

**Edwin Fair Community Mental Health Center Systems of Care**

**-------Youth 4 to 21 years of age-------**

**Health Home Enrollment**

Site: Enrollment Date: / /

Youth Name: Date of Birth: / /

Gender: [ ]  Female [ ]  Male Member ID #:

Social Security #: Is this a Young Adult in Transition? [ ]  Yes

OKDHS KK #: (if OKDHS involved)

[ ]  Child Protective Services [ ]  Family Centered Services [ ]  Permanency Planning

OJA #: (if OJA involved)

Race / Ethnicity: *(Check all that apply.)*

 [ ]  White [ ]  Black / African American [ ]  American Indian [ ]  Hispanic / Latino

 [ ]  Asian [ ]  Other *(Specify)*:

If **Latino**, which group describes her/his cultural background?

 [ ]  Mexican / Mexican-American [ ]  Puerto Rican [ ]  Cuban

 [ ]  Dominican [ ]  Central American [ ]  South American [ ]  Other *(Specify)*:

If **American Indian**, please indicate:

 Enrolled Tribe: Other Tribal Identification

Caregiver Name: Relationship to Child:

Address:

City: County: State: Zip Code:

Home Phone: Work Phone: Cell Phone:

School: School Phone:

**Youth Risk Factors *(please check all that apply)***

|  |  |
| --- | --- |
| [ ]  Runaway / leaving home without permission | [ ]  Chronic illness |
| [ ]  Withdrawal from family, social activities | [ ]  Self-harming behavior |
| [ ]  Recent dramatic changes in eating habits, sleep pattern or body weight | [ ]  Repeated incidents of lying, stealing, property destruction |
| [ ]  Age or developmentally inappropriate bed-wetting or soiling | [ ]  Physical aggression toward authority figures, family members, peers |
| [ ]  Inappropriate sexual behavior | [ ]  Intentionally hurts others |
| [ ]  Perpetrator of sexual abuse | [ ]  Intentionally hurts animals |
| [ ]  Victim of sexual abuse | [ ]  Sets fires |
| [ ]  Victim of physical abuse | [ ]  Involvement in criminal activity |
| [ ]  Use or abuse of alcohol or drugs | [ ]  Declining school grades, truancy, poor attendance |
| [ ]  Attempted suicide or suicidal thoughts | [ ]  School suspensions / expulsions |
| [ ]  Hallucinations – aural, visual or tactile | [ ]  Developmental delays |
| [ ]  History of inpatient psychiatric hospitalization(s) | [ ]  History of neglect |

**Caregiver / Family Risk Factors *(please check all that apply)***

|  |  |
| --- | --- |
| [ ]  Chronic physical illness in family | [ ]  Parental incarceration |
| [ ]  Family history of mental illness, psychiatric hospitalization or substance abuse | [ ]  History of domestic violence |
| [ ]  Suicide attempts | [ ]  Poverty |
| [ ]  Victim of physical abuse (other than youth) | [ ]  Other children in foster care |
| [ ]  Victim of sexual abuse (other than youth) | [ ]  Youth exposed to substance abuse in the home |

**Trauma Factors *(please check all that apply)***

|  |  |
| --- | --- |
| [ ]  Car accident | [ ]  Verbal / emotional abuse |
| [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Physical assault |
| [ ]  Fire | [ ]  Sexual assault |
| [ ]  Storm | [ ]  Death of a close friend or relative |
| [ ]  Victim of bullying | [ ]  Divorce of parent/caregiver |