

AspireMN
INTAKE FORM

Child Demographics

1. AspireMN AGENCY NO.

2. CHILD/CLIENT NO.

3. Beginning Service Date: ____ - ____ - ____
Month Day Year

4. Birthdate: ____ - ____ - ____
Month Day Year

5. Child's Gender

Male Female Intersex

6a. Child's Race (v all that apply)

- White Native American Asian or Pacific Islander
 Black Eskimo or Aleutian Other (please specify) _____
 Unknown

6b. Child's Ethnicity

- Hispanic Somali
 Hmong Other (please specify): _____

7. Child's Primary Household

Single/Sole Caregiver Households (select one of the following from the dropdown)

- One Birth Parent
 One Adoptive Parent
 One Foster Parent
 One Relative Caregiver

Dual Caregiver Households (select one of the following from the dropdown)

- Married/Partnered Birth Parents
 One Birth Parent with Step Parent or Non-Birth Parent Partner
 Married/Partnered Adoptive Parents
 One Adoptive Parent with Step Parent or Non-Birth Parent Partner
 Married/Partnered Foster Parent
 Married/Partnered Relative Caregiver

No Permanent Living Situation

8. Indicate the child's grade level ~~level~~ (or last grade completed)

- K 1 2 3 4 5 6 7 8 9 10 11 12
 GED Enroll Grad/GED Not Available

Parent/Caregiver Demographics

9. Has at least one parent or primary caregiver experienced any of the following?

Divorce or Separation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Diagnosis of a mental illness/s	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Domestic violence victim	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Past or current incarceration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Substance Abuse	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

System and Payor Information

10. Primary Referral Source – Dropdown Menu

- County Social Worker
- Probation Officer
- Parent/Caregiver
- Doctor/Hospital Social Worker
- Relative
- Insurance Company
- Service Provider

11. PRIMARY Payor – Dropdown Menu

- Public Ins
- Private Ins
- Tribal Funds
- Self-Pay
- Other (please specify): _____

12. Is the placement/service court ordered?

- Yes No Unknown

12a. If YES,

- CHIPS Delinquency Both

Health Information

Questions 13a-13d will require additional input regarding the best way to acquire this information. In its current state, the questions are left to be filled in. Other possibilities include a drop down box with ICD codes, DXs (if using non-ICD or DSM IV DXs) and N/A options for all sub-questions.

	Intake DX
Primary DX:	
Secondary DX:	
Other (please specify):	
	<input type="checkbox"/> N/A

14. Physical Condition/Health (v all that apply)

- Pregnancy (Current)
- Pregnancy (Past)
- Prenatal drug exposure
- Obese
- Asthma
- Diabetes
- Physical disability/limitation
- Seizure disorder
- Neurological impairment
- Auditory impairment
- Other (please specify): _____
- Suspected but unconfirmed physical health condition
- No concerns

15. Experience of Abuse/Neglect (v all maltreatment (one per row) experienced by the child)

	None Known or Suspected	Suspected/Not Documented	Documented
A. Emotional Abuse/Neglect			
B. Physical Abuse			
C. Physical Neglect (food, medical care, etc.)			
D. Sexual Abuse			
E. Witness to domestic violence			
F. Victim of Sex Trafficking or Exploitation			

Placement

16. Is the child a ward of the state?

- Yes No Unknown

17. Has the child been legally adopted?

- Yes No Unknown

17a. If the child has been adopted, what was the age of first adoption?

