



Intake: _____

Family Intake Questionnaire

Your Name _____ Birthdate _____
 Your relationship to the child(ren): I am the child(ren's) _____
 Address _____
 City _____ State _____ Zip Code _____ County _____
 Daytime Phone _____ Evening Phone _____
 E-Mail Address _____
 Occupation _____
 Employer _____
 May we call you at work? yes no
 Name of Emergency Contact (1) _____
 Relationship to the child _____ Telephone _____
 Name of Emergency Contact (2) _____
 Relationship to the child _____ Telephone _____

Name of person(s) who will be bringing the child(ren) to Erin's House:

Name	Relationship to child	Telephone
_____	_____	_____
_____	_____	_____

Please list the children who will be attending:

Name	Birth Date	Age	Gender
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Who was the person that died?

Name _____
 Birthdate _____
 Date of Death _____
 Cause of Death _____
 S/he was my _____
 S/he was the child(ren's) _____
 Have the children been told *everything* about the death? () Yes () No
 If not, what have they *not* been told? _____
 Were the children involved in the burial, funeral, or memorial service? () Yes () No
 What other deaths or losses has your family experienced in the last 12 months?



Is your child experiencing any of the following *since* the death occurred?
(Please ask your child for input)

- loss of appetite
- increased irritability
- sleeplessness
- violent behavior
- run away or attempt
- my child is displaying other behavior or has other symptoms (Please explain)
- bed wetting
- forgetfulness
- nightmares or bad dreams
- physical aches or pains
- suicide attempt or thoughts

Is your child currently receiving counseling or therapy? yes no

Please list any medication(s) your child is currently taking:

Child's Name	Name of Medication	Reason for Medication

How did you hear about Erin's House? _____

I understand that Erin's House for Grieving Children offers peer support groups and services to my family. My child(ren) and I are here to share our experiences of death with others while being supported in an environment that nurtures affirmation, trust, confidentiality, acceptance, peace, and hope. I understand that Erin's House does not offer assessments, diagnosis, evaluations, counseling, or therapy.

Signature

Date



Please fill out this section of very important information. We gather this data to understand whom we are serving in an effort to provide the most effective service.

1. My current marital status is

- Single
- Single Head of Household
- Married
- Divorced
- Widow/Widower

2. The ethnic group my family most identifies with is (check all that apply)

- African American
- Asian
- Caucasian
- Hispanic/Latino
- Native America
- Other _____

3. Income Guidelines: Step 1 (top column) Circle number of persons in your household.
Step 2 – Circle your household income in that column.

1	2	3	4	5	6	7	8
0- \$11,850	0- \$13,500	0- \$15,250	0- \$16,900	0- 18,250	0- \$19,650	0- \$21,000	0- \$22,350
\$11,851- \$19,750	\$13,501- \$22,550	\$15,251- \$25,400	\$16,901- \$28,200	\$18,251- \$30,450	\$19,651- \$32,700	\$21,001- \$34,950	\$22,351- \$37,200
\$19,751- \$31,600	\$22,551- \$36,100	\$25,401- \$40,600	\$28,201- \$45,100	\$30,451- \$48,750	\$32,701- \$52,550	\$34,951- \$55,950	\$37,201- \$59,550
\$31,601 +	\$36,101 +	\$40,60 +	\$45,101+	\$48,751 +	\$52,551+	\$55,951 +	\$59,551 +

4. My children attend school at

- East Allen Schools (EACS)
- Fort Wayne Community Schools (FWCS)
- Home Schooled
- Northwest Allen County Schools (NACS)
- Parochial School
- Southwest Allen County Schools (SACS)
- Outside Allen County Schools _____

5. My child(ren) receive free or reduced lunches _____



Family Press Release

I give consent as parent/ guardian for my child(ren) _____,
_____, _____, _____,
to be interviewed, photographed and/ or video taped.

These pictures and videos will be used for information, education and promotion of Erin's House for Grieving Children's programs and services. These materials may also be used in conjunction with commercials, with agencies and in the community at large.

Parent or Guardian's Signature

Date