GRANDFAMILIES INITIAL INTAKE											
Date:	Referral Source:		Staff taki	ing ca	ıll:		Time Spent	:		Updated I	ntake:
										☐ Yes	□No
										_	
Guardian Information											
Name:					DOB:			Gende	r Identit	ty:	
								Sexual	Orienta	ition:	
Race:									Ethni	city:	
	Black/African m.	Am. Indian/	Alaskan		Asian		] Hawaiian/Pa	cific Is.		lon-Hisp	☐ Hisp/Latin
Street:					Ci	ty:				Zip:	
	□ <b>-</b> 00515	□ <b>5 5 1 1 1 1 1 1 1 1 1 1</b>				ſ			OTHE	R	
SALT LAKE Main Phone:	TOOELE	DAVIS Work Phone:		\	WEBER	Emerge	CACHE cncy Contact I	Mama:			
Main Phone.		work Priorie.				Lineige	circy Corttact	vaille.			
						Emerge	ency Contact I	Number:			
Relationship to Chi	ld:				E-MA	IL ADDR	ESS:				
Disabilities:					1						
	Co Guardian Information										
Name:				<b></b>	DOB:			Gende	r Identit	ty:	
								Sexual	Orienta	ition:	
Race:									Ethni	city:	
	Black/African m.	Am. Indian/	Alaskan		Asian		] Hawaiian/Pa	cific Is.		lon-Hisp	☐ Hisp/Latin
Street:					Ci	ty:				Zip:	
☐ SALT LAKE	TOOELE	☐ DAVIS			WEBER	[	CACHE		OTHE	R	
Main Phone:		Work Phone:		v	NEBER	Emerge	ency Contact I	Name:			
iviani i none.		Work i florie.									
						Emerge	ency Contact I	Number:			
Relationship to Chi	ld:				E-MA	IL ADDR	ESS:				
Disabilities:					1						
Child #1 Information											
NI			Child			ation			ender:	☐ Male	☐ Female
Name:					DOB:			Ge	enuer.	iviale	геппате
Race:	Black/African	Am. Indian/	Alaskan	Г	Asian	Г	] Hawaiian/Pa	cific Is.	Ethni	city: Non-Hisp	☐ Hisp/Latin
	m.										
Behavioral Health Se	rvices: YES	□NO	Sc	chool	District	:					
TEQ Completed:	YES	□ NO	Al	llergie	es/Medi	cal/Disab	oilities:				
			(F.	(FASD/Autism?)							
Bio Mom Name:					Bio Dad	l Name					

Address:			Address:						
Phone#:	DOB:			Phone #:			[	OOB:	
Drug Use: YES NO DOC:			Drug Use:	YES	□ NO	DOC:			
Incarcerated: YES NO				Incarcerated:	YES	□ NO			
Deceased: YES NO			Deceased:	YES	☐ NO				
Race:	n/Alaskan	Ethnicity:	lisp	Race:		□ A	m. India	n/Alaskan	Ethnicity:  Non-Hisp
☐ Black/African Am ☐ Asian		☐ Hisp/L	atin	☐ Black/African Am. ☐ Asi		sian		☐ Hisp/Latin	
☐ Hawaiian/Pacific Is. ☐ Other			☐ Hawaiian/Pacific Is. ☐ Other						
-		Chil	d #2	Information		-		_	
Name:				DOB:		(	Gender:	☐ Male	☐ Female
Race:  White Black/African Am.	Am. II	ndian/Alaskan		Asian	☐ Hawaiian	/Pacific Is.		nicity: Non-Hisp	☐ Hisp/Latin
Legal Custody Status of Minor:			Insur	ance:			At Ri	isk of Home	elessness
Behavioral Health Services: YES	□NO		Scho	ol District:					
TEQ Completed: YES	□ NO		Aller	gies/Medical/Disa	abilities:				
			(FASI	D/Autism?)					
Bio Mom Name:				Bio Dad Name:					
Address:				Address:					
Phone#: DOB:				Phone #:				OOB:	
Drug Use: YES NO DO	DC:			Drug Use:	YES	□ NO	DOC:		
Incarcerated: YES NO				Incarcerated:	YES	□ NO			
Deceased: YES NO		1		Deceased:	YES	∐ NO			l
Race:  White Am. India	n/Alaskan	Ethnicity:		Race:		ПА	m. Indiai	n/Alaskan	Ethnicity:  Non-Hisp
☐ Black/African Am. ☐ Asian	,	☐ Hisp/L					☐ Hisp/Latin		
☐ Hawaiian/Pacific Is. ☐ Other				☐ Hawaiian/F		_ o			
		Chil	d #3	Information					
Name:			OB:	ormation		(	Gender:	☐ Male	☐ Female
Race:	Am. II	ndian/Alaskan		Asian	Hawaiian,	/Pacific Is.		nicity:   Non-Hisp	☐ Hisp/Latin
			Insu	urance: At Risk of Homelessness:					
Behavioral Health Services: YES	□ NO		Scho	ool District:					
TEQ Completed: YES	□ NO		Aller	lergies/Medical/Disabilities:					
			(FAS	D/Autism?					

