CHILD APPLICATION FOR SERVICES

CHILD

Name: ___________________________ Last First Birthdate: _______ Age: ______

Address: Number/ Street / PO Box Apt# City State Zip

Telephone #: ___________________________ Alternate telephone #: ___________________________

Enrolled in school? ☐ Yes (district: ___________________________) ☐ No

Highest education level completed: ☐ Non Yet ☐ Grade School ☐ High School ☐ ______________

Race / Ethnicity: ☐ Asian ☐ American Indian/Native Alaskan ☐ Black/African American ☐ Hispanic/Latino ☐ Multi-racial ☐ Native Hawaiian/Pacific Islander ☐ White ☐ ______________

Sex: ☐ Female ☐ Male ☐ Intersex ☐ ______________

Gender identity: ☐ Female ☐ Male ☐ Genderqueer/Non-binary ☐ Transgender ☐ ______________

Gender pronouns: ☐ She/Her ☐ He/Him ☐ They/Them ☐ Ze/Zir ☐ ______________

Sexual orientation: ☐ Straight ☐ Lesbian/Gay ☐ Bisexual ☐ Queer ☐ Don’t know ☐ ______________

Household makeup: ☐ Alone ☐ Family (parents and children) ☐ Extended family ☐ Single-parent family

GUARDIAN A (required)

Relationship to child? ☐ Parent ☐ Legal Guardian ☐ Authorized Representative ☐ ______________

Responsible for medical decisions for child? ☐ Yes ☐ No

Name: ___________________________ Last First Birthdate: _______ Age: ______

Address: Number/ Street / PO Box Apt# City State Zip

Telephone #: ___________________________ Alternate telephone #: ___________________________

Race / Ethnicity: ☐ Asian ☐ American Indian/Native Alaskan ☐ Black/African American ☐ Hispanic/Latino ☐ Multi-racial ☐ Native Hawaiian/Pacific Islander ☐ White ☐ ______________

Sex: ☐ Female ☐ Male ☐ Intersex ☐ ______________

Gender identity: ☐ Female ☐ Male ☐ Genderqueer/Non-binary ☐ Transgender ☐ ______________

Gender pronouns: ☐ She/Her ☐ He/Him ☐ They/Them ☐ Ze/Zir ☐ ______________

Sexual orientation: ☐ Straight ☐ Lesbian/Gay ☐ Bisexual ☐ Queer ☐ Don’t know ☐ ______________

Student status: ☐ Full-time student (school: ___________________________) ☐ Part-time student ☐ Not a student

Highest education level completed: ☐ Non yet ☐ Grade school ☐ High school ☐ Trade/Technical school ☐ ______________

Associate’s degree ☐ Bachelor’s degree ☐ Master’s degree ☐ Medical/Doctorate degree ☐ ______________
Center for Psychological Services and Development

Employment status: □ Student □ Employed full-time (occupation: ________________________________)
□ Employed part-time □ Not employed □ Disabled □ Retired □ ________________________________

Relationship status: □ Single □ Divorced □ Married □ Partnered □ Separated □ Widowed □ __________

Household makeup: □ Alone □ Roommates □ Spouse/Partner/Committed other □ Family (parents and children)
□ Extended family □ Single-parent family □ ________________________________

Are you involved with the legal system? □ No
□ Yes (describe) ________________________________________________________________

Are you involved with Child Protective Services? □ No
□ Yes (describe) ________________________________________________________________

GUARDIAN B (optional)

Relationship to child? □ Parent □ Legal Guardian □ Authorized Representative □ ________________________________

Responsible for medical decisions for child? □ Yes □ No

Name: ________________________________ Birthdate: ________ Age: ________

Address: ________________________________

Telephone #: ________________________________ Alternate telephone #: ________________________________

Race / Ethnicity: □ Asian □ American Indian/Native Alaskan □ Black/African American □ Hispanic/Latino
□ Multi-racial □ Native Hawaiian/Pacific Islander □ White □ ________________________________

Sex: □ Female □ Male □ Intersex □ ________________________________

Gender identity: □ Female □ Male □ Genderqueer/Non-binary □ Transgender □ ________________________________

Gender pronouns: □ She/Her □ He/Him □ They/Them □ Ze/Zir □ ________________________________

Sexual orientation: □ Straight □ Lesbian/Gay □ Bisexual □ Queer □ Don’t know □ ________________________________

Student status: □ Full-time student (school: ________________________________)
□ Part-time student □ Not a student

Highest education level completed: □ Non yet □ Grade school □ High school □ Trade/Technical school □
□ Associate’s degree □ Bachelor’s degree □ Master’s degree □ Medical/Doctorate degree □ ________________________________

