

Shufford Group Home In-Take Form

The Shufford Group Home is open to all eligible females without regard to race, religion, disability or sexual orientation

Date: _____

Person making referral: _____

Agency: _____ Phone: _____

Address: _____

Identifying Data

Child's Full Name: _____ Age: _____

DOB: _____ Place of Birth: _____

Sex: _____ Race: _____ Religion: _____

Description of appearance (including height, weight and any identifying marks)

Family Information

Father: _____ Phone: _____

Address: _____

DOB: _____ Place of Birth: _____

Occupation: _____ Employer: _____

Remarried: Y/N To Whom: _____ Date: _____

Mother: _____ Phone: _____

Address: _____

DOB: _____ Place of Birth: _____

Occupation: _____ Employer: _____

Remarried: Y/N To Whom: _____ Date: _____

Marital Status of Natural Parents: _____

Siblings (Name, age, address, relationship)

1. _____
2. _____
3. _____
4. _____

(List any additional siblings on back of this sheet)

Family with whom child is now living:

Name: _____ Occupation: _____

Address: _____ Phone: _____

Members: _____

Custody/Wardship

Name: _____ Phone: _____

Address: _____

Relationship: _____

Child is referred as: Pre-delinquent _____ Adjudicated _____ CHINS _____

Other: _____

School Information

School last attended: _____ Grade: _____

Address: _____

Progress in school: _____

Schools previously attended:

Name/Address: _____ Grade: _____

Name/Address: _____ Grade: _____

Professional Contacts:

List agencies previously providing services to child or family

_____ Date: _____

_____ Date: _____

_____ Date: _____

Contact with police, probation or court

Has the child ever been picked up by the police, been in placement or appeared before a juvenile judge? List offenses and dates:

_____ Date: _____

_____ Date: _____

_____ Date: _____

Problem and plans for care

Describe the problem which necessitates placement in a group home:

How the child sees the problem:

How the family sees the problem:

Plan

Goals to be achieved for the child:

Goals to be achieved for the parents:

Goals in respect to discharge (including expected length of stay and expected placement after completion of program).

Date: _____

Signed: _____

For Office Use Only