

**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 | |