



Family Intake Questionnaire

Your Name: _____
 Your relationship to the child(ren): I am the child(ren)'s: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____ County: _____
 Home Phone: _____ Cell Phone: _____
 E-Mail Address: _____
 Occupation: _____
 Employer: _____
 May we call you at work? Yes No Work Phone: _____
 Which number is best to reach you at? Home Cell Work
 Name of Emergency Contact (Primary): _____
 Relationship to the child: _____ Telephone: _____
 Name of Emergency Contact (Secondary): _____
 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: _____
 Birth Date: _____
 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(ren) experiencing any of the following **since** the death occurred? *(Please ask your child for input)*

- | | |
|--|---|
| <input type="checkbox"/> angry or violent behavior | <input type="checkbox"/> overactive or hyper behavior |
| <input type="checkbox"/> change in appetite (increase/decrease) | <input type="checkbox"/> physical aches or pains |
| <input type="checkbox"/> fear or separation anxiety | <input type="checkbox"/> repeated questioning |
| <input type="checkbox"/> forgetfulness | <input type="checkbox"/> sleeplessness |
| <input type="checkbox"/> increased irritability | <input type="checkbox"/> suicide attempt or thoughts |
| <input type="checkbox"/> nightmares or bad dreams | <input type="checkbox"/> withdrawing |
| <input type="checkbox"/> my child is displaying other behavior or has other symptoms <i>(Please explain)</i> | |

Is your child currently receiving counseling or therapy? Yes No

Does your child have a diagnosis that could impact them in a group setting? Yes No

Does your child require special considerations while in a group setting? Yes No

Please explain: _____

How did you hear about Erin's House? _____

I understand Erin's House for Grieving Children offers peer support groups and services. 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 Erin's House does not offer assessments, diagnosis, evaluations, counseling, or therapy.

Signature

Date

Family Press Release:

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

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

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
- Multiracial
- 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 County Schools (EACS)
- Fort Wayne Community Schools (FWCS)
- Northwest Allen County Schools (NACS)
- Southwest Allen County Schools (SACS)
- Parochial School _____
- Charter School _____
- Outside Allen County Schools _____
- Home Schooled
- Not School Age

5. My child(ren) receive free or reduced lunch:
 Yes No

6. Which program evening works best for your family to attend twice a month?

- Monday
- Tuesday
- Thursday