			Bio Dad Name:					
Address:			Address:					
Phone#:	one#: DOB:		Phone #:	Phone #: DOB:				
Drug Use: YES	NO DOC:		Drug Use: YES	NO DOC:				
Incarcerated: YES	NO		Incarcerated: YES	□NO				
Deceased: YES	□ NO		Deceased YES	□ NO				
Race:  White	Am. Indian/Alaska	Ethnicity:  n	Race:  White	Am. Indian/Alasl	Ethnicity: kan Non-Hisp			
Black/African Am.	Asian	☐ Hisp/Latin	Black/African Am.	Asian	☐ Hisp/Latin			
Hawaiian/Pacific Is.	Other		☐ Hawaiian/Pacific Is.	Other				
		Household In	come Information					
\$5,000 and under	\$5,000 - \$9,999	\$10,000 - \$14,99		\$20,000 - \$24,999	\$25,000 - \$29,999			
\$30,000 - \$39,999	\$40,000 - \$49,999	\$50,000 - \$59,99		\$75,000 - \$99,999	\$100,000 +			
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		Outsid	le Services					
AGENCY	C	ASEWORKER	PHONE #	SERV	ICES RECEIVED			
			ke Notes					
			ke notes					
Current Concern: (I	n client's own w		ke Notes					
Current Concern: (I	n client's own w		ke Notes					
Current Concern: (I	n client's own w		ke Notes					
	n client's own w		ke Notes					
Current Concern: (In	n client's own w		ke Notes					
	n client's own w		ke Notes					
	n client's own w		ke Notes					
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	n client's own w		ke Notes					

Protective Factors:						
1. Parental Resili	ence:					
2. Social Connect	2. Social Connections:					
3. Concrete Supp	oorts in Times of Need:					
4. Knowledge of	4. Knowledge of Parenting and Child Development:					
5. Social and Emo	5. Social and Emotional Development in Young Children					
Legislative Survey						
On a scale of 1 to 5, how would you rate your quality of life based upon the following:						
1. I need help accessing community services (Specified Relative Grant, Medicaid, guardianship, school or education, etc.)						
□ 1	□ 2	□ 3	□ 4	<u> </u>		
(I don't have any services in in place)  (I have minimal services in place)  (I have some services in place)  (I currenty have the services I need)						
2. I feel connected to oth	ner kinship caregivers in the	community				
□ 1	□ 2	□ 3	□ 4	<u> </u>		
(I don't know any other	(I know of other kinship	(Neutral)	(I feel connected to at	(I feel connected to		

Legislative Survey							
On a scale of 1 to 5, how would you rate your quality of life based upon the following:							
1. I need help accessing community services (Specified Relative Grant, Medicaid, guardianship, school or education, etc.)							
□ 1	□ 2	□ 3	<b>4</b>	□ 5			
(I don't have any services in place)	(I have minimal services in place)	(Neutral)	(I have some services in place)	(I currenty have the services I need)			
2. I feel connected to oth	ner kinship caregivers in the	community					
□ 1	□ 2	□ 3	<b>4</b>	□ 5			
(I don't know any other kinship caregivers)	(I know of other kinship caregivers but do not feel connected to them)	(Neutral)	(I feel connected to at least one other kinship caregiver)	(I feel connected to multiple kinship caregivers)			
3. I feel equipped to address the specific trauma-related needs of my kinship children (including behavioral)							
□ 1	□ 2	□ 3	<b>4</b>	□ 5			
(I am at a loss of how to meet trauma-related needs)	(I am aware of my kinship child's trauma history, but don't feel fully equipped to address it)	(Neutral)	(I am aware of my kinship child's trauma history and would benefit from more skills and ideas on how to navigate it)	(I have a good understanding of what trauma is and I know how to navigate it)			
4. As a caregiver, I currently feel:							
□ 1	□ 2	□ 3	<b>4</b>	□ 5			
(Several of the following: helpless, overwhelmed, isolated, stressed, alone, burnt-out, unable to cope, depressed)	(One or more of the following: helpless, overwhelmed, isolated, stressed, alone, burnt-out, unable to cope, depressed)	(Neutral)	(One or more of the following: capable, confident, equipped, energized, understood supported, knowledgable)	(Several of the following: capable, confident, equipped, energized, understood supported, knowledgable)			

Grandfamilies Global Assessment						
Area of Concern	Completed at time of Intake	Completed at time of Post- Survey				
	1 point	1 point				
Child is living with relative.						

Court permanency has been obtained.					
Family receiving Specified Relative Grant.					
Boundaries with parents established.					
Kinship issues resolved with other relative					
Child is receiving Medicaid.					
Child <u>currently</u> receiving Behavioral Health	n/Counseling Services				
			Initial Intake Score	Final Score	
	TOTAL	SCORE			
	Intoles Ch.	. al. 1!at			
	Intake Che				
Enrolled into GRANDfamilies First:	res No If	yes, date	of class:		
Referrals Given: Yes No					
Referral	Follow Up Date		Outcome		