



Personal Information	
Name	
Date of Birth	
Birth Place	
MCP	
Expiry Date	
Age	
Gender	
Current Address	

Is English the first language of the person served: Yes No
If not, please list below all languages spoken at home.

Please list the person served Cultural/Ethnicity and Spiritual needs (if applicable).

Please provide a physical description of the person served (ie: height, weight, scars/tattoos, hair and eye color)

Wardship:

Consent Authority:



Copies of MCP with expiry, Immunization Record, Legal documentation and Parent/Legal representative authorization signatures are required.	
Referral Agency	
Name of Referral Agency	
Address	
Phone number	
Fax number	
Email Address	
Primary Contact Person(s) in case of emergency	
Phone number(s)	
Address	

Family Information	
Name of Mother	
Date of Birth	
Include Maiden name if different from above	
Address	
Phone number(s)	
Occupation	
Employer	
Describe the person served's relationship with the mother:	

Name of Father	
Date of Birth	
Address	
Phone number(s)	
Occupation	
Employer	
Describe the person served's relationship with the father:	



Describe the person served's relationship to other significant caregivers:

Empty text box for describing relationships to caregivers.

List all siblings (please specify if they are biological, step, half, foster or other)

Family Member Name	Gender	Date of Birth	Relationship	Residence

Describe any significant aspects of the family situation that may impact on the person served, or be important in the treatment process (ie: neglect, physical/emotional/sexual abuse, parental substance abuse, domestic violence, family involvement in the criminal justice system) Please attach additional pages if necessary.

Empty text box for describing family situation.

Please identify the family members who are appropriate to participate in:

Program Meetings	
Family visits	
Family Telephone calls	

Please specify the names of any individuals that the person served is **not** to have contact with:

Empty text box for specifying individuals to avoid contact with.

Medical History	
Family Doctor	
Phone number	
Address	
Date of last examination	

Does the person served have any suspected or confirmed developmental problems (ie: fetal alcohol exposure, prenatal exposure to tobacco and/or other drugs, ADHD, etc.) Please attach additional pages if necessary.

Has the person served been hospitalized at any time since birth? Yes No
 If yes, describe the reason:

Is the person served on any medications? Yes No
 If yes, what type of medication(s):

Are there any ongoing health concerns (ie: allergies, chronic problems, food relations, etc.)? Please attach additional pages if necessary. Yes No
 If yes, what are they:



Does the person served have any eating or sleeping problems? Yes No
If yes, what are they:

Solvent/Drug Abuse History

Does the person served use tobacco? Yes No

Does the person served use alcohol, drugs or solvents? Yes No

If yes, describe usage, age at which use started, frequency and extent:

Describe the pattern of alcohol and drug use within the family system.

Education	
Please attach any available information regarding the person served education (ie: academic testing, behavioral problems, suspensions, and letters from teachers). Please attach additional pages if necessary.	
Last school attended	
Address	
Teachers name	
Program or Grade level	

Describe the person served attitude towards and behavior in school:

Describe the person served academic progress:

List any other schools attended	Date of attendance	Grade

Social History		
Please list all placements the person served has been in within the last year (ie: foster homes, group homes, custody facilities, relatives etc), the dates of the placement and the reasons for moving. Please attach additional pages if necessary.		
Placement	Dates	Reason for move

Community	
Has the person served been involved in any illegal activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have the police become involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list charges, court dates, and dispositions and attach relevant documentation (ie: undertaking, probation, community service orders, subpoena to witness, etc.)	



Person Served Access worker's name and phone number:

Name	Phone Number

How does the person served spend his/her free time?

Describe the person served's peers:

List the person served's major strengths:

List the person served's major needs:



What is the anticipated period of treatment :

What is the discharge plan:

Are there any special conditions with respect to placement?
If yes, what are they:

Yes

No

Other Information

Please provide a brief summary of why the person served has been referred to our organization. Please attach additional pages if necessary.

Assessment

The following information is required prior to the person served placement in our program.

- MCP number and expiry date
- Approval in writing by a parent or legal representative of arrangements for transport of a person served to and from any activity away from congregate setting
- Written consent of a parent or legal representative for health care services
- Copy of Probation Order, Undertaking, court documents etc.

Please attach copies of the following assessments, if they have been completed.

- Immunization record
- Psychological Assessment
- Psychiatric Assessment
- Educational Assessment
- Assessment for drug and alcohol dependencies
- Comprehensive Social History
- Family Assessment (genogram, description of interpersonal dynamics, identified strengths, problem areas, a safety assessment determining the need for out-of-home care, and current support systems)
- Addictions Assessment (where applicable)
- Other: _____



Intake Form

Consent

I, _____ (print name), have provided this information regarding _____ (Name of child/youth) to Blue sky to the best of my knowledge.

I, on behalf of the Director of the Department of Child Youth Family Services consent to Blue sky providing care for the above named child/youth. This consent may be revoked at any time by providing written notice to Blue sky Family Care.

Signature: _____
(on behalf of Child Youth Family Services)

Date: _____
yy/mm/dd

For office use only

Date of Admission: _____ yy/mm/dd Location: _____