

Tahoe Youth & Family Services

PARENT/GUARDIAN

QUESTIONNAIRE

Parent/Guardian

Today's Date: ____ / ____ / ____

Client #: _____

Child's Name: _____

Parents Information: Mother

Mother: _____

Age: _____

Date of Birth: ____ / ____ / ____

Place of Birth: _____

Street Address: _____

Mailing Address: _____

Home Phone: (____) ____ - ____

Work Phone: (____) ____ - ____

Ethnicity/Race: _____

Marital Status: _____

Last Grade Completed: _____

Diploma/Degree: _____

Children:

Name: _____

Date of Birth: ____ / ____ / ____

Name: _____

Date of Birth: ____ / ____ / ____

Name: _____

Date of Birth: ____ / ____ / ____

Name: _____

Date of Birth: ____ / ____ / ____

Parent Information: Father

Father: _____

Age: _____

Date of Birth: ____ / ____ / ____

Place of Birth: _____

Street Address: _____

Mailing Address: _____

Home Phone: (____) ____ - ____

Work Phone: (____) ____ - ____

Ethnicity/Race: _____

Marital Status: _____

Last Grade Completed: _____

Diploma/Degree: _____

Children:

Name: _____

Date of Birth: ____ / ____ / ____

Name: _____

Date of Birth: ____ / ____ / ____

Name: _____

Date of Birth: ____ / ____ / ____

Name: _____

Date of Birth: ____ / ____ / ____

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A UNITED WAY AGENCY A PRIVATE NON-PROFIT CORPORATION

The following questions will allow us to find out more about the problems you are dealing with. By giving these questions your full attention, you will help us better assist you, and it will help you to clarify the problems you want to work on.

Please list some of the problems you are encountering being a parent.

What are some of the current behaviors of your child (or children) that concern you the most?

In what ways have you tried to solve these problems on your own?

What past events do you feel may have contributed to the current problems/concerns?

Please list three goals you would like to accomplish for you, your child, or your family.

1.

2.

3.

Specifically, what do you feel we can do to help you and your child/children accomplish these goals?

Please check all the behaviors or symptoms that you believe your child has experienced.

- | | |
|--|--|
| <input type="checkbox"/> Lack of energy | <input type="checkbox"/> Changes in eating patterns |
| <input type="checkbox"/> Feelings of sadness or depression | <input type="checkbox"/> Low self-esteem |
| <input type="checkbox"/> Irritability | <input type="checkbox"/> Feelings of hopelessness or guilt |
| <input type="checkbox"/> Trouble sleeping | <input type="checkbox"/> Thoughts of suicide |
| <input type="checkbox"/> Difficulty concentrating | <input type="checkbox"/> Lack of caring about anything |

- Isolation and/or trouble making or keeping friends
- Suicide attempt
- Feeling restless or nervous
- Having racing thoughts
- Excessive worrying
- Confused thinking or mind “going blank”
- Avoiding certain situations or people
- Panic attacks
- Poor body image
- Perfectionism
- Eating very little or fasting
- Exercising frequently
- Overeating
- Vomiting after eating
- Dental problems
- Being “hyper”
- Having difficulty paying attention
- Being fidgety or restless
- Reading or learning disability
- Problems getting along with others
- Losing temper often
- Arguing with adults and/or refusing to obey authority figures
- Often blaming others for his/her mistakes
- Overly sensitive, “touchy”, vindictive
- Initiates fights
- Cruel to animals or people
- Steals things
- Deliberately sets fire or destroys others’ property
- Lies, manipulates or “cons”
- Has sneaked out & stayed out all night before age 13
- Has run away (How many times? _____)
- Truant from school before age 13
- Expresses severe disgust in others
- Has nightmares or flashbacks about being abused
- Increase in aggressive behavior
- Major increase or decrease in interest in sex
- Anger, rage or fear towards certain people
- Thumb sucking
- Baby talk
- Bed wetting
- Problems with parent(s)
- Problems with sibling(s)
- Problems with other significant person
- Academic problems
- Attraction to the same sex
- Problems adapting from old culture to new
- Mood swings
- Change in friends
- Drop in grades and/or extended absences or tardies
- Poor self-image (“I’m a loser”)
- Low energy, sleeping more
- Withdrawal from family and close friends
- Hearing voices when not under the influence of drugs or alcohol
- Hallucinations when not under the influence of drugs or alcohol
- Head injury (Date: _____ / _____ / _____)
- Sexual abuse
- Physical abuse
- Emotional abuse
- Witnessed or experienced traumatic event (car crash, earthquake, etc.)
- Nightmares
- Feeling numb or detached (“in a daze” or “out of it”)
- Irritable
- Unable to remember or recall certain events
- Has access to guns or weapons

Have any of the following situations happened in your family? If so, when?

Situation	Year Occurred
<input type="checkbox"/> Parents' divorce	_____
<input type="checkbox"/> Custody battle	_____
<input type="checkbox"/> Death in the family (Who? _____)	_____
<input type="checkbox"/> Significant person leaving (Who? _____)	_____
<input type="checkbox"/> Arrest (Who? _____)	_____
<input type="checkbox"/> Accident or injury (Who? _____)	_____
<input type="checkbox"/> Physical or sexual assault	_____
<input type="checkbox"/> Major family illness (mental or physical)	_____
<input type="checkbox"/> Recent move	_____
<input type="checkbox"/> Family member in jail	_____
<input type="checkbox"/> Pregnancy	_____
<input type="checkbox"/> Expulsion or suspension from school	_____
<input type="checkbox"/> Witnessing a crime or being a victim of one	_____
<input type="checkbox"/> Family member using drugs or alcohol	_____
<input type="checkbox"/> Adoption or Foster Services	_____
<input type="checkbox"/> Other: _____	_____

Please use the space below for any additional thoughts or concerns you may have regarding your child/ children.

SLIDING FEE SCALE FOR GROUP SESSIONS

Verification of family income is required by submitting a copy of a recent check stub, tax form, or bank statement. AFDC, SSI, unemployment, and disability income recipients are eligible for a fee waiver with documentation of such income.

Monthly Gross Income	Number in Household					
	1	2	3	4	5	6 & over
0 – 1000	90	90	78	66	54	30
1001 – 1500	119	95	95	71	54	30
1501 – 2000	153	129	112	100	83	59
2001 – 2500	182	158	141	129	107	78
2501 – 3000	211	187	170	158	141	112
3001 – 3500	240	216	199	187	170	141
3501 – 4000	269	245	228	216	199	170
4001 – 4500	298	274	257	245	228	199
4501 – 5000	327	303	291	274	257	228
5001 – 5500	356	332	320	303	286	257
5501 – 6000	385	361	349	332	315	286
6001 – 6500	414	390	378	361	344	315
6501 – 7000	443	419	407	390	373	344
7001 – 8000	490	448	424	412	400	388
8001 & above	545	545	545	545	545	545

I, _____, do hereby agree to the terms set forth in the following contract agreement for outpatient individual and family sessions.

The fee for group counseling is \$ _____ per 12 week session and includes one individual intake packet. Payment in full is expected prior to the start of group. No one will be admitted to the group without prior payment in full.

I understand that failure to comply with the provisions of my financial contract may result in the termination of services until past due fees have been paid in full.

Section 11841 of the present State of California Health & Safety Code requires that Tahoe Youth & Family Services collect a fee for any counseling provided whenever showing an ability to pay.

_____ / ____ / ____

Parent/Guardian Signature

Date