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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

Please describe any abuse, chemical dependency or legal difficulties in the child's immediate relatives: _____

Other people residing in the same household with child:

Name	Age	Occupation	Relationship to Child

EARLY CHILDHOOD DEVELOPMENTAL HISTORY

Was the pregnancy: a) planned? Yes No
b) welcomed? Yes No
c) stressful? Yes No

At any time during the pregnancy did the mother use:

a) prescribed medications Yes No If yes, how much? _____
b) recreational drugs Yes No If yes, how much? _____
c) alcohol Yes No If yes, how much? _____
d) tobacco Yes No If yes, how much? _____

Were there any medical concerns or other issues during this pregnancy regarding mother and/or baby?

At the time of birth did the baby have?

trouble breathing Yellow jaundice blood transfusion
 resuscitation jitteriness physical injuries
 twin seizures/fits trouble sucking
 birth defects cord around neck intensive care
 fevers or low temperature

Is your child adopted? _____ Does child know? _____ If not, do you intend to tell the child? _____
At what age was the child placed in your home? _____ At what age when adopted? _____

Do you have any concerns about your child's motor or muscle development: Yes No
If so, please describe...

Do you have any concerns regarding your child's language development: Yes No
If so, please describe...

SCHOOL/WORK

Level of Education: _____ Grade: _____ Current School: _____
Class Placement: Mainstream Special Class (where) _____

Teacher or Advisor's name: _____ IEP in place? Yes No