Employment status: □ Student □ Employed full-time (occupation: ________________________________)
□ Employed part-time □ Not employed □ Disabled □ Retired □ ________________________________

Relationship status: □ Single □ Divorced □ Married □ Partnered □ Separated □ Widowed □ ________________________________

Household makeup: □ Alone □ Roommates □ Spouse/Partner/Committed other □ Family (parents and children)
□ Extended family □ Single-parent family □ ________________________________

Are you involved with the legal system? □ No
□ Yes (describe) ________________________________________________________________

Are you involved with Child Protective Services? □ No
□ Yes (describe) ________________________________________________________________

GUARDIANS (A&B)

Guardians (A&B) relationship: □ Never married □ Married □ Partnered □ Separated □ Divorced ( □ (A) remarried
□ (B) remarried) □ ________________________________
SERVICES

What services are you seeking:
☐ Individual Therapy (regular, weekly meetings with a therapist)
☐ Group Therapy (regular, weekly meetings with other clients and therapists)
☐ Therapy (individual and/or group therapy)
☐ Evaluation (testing with a feedback report)
☐ Evaluation and Therapy

Are you seeking services with a specialty clinic? ☐ Yes ( ☐ ADHD Clinic ☐ Anxiety Clinic ) ☐ No

Were you referred? ☐ Yes (agency or provider’s name: _________________________________) ☐ No (how did you find us? _________________________________)

Are services mandated by a court? ☐ Yes ☐ No  CPSD does not provide custody evaluations.

Do you need to receive services by a certain date? ☐ Yes (date: _________________________________) ☐ No

Name of person responsible for paying fees (responsible party): _________________________________

Responsible party’s relationship to applicant: ☐ Self ☐ Parent ☐ Legal guardian ☐ Authorized representative
☐ _________________________________ Telephone #: _________________________________

Total annual Income: Total income of all adult members in immediate household plus any additional income from child support or other sources.

☐ 0 to 10,000 ☐ 10,001 to 20,000 ☐ 20,001 to 30,000
☐ 30,001 to 40,000 ☐ 40,001 to 50,000 ☐ 50,001 to 60,000
☐ 60,001 to 70,000 ☐ 70,001 to 85,000 ☐ 85,001 or more

Total number of dependents: _________________________________ Count the non-working family members in the responsible party’s immediate household.

Is responsible party working with any university, school, or community agency that will pay fees? ☐ Yes ☐ No

Insurance: ☐ Private ☐ VA ☐ VCC ☐ Medicaid ☐ Medicare ☐ None  CPSD neither files claims nor receives insurance payment.

CHILD’S HISTORY

Child’s emotional health? ☐ Good ☐ Fair ☐ Poor

Has your child received counseling or psychotherapy in the past? ☐ No
☐ Yes (when? how long?) _________________________________

Has your child been evaluated by a psychologist in the past? ☐ No
☐ Yes (when?) _________________________________

Has your child been hospitalized for emotional or psychiatric reasons? ☐ No
☐ Yes (what? when?) _________________________________

What is your child currently experiencing? (check all that apply) ☐ aggression ☐ anger ☐ anxiety / panic ☐ confusion
☐ crying ☐ depression ☐ eating problems ☐ fears ☐ life adjustment problems ☐ relationship problems
☐ sleeping problems ☐ social problems ☐ substance abuse problems ☐ withdrawal

If any checked, for how long: _________________________________

03/19
Has your child experienced any of the following at school/work? (check all that apply) ☐ behavior problems ☐ detention / suspension ☐ fighting ☐ gang influence ☐ lack of friends ☐ learning disabilities ☐ poor attendance ☐ poor performance

If any checked, for how long: ____________________________________________________________

Describe your child’s current problems and concerns. ______________________________________

___________________________________________________________________________________

___________________________________________________________________________________

Has your child purposely hurt themself? ☐ No
☐ Yes (describe) ________________________________________________________________

___________________________________________________________________________________

Has your child purposely hurt another person? ☐ No
☐ Yes (describe) ________________________________________________________________

___________________________________________________________________________________

Has your child experienced physical abuse? ☐ Yes ☐ No ☐ Unsure
Has your child experienced sexual abuse? ☐ Yes ☐ No ☐ Unsure
Has your child experienced emotional or verbal abuse? ☐ Yes ☐ No ☐ Unsure

Child’s physical health? ☐ Good ☐ Fair ☐ Poor

Does your child have any serious or chronic medical or physical problems? ☐ No
☐ Yes (describe) ________________________________________________________________

___________________________________________________________________________________

Is your child currently taking any medication? ☐ No
☐ Yes (names / dosages) __________________________________________________________________

___________________________________________________________________________________

Primary-care doctor’s name: __________________________________ Telephone #: __________________________

What more do we need to know about your child? ____________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________