

MOUNTAIN HOME MONTANA INTAKE APPLICATION

Date: _____ Staff: _____

PERSONAL INFORMATION

Name: _____

Current Address: _____

Current Phone or Message: _____

DOB: _____ AGE: _____ SS#: _____

Are you less than eighteen years of age? No Yes

If yes, Legal Guardian: _____

Relationship: _____

Is your Guardian willing to place you here? No Yes

RACE: (Optional)

_____ Hispanic _____ White _____ Native American

_____ African American _____ Asian American _____ Hawaiian

Where are you currently living?

_____ foster care/group home _____ with friends/family

_____ homeless shelter _____ on street/car

_____ transitional housing _____ release from institution

_____ fleeing domestic violence _____ evicted

Pregnant

No Yes

If yes, how many months? _____ *Are you expecting twins?* No Yes

Where do you receive prenatal services? _____

Child

Name: _____ Male Female

DOB: _____ Age: _____

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Does your child have any health problems, allergies, or special medical needs?

INCOME / SUPPORT SERVICES INFORMATION

Are you employed? No Yes

Where: _____

hours per week: _____ Rate of Pay: _____

Are you receiving Child Support?

No Yes

If yes, how often? _____

Are you receiving Medicaid Food Stamps TANF WIC

Case Worker: _____

County: _____ Phone: _____

Other Income: _____

Other agency involvement

Agency: _____

Address: _____

Phone: _____

Contact Person: _____

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FAMILY BACKGROUND

Your Mother: _____

Birth mother

Adoptive mother

Step mother

Address: _____

Phone: _____ Marital Status: _____

Your Father: _____

Birth father

Adoptive father

Step father

Address: _____

Phone: _____ Marital Status: _____

Other significant adults: _____

Phone: _____ Relationship: _____

Sibling's Name(s) Age Half/Step or Full Where does s/he live?

PERSONAL BACKGROUND

Have you ever been in foster care? _____

Describe your relationship with your family: _____

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Describe any therapy, counseling or other social services you have participated in: _____

Do you smoke? No Yes *If yes, how often?* _____

Do you drink? No Yes *If yes, how often?* _____

Any drug use? No Yes *If yes, what and how often?* _____

Describe any legal or criminal history you may have (juvenile and adult): _____

Please list any pending charges or unpaid fines or probation/parole status:

Date	Charge	Fine	Status
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Probation / Parole Officer: _____

Phone: _____

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FATHER OF BABY INFORMATION

Name: _____

Address: _____

Age: _____ Involvement: No Yes

Other comments: _____

MEDICAL INFORMATION

Health Insurance

Self: None Medicaid Other _____

Child: None Medicaid Other _____

Do you have any Chronic Medical Conditions or Allergies? _____

Prescribed Medications:

EDUCATIONAL BACKGROUND

Last Grade Completed: 7 8 9 10 11 12

How many schools have you attended? _____

Last school attended: _____

Have you earned your diploma or GED? No Yes

Currently attending school? No Yes *If yes, where?* _____

When and where were you last tested/evaluated? _____

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Do you have a learning disability or other school classification? Yes No

If yes, explain? _____

What plans do you have for after graduation?

EMPLOYMENT HISTORY

Former Employers:

Dates	Where	Position	Reason for leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DOCUMENTATION

Do you have: (Circle forms of identification)

Birth Certificate Social Security Card State ID Card
Driver's Permit Driver's License School ID Card
Immunization card Other: _____

Identification for Child:

Birth Certificate Social Security Card Immunization Card
Other: _____

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For Interviewer Use Only Please

REFERRAL

Contact Person: _____

Address: _____

Phone: _____

Name of Agency: _____

INTERVIEW ATTENDEES

Please Sign and Print your name and title:

_____	_____	_____
Sign	Print	Title

_____	_____	_____
Sign	Print	Title

_____	_____	_____
Sign	Print	Title

COMMENTS