____ years and ____ months Unknown

17b. Number of finalized adoptions:

- 1 2 3 4 5 More than 5 Unknown

18. Indicate the number of episodes FOR EACH. If the number is unknown please enter "UNK."	Living situations	18a. Where was the child just prior to intake? (please v one – residential form only)	18b. Where is the child currently living (Please v one – community form only)
N/A	Parent(s) home		
N/A	Living independently		
	Pre-adoptive placement		
	Homeless shelter (youth only)		
	Transitional living program		
	Relative placement		
	Foster care home		
	Group home		
	Shelter or shelter foster care		
	Inpatient psychiatric facility or hospital		
	Residential treatment program		
	a. Chemical Dependency (CD)		
	b. Dual DX (Mental Illness/CD)		
	c. Sex offender treatment (SO)		
	d. M NH (non-SO)		
	e. Corrections (non-SO)		

19. Has the child experienced homelessness?

Yes No Unknown

19a. If yes, how many episodes of homelessness has the child experienced?

1 2 3 4 5 or more

19b. If yes, was the homelessness experienced as:

An individual without their family With their family Both

Other System Involvement & Service

20. Has the child received any of the following services throughout their life? (v all that apply)

In-home CTSS services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Youth ACT	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Outpatient chemical dependency treatment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Outpatient clinic based mental health services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Day treatment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Partial Hospitalization	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

21. Delinquency history (v all that apply)

Has the child ever been adjudicated or convicted of a:

				If yes, was this a felony?
Crime against persons	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Crime against property	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes

				<input type="checkbox"/> No <input type="checkbox"/> Unknown
Other (please specify): _____				

22. Current school related services (v all that apply)

<input type="checkbox"/> IEP
<input type="checkbox"/> 504 Plan
<input type="checkbox"/> School linked mental health services
<input type="checkbox"/> Truancy Services/Intervention
<input type="checkbox"/> No school related problems or services
<input type="checkbox"/> Other (please specify): _____

Presenting Problems

23. *Internalizing behaviors:*

(Please indicate the child's frequency of experience or engagement in the following internalizing behaviors)

Frequency →	Never/rarely	Sometimes	Often/always	Unknown	N/A
A. Chemical use/abuse (alcohol or drugs)					
B. Communications disorder (e.g. non-verbal)					
C. Depressed, sad, or unhappy					
D. Eating disorder					
E. Lacks conscience or remorse					
F. Anxious					
G. Persistent grief					
H. Phobias or unreasonable fears					
I. Racial or ethnic identity questioning/confusion					
J. Psychotic, hallucinations, or reality distortion?					
K. Self-injurious behaviors					
L. Problems with self-esteem					
M. Shy or withdrawn					
N. Stubborn, sullen, or irritable					
O. Suicidal behaviors					
P. Age inappropriate behaviors					
Q. Sexual/gender identity questioning/confusion					

24. Externalizing behaviors:

(Please indicate the child's frequency of experience or engagement in the following externalizing behaviors)

Frequency →	Never/rarely	Sometimes	Often/always	Unknown	N/A
A. Compulsive					
B. Cruel to animals					
C. Oppositional					
D. Work refusal at school					
E. Physically aggressive					
F. Fire setting					
G. Impulsive behaviors					
H. Lies or cheats					
I. Phobias or unreasonable fears					
J. Messes pants – encopretic					
K. Difficulty in parent/caregiver relationship(s)					
L. Difficulty with peer relationships					
M. Runs away					
N. Tantrums					
O. Sexually assaultive or molesting					
P. Difficulties in sibling relationship(s)					
Q. Smears feces					
R. Stealing					
S. Vandalism					
T. Verbally abusive/aggressive					
U. Wets bed or wets self during the day - enuretic					
V. Gang involvement					

Overall Assessment

Please enter the scores for at least one scale in the overall assessment category.

