THE CENTER FOR HEALTHY DEVELOPMENT (CHD)
Client Information Sheet

Dear Parents: The Center for Healthy Development needs your help to ensure that the best possible services are provided. Your responses to this survey will be confidential.

Date: _____ **CASE #** _____ **FCS #** _____

Parent's Name: _____ **Other Parent's Name:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: HOME _____ → *Messages okay?* ☐ Yes ☐ No
WORK _____ → *Messages okay?* ☐ Yes ☐ No

Emergency Contact Person:

_____
Name *Phone* *Relationship*

CHILDREN IN FAMILY COURT CASE

Name(s) of Child(ren)	Date of Birth	Gender	Lives with?

CURRENT FAMILY SITUATION

Are you currently living with a partner? ☐ Yes → *Name?* _____ ☐ No

Do you or your partner have children? ☐ Yes ☐ No

Name(s) of Other Child(ren)	Date of Birth	Gender	Lives with?

EDUCATION AND JOB BACKGROUND

How well did you do in school? _____

What learning problems, if any, did you have while in school? _____

Has anyone ever told you that you might have a learning disability or Attention Deficit/Hyperactivity Disorder (ADD or ADHD)? ☐ Yes ☐ No

Are you currently employed? ☐ No ☐ Yes → Where do you work? _____
What is your job title? _____

How many jobs have you held in the past three years? # _____

How satisfied are you with your job? (Circle your rating)

1 2 3 4 5
not at all satisfied……very satisfied

PHYSICAL AND PSYCHOLOGICAL HEALTH

What, if any, ongoing physical health problems do you have? _____

_____

What medications are you currently taking and what are they for? _____

_____

Have you ever received psychotherapy or counseling services in the past? _____

_____

Have any of your children ever received counseling services in the past _____

_____

Have there been any incidences of domestic violence in the past 6 months? _____

Please explain_____

Are there or have there ever been Restraining Orders? _____ **When?** _____

Please explain_____

Do you have any history of alcohol or drug abuse? _____ **When?** _____

Please describe _____

THE CENTER FOR HEALTHY DEVELOPMENT (CHD)
Parent Survey - Intake

Dear Parents: The Center for Healthy Development needs your help to ensure that the best possible services are provided. Your responses to this survey will be confidential.

1. What is your race / ethnicity? (Please mark one only)

- ☐ American Indian
- ☐ Alaska Indian

Asian

- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other _____

☐ Hispanic/Latino

Pacific Islander

- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Guamanian or Chamorro
- ☐ Other Pacific Islander

☐ Black/African-American

☐ White

☐ Multiracial / multiethnic

☐ Unknown / Declined

☐ Other → Specify: _____

2. What is the highest level of education you have COMPLETED?

- ☐ None
- ☐ High school diploma or GED
- ☐ Associate's or technical school degree
- ☐ Master's, Doctorate or Professional degree
- ☐ Nursery to 6th grade
- ☐ Some college or technical school
- ☐ Bachelor's degree
- ☐ Other / Unknown / Declined

2. What is your zip code? _____

3. What is the primary language used in your home? (Please mark one only)

- ☐ English
- ☐ Spanish
- ☐ Cantonese
- ☐ Mandarin
- ☐ Vietnamese
- ☐ Other → Specify: _____
- ☐ Unknown

4. What is your gender? ☐ Male ☐ Female

5. How many children do you have? #_____

6. What are their ages? (Please indicate the # of children you have for each age group.)

_____ 0 to 2 year olds _____ 3 to 5 year olds _____ 6 to 9 year olds
_____ 10 to 13 year olds _____ 14 to 18 year olds

7. Are you the primary caretaker of your children? ☐ Yes ☐ No ☐ Shared

8. What is the present parenting schedule for your children?

- ☐ Equal time with each parent
- ☐ Every weekend with a parent
- ☐ Flexible schedule
- ☐ Alternate weekends with a parent
- ☐ Weekly visits
- ☐ Other → Specify: _____

9. Please check if any of the following issues are present in your case.

☐ Domestic violence ☐ Alcohol or drug use ☐ Child Safety
☐ Family conflict ☐ Other → Specify: _____

10. How many times have you and/or the other parent filed for a custody/visitation issue in Family Court? #_____

11. Do you and/or the other parent have an issue with following court orders regarding custody and visitation? ☐ Yes ☐ No

12. Have the police ever been called due to a conflict between you and the other parent?
☐ Yes → How often? _____ ☐ No

13. Is there or has there ever been a Domestic Violence Restraining Order? ☐ Yes ☐ No

14. Has anyone ever been reported to CPS regarding your children's safety?
☐ Yes → How many times? _____ ☐ No

15. Are you on speaking terms with the other parent? ☐ Yes ☐ No

16. Please rate how strongly you agree or disagree with each of the following statements.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	N/A
I have very few disputes with the other parent.	☐	☐	☐	☐	☐	☐
Our conflict is harmful to our children.	☐	☐	☐	☐	☐	☐
Our family can learn new skills and choices.	☐	☐	☐	☐	☐	☐
I am concerned that our children are not safe.	☐	☐	☐	☐	☐	☐
Both parents want to reduce conflict.	☐	☐	☐	☐	☐	☐
Our family situation is not stable for the children.	☐	☐	☐	☐	☐	☐
I am concerned about my child's behavior.	☐	☐	☐	☐	☐	☐
My child is doing well in school / day care.	☐	☐	☐	☐	☐	☐

FAMILY COURT CARE MANAGER SERVICES

18. Have you been referred to a Family Partner? ☐ Yes ☐ No

19. Are you currently seeing a Family Partner? ☐ Yes ☐ No

20. If NO, do you plan to see a Family Partner? ☐ Yes ☐ No

21. What other kinds of services do you think would be helpful to you and your family?

_____

_____