

# PARENT INTAKE FORM

Date: \_\_\_\_\_

## Parent's Background Information

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**Full Name:** \_\_\_\_\_  
Include any other names you have been known by.

**Birthdate:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**What dates have you lived there:**

**Current Address:** \_\_\_\_\_

\_\_\_\_\_

**Please list your three previous addresses:**

**What dates did you live there:**

**Address (1):**  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

**Address (2):**  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

**Address (3):**  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

**Other Parent's Full Name:** \_\_\_\_\_  
Include any other names he/she has been known by.

**Do you currently have custody of the child(ren)?**  Yes  No

**If yes, since when?** \_\_\_\_\_

**If no, how often do you see the child(ren), and under what circumstances?**

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**Are you currently married?**  Yes  No

**If yes, your spouse's name:** \_\_\_\_\_ **Birthdate** \_\_\_\_\_  
Include any other names he/she has been known by.

**Date and city/state of marriage:** \_\_\_\_\_

**If you are not currently married, do you have a significant other?**  Yes  No

**If yes, his/her full name:** \_\_\_\_\_ **Birthdate** \_\_\_\_\_  
Include any other names he/she has been known by.

Do you have children besides the children involved in this case? If yes, please list their information.

Full Name:	Birthdate:	Other Parent's Name	Where Residing?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any additional people living in your home:

Full Name:	Birthdate or Age:	Relationship to You
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever had any involvement with the Department of Children and Family Services (DCFS)? If yes, please explain (use the back of this page for more space if needed):

Do you have any immediate family members in the Chicago area?  Yes  No  
If yes:

Full Name:	Phone #:	Relationship to Child(ren):
_____	_____	_____
_____	_____	_____
_____	_____	_____

Full Name:	Phone #:	Relationship to Child(ren):
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**FINANCIAL INFORMATION**

Are you presently employed?  Yes  No

If so, where?

Position: \_\_\_\_\_

Salary: \_\_\_\_\_

Weekly  bi-weekly  monthly  other \_\_\_\_\_

Any other income i.e.: child support, Social Security Disability, etc.?  Yes  No \_\_\_\_\_

Amount \$ \_\_\_\_\_

Weekly  bi-weekly  monthly  other \_\_\_\_\_

Do you own a car?  Yes  No If so, what model/make/year \_\_\_\_\_

Do you own a home or other property?  Yes  No If so, how long? \_\_\_\_\_  
Address(es): \_\_\_\_\_

Do you have a mortgage?  Yes  No

If so, who is the Mortgage holder?

\_\_\_\_\_

**Do you have a savings account or any other investments?**     Yes     No

**If so, total value:**

**Identify each account and investment:**

**Total value:**

_____	_____
_____	_____
_____	_____

**List major debts: creditor and amounts:** \_\_\_\_\_

**Monthly payments:** \_\_\_\_\_

**Do you pay or receive child support by court order?**     Yes     No

**If yes:**

<b><u>For which child?</u></b>	<b><u>How much per month?</u></b>	<b><u>Pay or Receive</u></b>
_____	\$ _____	<input type="checkbox"/> <u>Pay</u> <input type="checkbox"/> <u>Receive</u>
_____	\$ _____	<input type="checkbox"/> <u>Pay</u> <input type="checkbox"/> <u>Receive</u>
_____	\$ _____	<input type="checkbox"/> <u>Pay</u> <input type="checkbox"/> <u>Receive</u>
_____	\$ _____	<input type="checkbox"/> <u>Pay</u> <input type="checkbox"/> <u>Receive</u>
_____	\$ _____	<input type="checkbox"/> <u>Pay</u> <input type="checkbox"/> <u>Receive</u>
_____	\$ _____	<input type="checkbox"/> <u>Pay</u> <input type="checkbox"/> <u>Receive</u>

**Do you have health insurance?**     Yes     No  
**If yes:**

<b><u>Name of Insurance</u></b>	<b><u>Identification Number and Group Number</u></b>	<b><u>Who is covered?</u></b>
_____	_____	_____
_____	_____	_____

**Does your insurance cover therapy?**     Yes     No     Not sure

**The undersigned certifies that the statements set forth in this Parent Intake Form are true and accurate to the best of my knowledge and information.**

**Dated**

**Signature**