



CHILD INTAKE

Name: _____

Intake Date: _____

Parent Name: _____

Residential Non-Residential

Date of Birth: ____/____/____

FVPSA Gender: Male Female Non-Specified

Gender: Cis-Male Cis-Female Trans-Male

Trans-Female _____

Ethnicity (check ALL that apply):

- | | | |
|--|---|----------------------------------|
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Other: _____ | |

Language Services	Language Spoken	Disability	LGBTQ+
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Advocate Reminders:

Task	Date Completed	Task	Date Completed
Offer Safety Planning		First Contact Recorded	
Client Entered into Database			

Ongoing Client Service Information to be included in Child Client File:

- Types of services provided
- Record of contacts
- Referrals provided