

Anchorage Children's Home
Needs Assessment Hidle House

Case Number: _____
(For Hidle House staff use)

(Part A: Foster care placement only-for CPIs/DCMs)

Date: ____/____/____ **Completed by:** _____

CPI/DCM Name: _____ Ph. Num.: Off.: _____ Cell: _____

CPI/DCM Supervisor Name: _____ Ph. Num.: Off.: _____
Cell: _____

Demographic Data

Child/youth's Name: _____ Nickname: _____

DOB: ____/____/____ Age: ____

Address: _____ State _____ Zip _____
(If there is no family address; please use CPI/DCM office address)

Legal residence; County: _____ Place of Birth: _____

Primary Parent/Legal Guardian: _____ Relationship: _____

Secondary Parent/Legal Guardian: _____ Relationship: _____

Race: Black/African American White Asian American Indian Native Hawaiian/Other
Pacific Islander Bi-Racial: Primary Race _____ Secondary Race _____ (How the Yth identifies them self)
Other: _____ Client does not know Client Refused Data not collected

Ethnicity: Non-Hispanic/Non-Latino Hispanic/Latino Client does not know Client Refused
Data not collected

Sex/Gender: Female Male Transgender Female Transgender Male
Other: _____ Client does not know Client Refused Data not collected

Is the client a refugee? Yes No

In what language(s) does the youth communicate? (circle all that apply)
American Indian or Alaskan Native Language Asian or Pacific Island Language
English Spanish Sign Other: _____

Is youth a parent? Yes No If yes, how many children: _____

Marital Status of youth: Single, never married Single, living with partner
Married Other: _____

Status: Shelter Status Adjudicated Dependent Goal(s) _____
(Please spell out)

Has the parent(s)' parental rights of the child's/youth's been terminated (TPR)? Yes No
If yes, when (or general timeframe): _____

Who was the child/youth removed from? _____ Relationship: _____

What has brought child/youth in to care (reason for the shelter)? _____

Does the child/youth have any presenting problems/challenges?
Truancy Ungovernable/Not following rules Running Away Anger/Aggression
Family/Interpersonal conflict School behavior issues Academic performance Criminal activity
Substance use Placement issues Sexually acting out Other: _____
Explain: _____

Does child/youth have a safety plan? Yes No *If **Yes**; written safety plan is required for placement*
If yes, what are the requirements? _____

What is the current visitation schedule and with whom? _____

(Hidle House staff **do not** supervisor or facilitate visitation)

Housing/Living History

Most recent living situation: At home (just removed) Relative's home Non-relative's home
Foster home Group home Therapeutic foster home Mental health hospital (Baker Act)
Mental health residential treatment (Not SIPP) Mental health hospital(SIPP) Runaway
Homeless Substance abuse treatment DJJ-Detention DJJ-Residential/commitment program

How long has child/youth been in foster care? _____

*Have child/youth ever been in foster care? Yes No If yes, how long? _____ (number of months)

When, where, and with whom has the youth lived for the past five years?

When(dates)/Time Line	Where/Location	With Whom/Placement Type
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family (If parental rights have been terminated please skip)

Name	Age	Relationship	Name	Age	Relationship
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Medical/Dental/Mental Health/Developmental/Substance Abuse

Does child/youth have any medical or dental concerns? Yes No
If yes explain? _____

Is youth pregnant? Yes No Don't know If not know, explain: _____
If yes, projected birth date: ____/____/_____

Any present or past mental health issues **and/or** treatment involving the Child/Youth? Yes No
If yes, what was/is the diagnose(s)/treatment/services/medication received? _____

Does family have a history of violent behavior? Yes No
CIRCLE all that apply: Domestic Violence Physical Abuse Assault

Was the child/youth a victim or a witness to the violence: Yes No If yes, explain: _____

History of victimization: (**Circle all that apply**) Violence/Physical Abuse/Sexual abuse/Rape

If Yes, explain any treatment received or receiving: _____

Any present or past substance abuse concerns/issues **and/or** treatment involving the child/youth?

Yes No

If yes, explain: _____

Are there any developmental delays current or past involving the child/youth? Yes No

If yes, explain: _____

Are there any **officially** determined and documented disabilities involving the child/youth: Yes No

If yes: Alcohol Abuse Both Alcohol and Drug abuse Drug abuse Developmental
Chronic health condition Mental health problems Physical

Any health issues regarding the parent/guardian? Yes No

If yes, explain: _____

Any mental health issues regarding the parent/guardian? Yes No

If yes, explain: _____

Present or past substance abuse concerns regarding the Parent/Guardian/Family/House Hold Members:

Yes No If yes, explain: _____

Education/Vocation/Employment

School Name and Location: _____ Current Grade: _____ Last Grade Completed: _____

Enrollment status: Enrolled Suspended Expelled Enrollment pending
Graduated high school Completed GED Dropped out School not in session

If child/youth has been suspended or expelled; the number of expulsions and suspensions in most

recent term: 1 Expel/suspend 2 or 3 More than 3

Explain: _____

Describe any special educational services the child/youth receives or has been recommended:

No special education needs IEP Behavioral services Developmentally services

Please explain: _____

Is the school setting the child/youth is currently enrolled in an alternative educational/school setting?

Yes No

If yes, explain: _____

Attendance Status:

Attending regularly/good attendance Overall attending regularly; few unexcused absences
Some partial-day unexcused absences Attending school irregularly

Some full-day unexcused absences Extended truancy Habitual truant
 Has child/youth ever been retained/held back? Yes No How many times? _____
 What grades? _____

Academic performance in the last term: ___ Honor student (mostly As)
 ___ Above 3.0 (mostly As and BS)
 ___ 2.0to 3.0 (mostly Bs and Cs, no Fs)
 ___ 1.0 to 2.0 (mostly Cs and Ds, some Fs)
 ___ Below 1.0 (some Ds and mostly Fs)

Current Employment: Full-time(over 35 hours) Part-time Seasonal/Sporadic
 Not employed, looking for work Not employed, in school Not employed, unable to work
 Not employed, not looking for work Don't know/other

Legal

Is/Has child/youth currently/ever been involved with the juvenile justice system? Yes No
 If yes, reason(s): _____ Was there adjudicated? Yes No
 Circle all that apply: Teen Court Probation Detention Commitment Program
 Aftercare

If child/youth was in detention or a DJJ residential program; how long were you there? _____

Are there any present/past criminal charges or legal issues regarding the parent(s)/legal guardian(s) and current family members in the home (including any probation/jail/imprisonment)? Yes No
 If yes explain: _____

If the parent(s)/legal guardian(s) of the child/youth is/are **currently** incarcerated identify one of the following:

- ___ One parent/legal guardian is incarcerated
- ___ Both parents/legal guardians are incarcerated
- ___ The only parent/legal guardian of the youth is incarcerated

Other Relevant Information:

 CPI/DCM Signature (Required)

 Supervisor Signature

A DCF/CBC Staff member must participate in completing the intake at the time the child/youth is brought to the shelter.

For Hidle House Staff Only

 RCM Signature

 Supervisor Signature