CHARLES P. GOLBERT
Public Guardian

PARENT INTAKE FORM

69 W. WASHINGTON
7th Floor
CHICAGO, ILLINOIS 60602
PHONE: (312) 603-0800
FAX: (312) 603-9946
www.publicguardian.org

Date:_____

Parent's Background Information

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, what is your parenting schedule, and are your visits supervised ☐**yes** ☐ **no**

_____

Are you currently married? ☐ **Yes** ☐ **No**

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

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: _____ _____
Include any other names he/she has been known by. Birthdate

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: _____ work hours: _____

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:

For which child?	**How much per month?**	**Pay or Receive**
	$	☐ Pay ☐ Receive
	$	☐ Pay ☐ Receive
	$	☐ Pay ☐ Receive
	$	☐ Pay ☐ Receive
	$	☐ Pay ☐ Receive
	$	☐ Pay ☐ Receive

Do you have health insurance? ☐ **Yes** ☐ **No**

If yes:

Name of Insurance	**Identification Number and Group Number**	**Who is covered?**

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 **Signed**

Child's Background Information

* If you have more than one child, please ask the receptionist for additional forms.

Full Name: _____

Include any other names he/she has been known by.

Birthdate: _____ **Social Security #:** _____

School: _____ **Day Care:** _____

Address: _____ **Address:** _____

_____ _____

Phone #: _____ **Phone #:** _____

Grade: _____

Pediatrician: _____ **Phone #:** _____

Address: _____

Does your child have any special medical conditions? ☐ **Yes** ☐ **No**

If yes, please explain:

_____

Does your child regularly take any medications? ☐ **Yes** ☐ **No**

If yes, please explain:

_____

Is your child presently seeing a counselor and/or therapist? ☐ **Yes** ☐ **No**

If yes, when did therapy begin and what is the reason for therapy (use back if needed)?

_____

Counselor: _____ **Phone #:** _____

Address: _____

What are some of your child's favorite activities?

_____

Who are some of the people your child feels close to? (Please indicate relationship to child.)

_____