

TRUE REFLECTIONS COMMUNITY DEVELOPMENT

Doing life with people is the pathway to purpose.

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Child Intake Form

Complete one form for EACH child. Attach to the parent/guardian's intake file. Completed by the parent or legal guardian.

LINK TO PARENT / GUARDIAN INTAKE

Parent/Guardian name		Parent Participant ID	
Child Record ID (office)		Child ____ of ____ in family	
Date completed		Staff receiving	

A. CHILD INFORMATION

Legal name		Preferred name	
Date of birth		Age	
Gender		Race / ethnicity (optional)	
Primary language		Interpreter needed?	
Shirt / clothing size		Shoe size	

Child currently lives with: ☐ This parent ☐ Other parent ☐ Relative / kinship ☐ Foster care ☐ Other: _____

Will the child live in a True Reflections residence? ☐ No — visits only ☐ Yes ☐ Not yet decided

B. CUSTODY & LEGAL

Custody arrangement: ☐ Sole — this parent ☐ Joint ☐ Other parent ☐ Guardian ☐ DCF / Children's Division involved

Court orders on file (custody, protection, no-contact): ☐ None ☐ Yes — copy attached ☐ Yes — copy to be provided

Caseworker name (if any)		Caseworker phone	
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Persons who may NOT have contact with or pick up this child (court order required for staff to enforce):

C. EMERGENCY CONTACTS & AUTHORIZED PICK-UP (other than parent)

Name	Relationship	Phone	May pick up?
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

Photo ID is required at every pick-up.

D. HEALTH & MEDICAL

Health insurance / Medicaid		Policy / ID #	
Doctor / clinic		Phone	
Dentist		Immunizations current?	

Allergies: ☐ None known ☐ Food ☐ Medication ☐ Bee / insect ☐ Seasonal ☐ Other

List allergies and reaction:

Carries EpiPen / inhaler: ☐ No ☐ EpiPen ☐ Inhaler

Medical conditions (asthma, seizures, diabetes, etc.):

Current medication	Dose	Times given	Given during programs?
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

Dietary needs / restrictions:

E. SCHOOL & CHILD CARE

School / child care name		Grade	
Teacher / contact		School phone	

Special services: ☐ None ☐ IEP ☐ 504 Plan ☐ Speech / OT / PT ☐ Tutoring ☐ Head Start / Early Head Start

School attendance: ☐ Regular ☐ Some absences ☐ Frequent absences ☐ Not enrolled

Child care need while parent attends program: ☐ None ☐ Daytime ☐ Evenings ☐ Weekends

F. DEVELOPMENT, BEHAVIOR & EMOTIONAL WELL-BEING

Developmental concerns: ☐ None ☐ Speech ☐ Learning ☐ Motor ☐ Autism spectrum ☐ Other

Behavior or emotional concerns: ☐ None ☐ Anxiety / fears ☐ Sadness ☐ Anger / aggression ☐ Attention / hyperactivity ☐ Sleep ☐ Other

Child sees a counselor or therapist: ☐ No ☐ Yes — name/phone: _____

Recent major changes or stressful events for this child (moves, loss, separation from a parent, homelessness, etc.):

What helps this child feel calm and safe?

G. STRENGTHS, INTERESTS & FAMILY GOALS

Child's strengths, interests, favorite activities:

What would you like True Reflections to help with for this child?

☐ School supplies ☐ Clothing ☐ Tutoring ☐ Mentoring ☐ Sports / activities ☐ Counseling ☐ Child care ☐ Health / dental
☐ Holiday support

H. CONSENTS (initial)

_____ **Initials** I have signed the Parent / Guardian Liability Waiver, Release & Consent for this child.

_____ **Initials** Staff may share this child's information with the child's school or doctor only with my separate written release.

_____ **Initials** I understand staff are mandated reporters of suspected child abuse or neglect.

_____ **Initials** The information on this form is true and complete. I will tell staff when anything changes.

Parent / Guardian signature

Date

Staff signature

Date

Office use: ☐ Waiver on file ☐ Court orders copied ☐ Linked to parent record ☐ Entered in software ☐ Reviewed at 90-day care plan