

Assessments Intake

YOUTH DEMOGRAPHICS

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____

Race: _____

Gender: _____

Self-reported Race/Ethnicity: _____

NE Student ID: _____

CONTACT INFORMATION

Address: _____

City: _____

State: _____

Zip: _____

County of Residence: _____

Primary Phone #: _____

Cell Phone #: _____

Alternative Phone #: _____

Email address: _____

SCHOOL INFORMATION

*School Enrollment (pick one):

- | | | |
|---|--|--|
| <input type="checkbox"/> Enrolled/Attending | <input type="checkbox"/> Suspended | <input type="checkbox"/> Expelled |
| <input type="checkbox"/> Home schooled | <input type="checkbox"/> HS Graduate/GED, no college | <input type="checkbox"/> College Student |
| <input type="checkbox"/> Drop Out | <input type="checkbox"/> Alternative School | <input type="checkbox"/> Unspecified |

School name: _____

*Current Grade: _____

*School Name: _____

FAMILY INFORMATION

Family size: _____

Youth Employed: _____

Eligible for Free/Reduced Lunch (y/n): _____

Family Income (pick one):

- | | | | |
|--------------------------------------|--|--|---|
| <input type="checkbox"/> \$0-\$9,999 | <input type="checkbox"/> \$10,000-\$24,999 | <input type="checkbox"/> \$25,000-\$39,999 | <input type="checkbox"/> \$40,000 or over |
|--------------------------------------|--|--|---|

*Custody/Guardianship (pick one)

- | | | | | |
|--|---------------------------------------|-----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Single Parent | <input type="checkbox"/> Both Parents | <input type="checkbox"/> Guardian | <input type="checkbox"/> State Ward/Ward of the Tribal Court | <input type="checkbox"/> Lives on Own |
|--|---------------------------------------|-----------------------------------|--|---------------------------------------|

Interpreter needed? Yes-
youth Yes-
parents Yes – youth
and parents No

If yes, what language?

GRANT INFORMATION

File Number:

*Grant County: _____ Grant #: _____

REFERRAL INFORMATION

Person Referring: _____ *Referral Source: _____

*Date of Referral to Assessment Program: _____
