

Appointment Time: _____

Arrival Time: _____



Client Intake Information Form

PLEASE PRINT

ADULT INFORMATION

Adult / Parent / Guardian #1

First: _____ Last: _____

Relationship to the child(ren): _____ Date of Birth: ____/____/____

Gender: _____ Race: _____ Primary Language: _____

Home #: _____ Work #: _____ Cell #: _____

Email: _____

Address (street): _____ Apartment: _____

City: _____ State: _____ Zip Code: _____ Parish/County: _____

Is Guardian #1 a legal guardian? _____ Yes _____ No

Is Guardian #1 affiliated with the Military? _____ Yes _____ No (Circle: Active/Reserve/Dependent/Veteran)

If yes, What Branch are/were you affiliated with? (Circle: Air Force/Army/Marines/Navy/Coast Guard/Other)

Adult / Parent / Guardian #2

First: _____ Last: _____

Relationship to the child(ren): _____ Date of Birth: ____/____/____

Gender: _____ Race: _____ Primary Language: _____

Home #: _____ Work #: _____ Cell #: _____

Email: _____

Address (street): _____ Apartment: _____

City: _____ State: _____ Zip Code: _____ Parish/County: _____

Is Guardian #2 a legal guardian? _____ Yes _____ No

Is Guardian #1 affiliated with the Military? _____ Yes _____ No (Active/Reserve/Dependent/Veteran)

If yes, What Branch are/were you affiliated with? (Air Force/Army/Marines/Navy/Coast Guard/Other)

*If more than **TWO** adult caregivers wish to speak with law enforcement and/or DCFS after the forensic interview(s), please see the Intake Coordinator for additional information forms.*

Please complete for all children scheduled for a forensic interview today:

Child #1

First: _____ Middle: _____ Last: _____

Date of Birth: ____/____/____ Age: _____ Gender: _____ Race: _____

Grade: _____ School: _____

Primary Language: _____

With whom does the child live with? _____

Is Child #1 Military Dependent? _____ Yes _____ No If yes, which Military Branch _____

Is this child in state custody/foster care placement? Yes No

Has this child had a previous Forensic Interview? Yes No

If yes, please list date(s) and location(s): _____

If the previous FI was conducted at Gingerbread House and the exact date is unknown, the Intake Coordinator can look it up.

Does this child have any special needs (such as physical disabilities, communication problems, developmental delays, mental health issues, or other) that would make it difficult for him/her to participate in a verbal interview? Yes No Unknown

If yes, please complete:

Physical Disabilities: Yes No Unknown If yes, explain: _____

Communication Limitations: Yes No Unknown If yes, explain: _____

Developmental Disabilities: Yes No Unknown If yes, explain: _____

Psychiatric Concerns: Yes No Unknown If yes, explain: _____

Other diagnosis/concern: Yes No Unknown If yes, explain: _____

Is this child on any current medications? Yes No Unknown

If yes, please list:

Medication: _____ for treatment of: _____

- Was this medication taken today? Yes No
- What days/times do they typically take this medication? _____

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Child # _____

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Date of Birth: ____/____/____ Age: _____ Gender: _____ Race: _____

Grade: _____ School: _____

Primary Language: _____

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Please see the Intake Coordinator if additional information forms are needed.