



# Kids' Voice of Indiana



## Intake Information

Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship to child(ren): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Education: High School \_\_\_\_\_ College \_\_\_\_\_ Other \_\_\_\_\_

**Please check below all that apply to you or the child, and specify who it applies to:**

Child Physical Abuse	_____	Robbery	_____
Child Sexual Abuse	_____	Elder Abuse	_____
Adults Molested as Children	_____	Survivors of Homicide	_____
Adult Sexual Assault	_____	Other Violent Crimes	_____
Other Assault	_____	Mental Abuse	_____
Domestic Violence	_____	Neglect	_____
DUI/DWI Incidents	_____	Effects of Substance Abuse	_____

**Explain the Above:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Information on Child(ren)** (Please list the names, date of birth and social security number of each child.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Contributing Health Factors** (Please include any health condition, surgeries, medications, or allergies for you or the child.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Your Involvement with Drugs/Alcohol** (Specify to what extent.)

\_\_\_\_\_  
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**Presenting Issues** (explain Reason for Referral.) \_\_\_\_\_

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**Please List Any Other Services You Are Involved With** \_\_\_\_\_

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**Name, Phone, and Address of Attorney** \_\_\_\_\_

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**Any Other Relevant Information Regarding Your Case** \_\_\_\_\_

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_