GRANDFAMILIES INITIAL INTAKE

Date:	Referral Source:	Staff taking call:	Time Spent:	Updated Intake: ☐ Yes ☐ No

Guardian Information

Name: | DOB: | Gender Identity: / Sexual Orientation:

Race: ☐ White ☐ Black/African Am. ☐ Am. Indian/Alaskan ☐ Asian ☐ Hawaiian/Pacific Is.

Ethnicity: ☐ Non-Hisp ☐ Hisp/Latin

Street: | City: | Zip:

☐ SALT LAKE ☐ TOOELE ☐ DAVIS ☐ WEBER ☐ CACHE ☐ OTHER _____

Main Phone: | Work Phone: | Emergency Contact Name: / Emergency Contact Number:

Relationship to Child: | E-MAIL ADDRESS:

Disabilities:

Co Guardian Information

Name: | DOB: | Gender Identity: / Sexual Orientation:

Race: ☐ White ☐ Black/African Am. ☐ Am. Indian/Alaskan ☐ Asian ☐ Hawaiian/Pacific Is.

Ethnicity: ☐ Non-Hisp ☐ Hisp/Latin

Street: | City: | Zip:

☐ SALT LAKE ☐ TOOELE ☐ DAVIS ☐ WEBER ☐ CACHE ☐ OTHER _____

Main Phone: | Work Phone: | Emergency Contact Name: / Emergency Contact Number:

Relationship to Child: | E-MAIL ADDRESS:

Disabilities:

Child #1 Information

Name: | DOB: | Gender: ☐ Male ☐ Female

Race: ☐ White ☐ Black/African Am. ☐ Am. Indian/Alaskan ☐ Asian ☐ Hawaiian/Pacific Is.

Ethnicity: ☐ Non-Hisp ☐ Hisp/Latin

Legal Custody Status of Minor: | Insurance: | At Risk of Homelessness:

Behavioral Health Services: ☐ YES ☐ NO | School District:

TEQ Completed: ☐ YES ☐ NO | Allergies/Medical/Disabilities: / (FASD/Autism?)

Bio Mom Name: | Bio Dad Name

Address:		Address:	
Phone#:	DOB:	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/Alaskan ☐ Black/African Am ☐ Asian ☐ Hawaiian/Pacific Is. ☐ Other	Ethnicity: ☐ Non-Hisp ☐ Hisp/Latin	Race: ☐ White ☐ Am. Indian/Alaskan ☐ Black/African Am. ☐ Asian ☐ Hawaiian/Pacific Is. ☐ Other	Ethnicity: ☐ Non-Hisp ☐ Hisp/Latin

Child #2 Information

Name:	DOB:	Gender: ☐ Male ☐ Female	
Race: ☐ White ☐ Black/African Am. ☐ Am. Indian/Alaskan ☐ Asian ☐ Hawaiian/Pacific Is.		Ethnicity: ☐ Non-Hisp ☐ Hisp/Latin	
Legal Custody Status of Minor:	Insurance:	At Risk of Homelessness	
Behavioral Health Services: ☐ YES ☐ NO	School District:		
TEQ Completed: ☐ YES ☐ NO	Allergies/Medical/Disabilities:		
	(FASD/Autism?)		

Bio Mom Name:		Bio Dad Name:	
Address:		Address:	
Phone#:	DOB:	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/Alaskan ☐ Black/African Am. ☐ Asian ☐ Hawaiian/Pacific Is. ☐ Other	Ethnicity: ☐ Non-Hisp ☐ Hisp/Latin	Race: ☐ White ☐ Am. Indian/Alaskan ☐ Black/African Am. ☐ Asian ☐ Hawaiian/Pacific Is. ☐ Other	Ethnicity: ☐ Non-Hisp ☐ Hisp/Latin

Child #3 Information

Name:	DOB:	Gender: ☐ Male ☐ Female	
Race: ☐ White ☐ Black/African Am. ☐ Am. Indian/Alaskan ☐ Asian ☐ Hawaiian/Pacific Is.		Ethnicity: ☐ Non-Hisp ☐ Hisp/Latin	
Legal Custody Status of Minor:	Insurance:	At Risk of Homelessness:	
Behavioral Health Services: ☐ YES ☐ NO	School District:		
TEQ Completed: ☐ YES ☐ NO	Allergies/Medical/Disabilities:		
	(FASD/Autism?		

Bio Mom Name:		Bio Dad Name:	
Address:		Address:	
Phone#:	DOB:	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/Alaskan ☐ Black/African Am. ☐ Asian ☐ Hawaiian/Pacific Is. ☐ Other	Ethnicity: ☐ Non-Hisp ☐ Hisp/Latin	Race: ☐ White ☐ Am. Indian/Alaskan ☐ Black/African Am. ☐ Asian ☐ Hawaiian/Pacific Is. ☐ Other	Ethnicity: ☐ Non-Hisp ☐ Hisp/Latin

Household Income Information					
☐ $5,000 and under	☐ $5,000 - $9,999	☐ $10,000 - $14,999	☐ $15,000 - $19,999	☐ $20,000 - $24,999	☐ $25,000 - $29,999
☐ $30,000 - $39,999	☐ $40,000 - $49,999	☐ $50,000 - $59,999	☐ $60,000 - $74,999	☐ $75,000 - $99,999	☐ $100,000 +

Outside Services			
AGENCY	**CASEWORKER**	**PHONE #**	**SERVICES RECEIVED**

Intake Notes
Current Concern: (In client's own words)
Family History:

Protective Factors:

1. Parental Resilience:

2. Social Connections:

3. Concrete Supports in Times of Need:

4. Knowledge of Parenting and Child Development:

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** (I don't have any services in place)	☐ **2** (I have minimal services in place)	☐ **3** (Neutral)	☐ **4** (I have some services in place)	☐ **5** (I currenty have the services I need)
2. I feel connected to other kinship caregivers in the community				
☐ **1** (I don't know any other kinship caregivers)	☐ **2** (I know of other kinship caregivers but do not feel connected to them)	☐ **3** (Neutral)	☐ **4** (I feel connected to at least one other kinship caregiver)	☐ **5** (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** (I am at a loss of how to meet trauma-related needs)	☐ **2** (I am aware of my kinship child's trauma history, but don't feel fully equipped to address it)	☐ **3** (Neutral)	☐ **4** (I am aware of my kinship child's trauma history and would benefit from more skills and ideas on how to navigate it)	☐ **5** (I have a good understanding of what trauma is and I know how to navigate it)
4. As a caregiver, I currently feel:				
☐ **1** (Several of the following: helpless, overwhelmed, isolated, stressed, alone, burnt-out, unable to cope, depressed)	☐ **2** (One or more of the following: helpless, overwhelmed, isolated, stressed, alone, burnt-out, unable to cope, depressed)	☐ **3** (Neutral)	☐ **4** (One or more of the following: capable, confident, equipped, energized, understood supported, knowledgable)	☐ **5** (Several of the following: capable, confident, equipped, energized, understood supported, knowledgable)

Grandfamilies Global Assessment		
Area of Concern	**Completed at time of Intake** 1 point	**Completed at time of Post-Survey** 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 relatives.		
Child is receiving Medicaid.		
Child currently receiving Behavioral Health/Counseling Services		
TOTAL SCORE	**Initial Intake Score**	**Final Score**

Intake Check List	
Enrolled into GRANDfamilies First: ☐ Yes ☐ No	If yes, date of class:
Referrals Given: ☐ Yes ☐ No	

Referral	Follow Up Date	Outcome