbox"/> | <input type="checkbox"/> |
| Travels with unknown persons | <input type="checkbox"/> | <input type="checkbox"/> |
| Comes home with expensive, new, unaccounted for material items or tattoos | <input type="checkbox"/> | <input type="checkbox"/> |
| Substance abuse | <input type="checkbox"/> | <input type="checkbox"/> |
| Truancy issues | <input type="checkbox"/> | <input type="checkbox"/> |
| Foster care placement | <input type="checkbox"/> | <input type="checkbox"/> |
| Gang association or affiliation | <input type="checkbox"/> | <input type="checkbox"/> |
| Involvement with Law Enforcement | <input type="checkbox"/> | <input type="checkbox"/> |
| Inappropriate communications on social media websites and/or chat apps | <input type="checkbox"/> | <input type="checkbox"/> |
| Homelessness | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Please Specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |

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| Please select your child's gender. | | |
| <input type="checkbox"/> Male | <input type="checkbox"/> Transgender | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Female | <input type="checkbox"/> Not listed - Please specify: | |

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|--|----------------------------------|-------------------------------------|-----------------------------------|
| Please select your child's preferred pronoun. | | | |
| <input type="checkbox"/> He/him | <input type="checkbox"/> She/her | <input type="checkbox"/> They/their | |
| Does your child identify as LGBTQ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |

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| Please select the age category that best describes your child's age at the time of the event(s) that brought you to our program. | | |
| <input type="checkbox"/> 0-12 years | <input type="checkbox"/> 13-17 years | <input type="checkbox"/> 18+ years |

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| Please select all the race/ethnicity categories that best describe your child. | | |
| <input type="checkbox"/> American Indian/ Alaska Native | <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander | <input type="checkbox"/> White Non- Latino/Caucasian | <input type="checkbox"/> Hispanic/Latino |

Continued on Back →

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| Is your child a military dependent? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you, or the child's other caregiver(s), affiliated with the military? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, what branch? | <input type="checkbox"/> Navy <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Marine Corps <input type="checkbox"/> Coast Guard | <input type="checkbox"/> Active Duty <input type="checkbox"/> Guard/Reserve <input type="checkbox"/> Veteran <input type="checkbox"/> Unknown |
| Is the alleged offender in your child's case affiliated with the military? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, what branch? | <input type="checkbox"/> Navy <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Marine Corps <input type="checkbox"/> Coast Guard | <input type="checkbox"/> Active Duty <input type="checkbox"/> Guard/Reserve <input type="checkbox"/> Veteran <input type="checkbox"/> Unknown |

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| Has your child experienced any of the following? Please select all that apply. |
| <input type="checkbox"/> Bullying (Verbal, Cyber, or Physical) |
| <input type="checkbox"/> Child Physical Abuse or Neglect <i>If yes, please explain:</i> |
| <input type="checkbox"/> Child Sexual Abuse Images <i>If yes, please explain if they viewed images, or if images were taken of your child:</i> |
| <input type="checkbox"/> Child Sexual Abuse/ Assault <i>If yes, please explain:</i> |
| <input type="checkbox"/> Domestic and/or Family Violence <i>If yes, please explain:</i> |
| <input type="checkbox"/> Hate Crime: Racial/Religious/ Gender/Other <i>If yes, what kind? Were criminal charges filed?</i> |
| <input type="checkbox"/> Human Trafficking: Labor |
| <input type="checkbox"/> Kidnapping (non-custodial/non-parent) |
| <input type="checkbox"/> Identity Theft/Fraud/ Financial Crime |
| <input type="checkbox"/> Sexual exploitation (exchange of something of value for sexual act(s)) <i>If yes, please explain:</i> |
| <input type="checkbox"/> Kidnapping (custodial/parent) |
| <input type="checkbox"/> Mass Violence/War |
| <input type="checkbox"/> Robbery <i>If yes, please explain:</i> |
| <input type="checkbox"/> Stalking/ Harassment |
| <input type="checkbox"/> Teen Dating Victimization |