



About Our Child or Youth

Child/Youth Name:					Nickname:					
Birthdate:				Age:		Social Security Number:				
WHERE CHILD LIVES (List parent or caretaker and days/times if split between homes as in shared custody)										
Primary Address (street, city, state, zip):								Days/Times:		
Secondary Address (street, city, state, zip):								Days/Times:		
PARENT/CARETAKER CONTACT INFORMATION										
Primary Parent(s)/Caretaker Name(s):										
Address:					City/State/Zip:					
Home Phone:				Cell Phone:				Email:		
Place of Work:					Work Phone:					
Work Address:					City/State/Zip:					
OTHERS LIVING AT THIS ADDRESS (Siblings, relatives, friends, etc.)										
Name					Relationship					
Name					Relationship					
Name					Relationship					
Name					Relationship					
Name					Relationship					
Name					Relationship					

ADDITIONAL CONTACT PERSON:							
Name(s):				Relationship:			
Address:				City/State/Zip:			
Home Phone:			Cell Phone:			Email:	
Place of Work:			Work Phone:				
Work Address:			City/State/Zip:				
INSURANCE							
Company				Policy#:			
Other (Medicaid, etc.):				Policy #			
DIAGNOSIS (List All)							
SCHOOL							
School Name:			Grade:			Teacher/Homeroom:	
PROVIDERS							
Primary Care Doctor:				Phone Number:			
Other:				Phone Number:			
				Phone Number:			
				Phone Number:			
MEDICATION - NAME:	MEDICATION-DOSAGE:		MEDICATION - NAME:	MEDICATION-DOSAGE:			

Date _____

ADDITIONAL NEEDS:	WHAT:	HOW:	WHEN OR FREQUENCY:
ALLERGIES:			
OTHER: Things about our child/youth (likes, dislikes, emotional triggers, etc.):			