

CLIENT INFORMATION

OTHER AGENCIES INVOLVED, CURRENT OR PAST. (STATE AGENCY NAME, CONTACT PERSON, INCLUDING MHC TEAM WORKER, PROBATION OFFICER, WORKSHOP CONTACT, CHURCH OR SOCIAL SERVICE WORKER.)

STATE ANY PAST OR PRESENT CHILD WELFARE INVOLVEMENT FOR CLIENT, CLIENT'S CHILDREN (E.G. FOSTER HOME PLACEMENT; CHILD APPREHENSION, ETC.)

STATE ANY PAST OR CURRENT CRIMINAL CHARGES, CONVICTIONS, PAROLE OR INCARCERATIONS.

LANGUAGE SPOKEN	IS CLIENT FUNCTIONAL IN ENGLISH? (IF NO, EXPLAIN) <input type="checkbox"/> YES <input type="checkbox"/> NO	CULTURAL/RELIGIOUS BACKGROUND
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SPOUSE'S NAME	SURNAME	FIRST	HOME TEL No.	BUSINESS TEL No.
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CHILDREN OF CLIENT	NAME	AGE	NAME	AGE
	NAME	AGE	NAME	AGE

DO FAMILY OR SIGNIFICANT RELATIVES VISIT CLIENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF CONTACT REGARDING DECISIONS ABOUT CLIENT	RELATIONSHIP	HOME TEL No.	BUSINESS TEL No.
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COMMENTS REGARDING FAMILY CONTACT (SUPPORTIVE/NON SUPPORTIVE)

SERVICE HISTORY

EDUCATION / VOCATIONAL TRAINING / EMPLOYMENT HISTORY

HAS CLIENT ATTENDED ANY COMMUNITY ACTIVITY PROGRAMS OR SHELTERED WORKSHOPS? YES NO NOT KNOWN IF YES, LIST

AGENCY NAME	REASON FOR LEAVING/COMMENTS	DATES

LIST HOBBIES OR SPECIAL ABILITIES OF CLIENT.

LIST PREVIOUS COMMUNITY RESIDENTIAL PLACEMENTS

NAME OF FACILITY	REASON FOR LEAVING/COMMENTS	DATES

ASSESSMENT DATE	YYYY	MM	DD	CLIENT FAMILY NAME
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