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Client # _____

Child Service Application

Name of Child: _____ Date: _____

Child's former name if applicable: _____ Sex: Male Female

SSN: _____ Date of Birth: _____ Age: _____

Name of person completing form: _____ Relationship to Child: _____

Who has current guardianship of child? (if different than parent): _____

Present address: _____ City: _____ State: _____ Zip: _____

County of residence _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____

(Completion of this section is optional) Child's Race: White Black Hispanic Asian/Pacific Multi-racial
 Native American (Enrolled Tribal Member Yes No, where _____) Other _____

Who referred this child to UMMHC? _____

PRESENT PLACEMENT INFORMATION

Child Currently Lives:

- At home with family
- At a relative's home (name and relationship of custodial adults in this home): _____

- In a foster home (name of foster parents) _____
- At a group home or residential facility (name of facility) _____
- Other (please explain) _____

Length of time child has been at current placement?: _____

FAMILY HISTORY

Biological Mother's name: _____ Age: _____ Lives with child? Yes No

Has the mother or any of the mother's relatives experienced problems similar to those currently experienced by the child?

Yes No. If yes, please Explain: _____

Biological Father's Name: _____ Age: _____ Lives with child? Yes No

Has the father or any of the father's relatives experienced problems similar to those currently experienced by the child?

Yes No. If yes, please Explain: _____

MARITAL

Are the biological parents of the child Married Separated Divorced Living together
 Never were together Widowed Other _____

Are the biological parents now remarried or living with a significant other? Yes No