

DATE: _____

OMAHA HOME FOR BOYS
CLINICAL SERVICES
DEMOGRAPHIC INTAKE FORM

NAME: _____
 LAST NAME FIRST NAME MIDDLE NAME

DATE OF BIRTH: _____ BIRTH PLACE: _____ US CITIZEN? _____

PERMANENT ADDRESS: _____ Cell #: _____

SOCIAL SECURITY NUMBER: _____ MEDICAID NUMBER: _____

PRIVATE INSURANCE INFORMATION: _____

PRIVATE INSURANCE HOLDER INFORMATION: _____

ETHNICITY _____ HISPANIC RACE _____ CAUCASIAN
 _____ NON HISPANIC _____ BLACK OR AFRICAN AMERICAN

NATIONAL ORIGIN: _____ _____ HISPANIC

ASTHMA: _____ _____ MULTI RACIAL

_____ ASIAN
_____ OTHER: _____

ALLERGIES: _____

LAST PHYSICAL: _____ LAST DENTAL: _____ LAST EYE EXAM: _____

EYE COLOR: _____ HAIR COLOR: _____ HEIGHT: _____ WEIGHT: _____

SPOKEN LANGUAGE: _____ PRIMARY READING LANGUGE: _____

PLACE OF EMPLOYMENT: _____ WAGES: _____ HOURS: _____

PARENT/GUARDIAN/FOSTER PARENT INFORMATION

NAME: _____ RELATIONSHIP: _____

ADDRESS (include zip code): _____

PRIMARY CONTACT PHONE: _____

EMAIL: _____

CURRENT PROBATION/DHHS/PROMISESHIP WORKER

NAME: _____

EMAIL: _____

PHONE: _____

ADDITIONAL INFORMATION:

- **What does your family home look like (looking for single or multi-parent home)?** _____
 - How many siblings do you have? _____ How many live in your home? _____
 - Are you adopted? YES NO
 - Have either of your parents ever been incarcerated? YES NO
 - Do either of your parents have a disability? YES NO If yes, what? _____
- **History of Self-Harming? YES NO If yes, when was the last time?** _____
 - Have you ever been hospitalized overnight because you said you were going to hurt yourself? YES NO If yes, how many times? _____
 - Are you on any psychotropic medications? YES NO If yes, what? _____

- **Are you on probation? YES NO If yes, for how long?** _____
- **What are your legal charges?** _____
- **Are you affiliated with a gang? YES NO If yes, what set?:** _____
- **Out of home placements (indicate how many times for each):**
 - Detention YES NO If yes, how many different times? _____
 - Foster Care YES NO If yes, how many different foster homes? _____
 - Group Home YES NO If yes, how many different group homes? _____
 - Shelter YES NO If yes, how many different shelters? _____
- **How many times have you absconded from home?** _____
- **How many times have you absconded from an out of home placement, including foster home?**

- **Have you ever drank or used drugs including marijuana? YES NO**
 - If yes, what have you used? _____
 - What is your drug of choice? _____
 - How long have you been drinking or using substances? _____
- **Have you ever received therapeutic services (indicated how many times for each):**
 - **Outpatient Therapy:**
 - Individual YES NO If yes, how many different times? _____
 - Family YES NO If yes, how many different times? _____
 - Intensive Outpatient YES NO If yes, how many different times? _____
 - Inpatient YES NO If yes, how many different times? _____
 - IFP/MST YES NO If yes, how many different times? _____
 - Family Support YES NO If yes, how many different times? _____

- **Have you ever been legally employed/paid employment? YES NO**
 - If yes, where? _____
 - How much did you make an hour? _____
 - How many hours a week did you work? _____
- **Are you a parent? YES NO**
 - If yes, how many children do you have? _____
 - Do you have parental rights for your child? YES NO UNKNOWN

EDUCATION INTAKE:

- **What is the last school you attended? _____**
 - How many credits do you have? _____ UNKNOWN
 - Do you have an IEP? YES NO UNKNOWN
If yes, for what? _____
 - Are you in college? YES NO If yes, where do you attend? _____
If not, do you have any desire to further your education? YES NO If yes, what would you like to study? _____
 - Have you been diagnosed with any behavior disorders? YES NO UNKNOWN
If yes, what? _____
 - Do you have a learning disability? YES NO UNKNOWN
If yes, what is it? _____
 - Have you ever participated on a sports team? YES NO If yes, which one? _____
 - Have you ever participated in an extracurricular activity? YES NO If yes, what?

Return completed form to:

Daryl Howard

Email: clinicaladmissions@omahahomeforboys.org

Address: 4343 N 52nd Street, Omaha, NE 68104

Phone: 402.457.7042