

Race:

- White Asian
 Native Hawaiian/Pacific Islander African American/Black
 Other race Two or more races

Hispanic Origin:

- Not of Hispanic Origin
 Puerto Rican
 Mexican
 Cuban
 Other _____

Living Arrangements:

- Homeless on the street/Shelter for homeless
 Living in a private residence with natural/adoptive family
 Living in a private residence alone or with spouse or non-relative(s)
 Child foster family home
 Specialized residential home
 General residential home (Adult Foster Care)
 Prison/jail/juvenile detention center
 Nursing care facility
 Institutional setting
 Living in a private residence, alone or with a spouse or non-relative, that is owned by an agency but you are assisted by a caregiver while residing there

Education:

- Completed less than high school, final grade completed _____
 Completed High School, Special Education, GED
 In nursery school, preschool, or Head Start
 In school, K – 12, current grade (or last grade ended if summer) _____
 ➤ If so, has the child attended school anytime in the past 3 months? ___ Y ___ N
 Enrolled in training/vocational program
 Enrolled in Special Education
 ➤ If so, is the child receiving special education in a mainstream classroom? ___ Y ___ N
 Attended or is attending undergraduate college, years _____
 College graduate

Are you now or in the past served in the uniformed services?

- Yes, I'm a veteran what was your most recent military service _____
 ___Active ___Honorable Discharge ___Dishonorable Discharge
 Which branch of service were you in _____ Do you have any family in the military _____
 Are you or your family member connected with the VA/Veteran resources/other support and service organizations _____
- No, I'm not a veteran

Current Employment Status: (applicable to persons 18 and older)

- Employed full-time (35 or more hours per week)
- Employed part-time (less than 35 hours per week)
 - Number of hours worked in past 2 weeks _____
- Unemployed or layoff, looking for work
- Participates in facility-based activities (ADAPT day program)
- In unpaid work (volunteering, internship, community service)
- Self employed
- Participates in enclaves/mobile crews (Employment Resources work groups)
- Sheltered workshop or work services (ADAPT workshop)
- Not in workforce (disabled, homemaker, students 18 and over, retired, incarcerated)

Employment Wage Information (if employed):

Earnings per hour _____
(if varies, please indicate hourly wages during the past 2 weeks)

Employer Name _____ Phone _____

Employer Address _____
Street City State Zip

What type of insurance do you have?

- Medicaid or Healthy Michigan

If you checked Medicaid or Healthy Michigan, what health plan did you enroll with?

- McLaren Health Plan of Michigan
- United Healthcare Community Plan
- Meridian Health Plan of Michigan
- Aetna Better Health
- Molina Healthcare
- Priority Health Choice
- No health plan assigned
- MI Health Link
- Medicare
- MI Child Program
- Private Insurance Company (BCBS, etc.) Name: _____
- Community Corrections Funded
- No insurance

Legal Guardian Information:

Guardian Name (if applicable): _____
First Last

Address: _____ Phone: _____
Street City State Zip

Relationship to Client: _____

Payee/Conservative Status (if applicable):

Payee Name (if applicable) _____ Phone _____

Payee Address (if applicable) _____
Street City State Zip

If Client is a Minor (please fill in section below if not move on to Emergency Contact Info.):

Legally Responsible Person(s) Name: _____
First Last

***Biological parents are usually legally responsible unless the court has deemed alternative arrangements. If other court arrangements have been made, we will need copies of these papers.** How many of your children do you have custody of _____

Relationship to Child: _____ (parents, court appointed guardian, etc.)

Address: _____ Phone: _____

Biological/Adoptive Mother's Name (if different than above): _____
First Last

Biological/Adoptive Father's Name (if different than above): _____
First Last

Who has **legal custodial** custody?

- Mother Grandparents
- Father Other _____
- Joint

Emergency Contact Information:

Emergency Contact Name _____
First Last

Address _____
Street City State Zip

Relationship to Client _____ Phone _____

Primary Care Physicians Information:

Primary Physician _____ Phone _____
First Last

Primary Physician Address _____
Street City State Zip

Current Corrections Status:

- Not involved** in the correctional system
- Involved** in the correctional system
 - If so: In Prison
 - Awaiting Sentencing/Disposition
 - Awaiting Trial/Preliminary Hearing
 - On Parole
 - Refused to provide information
 - Arrested and booked
 - Tether
 - In Jail
 - Minor (under 18) referred by court
 - On Probation
 - Under Court Supervision
 - In Juvenile Detention Center
 - Diverted from arrest or booking

Government Subsidy Programs:

Do you receive assistance through:

- Family Support Subsidy Yes No
- Adoption Subsidy Yes No
- SSI Yes No

Foster care: (if applicable)

Is the child you are with today, a child placed in your home for foster care?

- Yes No

If yes, what county DHS department was involved in the arrangements? _____

Was the removal a result of abuse or neglect Other: _____