25. Strengths and Difficulties Questionnaire

SUBSCALE SCORES

A. Emotional Symptoms: _____

B. Conduct Problems: _____

C. Hyperactivity/inattention: _____

D. Peer Relationship Problems: _____

E. Prosocial Behavior: _____

COMPOSITE: _____

26. Child and Adolescent Needs and Strengths Assessment

SUBSCALE SCORES

- A. Life Domain Functioning: _____
 - B. School: _____
 - C. Child Behavioral/Emotional Needs: _____
 - D. Child Risk Behaviors: _____
 - E. Cultural Considerations: _____
 - F. Transition to Adulthood: _____
 - G. Child Strengths: _____
 - H. Caregiver Resources and Needs: _____
- COMPOSITE: _____

27. Early Childhood Service Intensity Instrument

SUBSCALE SCORES

- A. Degree of Safety: _____
 - B. Child Caregiver Relationships: _____
 - C. Caregiver Environment:
 - 1c. Strengths/Protective Factors: _____
 - 2c. Stressors/Vulnerabilities: _____
 - D. Functional Developmental Status: _____
 - E. Impact of the Child's Medical, Developmental, and Emotional/Behavioral Problems: _____
 - F. Services Profile: _____
- COMPOSITE: _____

28. Child and Adolescent Service Intensity Instrument (CASII)

SUBSCALE SCORES

- A. Risk of Harm: _____
 - B. Functional Status: _____
 - C. Co-occurrence of Condition: _____
 - D. Recovery Environment: _____
 - E. Resiliency and/or Response to Services: _____
 - F. Involvement in Services (Child or Adolescent): _____
 - G. Involvement in Services (Parent and/or Primary Care Taker): _____
- COMPOSITE: _____

29. Youth Level of Service Inventory

SUBSCALE SCORES

- A. Prior and Current Offenses: _____
 - B. Education: _____
 - C. Substance Abuse: _____
 - D. Family: _____
 - E. Personality/Behavior: _____
 - F. Peers: _____
 - G. Leisure/Recreation: _____
 - H. Attitudes/Orientation: _____
- COMPOSITE: _____

30. Problem Oriented Screening Instrument for Teenagers (POSIT)

SUBSCALE SCORES

- A. Substance Abuse/Use: _____
- B. Physical Health Status: _____
- C. Mental Health Status: _____
- D. Family Relationships: _____
- E. Peer Relations: _____
- F. Educational Status: _____
- G. Vocational Status: _____
- H. Social Skills: _____
- I. Leisure/Recreation: _____
- J. Aggressive Behavior/Delinquency: _____

Strengths/Assets Assessment

Please enter the scores for at least one scale in the strengths/assets category.

31. Developmental Assets Scale

- A. External Support: _____
- B. Empowerment: _____
- C. Boundaries and Expectations: _____
- D. Constructive Use of Time: _____
- E. Internal Commitment to Learning: _____
- F. Positive Values: _____
- G. Social Competencies: _____
- H. Positive Identity: _____
- COMPOSITE: _____

32. Youth Connections Scale

SUBSCALE SCORES

- A. Tools for Youth Connections: _____
- B. Number of Supportive Adult Connections: _____
- C. Strength of Youth Connections: _____
- D. Support Indicators: _____
- E. Level of Youth Connections: _____
- COMPOSITE: _____

Trauma Assessment

Please enter the scores for one or more of the scales in the trauma assessment category. You must enter the scores for at least one.

33. Trauma Symptom Checklist for Young Children Scale

SUBSCALE SCORES

Caretaker report validity scales

- A. Response Level (RL): _____

B. Atypical Response (ATR): _____

Clinical Scales

A. Posttraumatic Stress – Intrusion (PTS-I): _____

B. Posttraumatic Stress – Avoidance (PTS-AV): _____

C. Posttraumatic Stress – Arousal (PTS-AR): Posttraumatic Stress: _____

D. Posttraumatic Stress – Total (PTS-TOT): Posttraumatic Stress: _____

E. Anxiety (ANX): _____

F. Dissociation (DIS): _____

G. Anger/Aggression (ANG): _____

COMPOSITE: _____

34. Trauma Symptom Checklist for Children Scale

SUBSCALE SCORES

A. Anxiety: _____

B. Depression: _____

C. Posttraumatic Stress: _____

D. Sexual Concerns: _____

E. Dissociation: _____

F. Anger: _____

COMPOSITE: _____

35. Adverse Childhood Experiences Survey

COMPOSITE: _____