



# FAMILY INFORMATION FORM

Date \_\_\_\_\_

Your name: \_\_\_\_\_

CHILDREN – Please list by age starting with the oldest	DOB	M	F	Age	Grade	School
1 _____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
2 _____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
3 _____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
4 _____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

### DATES AND TIMES SPENT IN EACH PARENTS HOME

Father  Mother  Other (specify) \_\_\_\_\_ Days/Times \_\_\_\_\_

Father  Mother  Other (specify) \_\_\_\_\_ Days/Times \_\_\_\_\_

Have you notified your co-parent that you are bringing your child(ren) for services?

No  Yes  N/A  Please Initial \_\_\_\_\_

If you have joint legal custody, did your co-parent agree your child(ren) can receive services?

No  Yes  N/A  Please Initial \_\_\_\_\_

### PLEASE FULLY COMPLETE FOR BOTH PARENTS/GUARDIANS

**PARENT/GUARDIAN**

Name \_\_\_\_\_ DOB \_\_\_\_\_

Father  Mother  Other (specify) \_\_\_\_\_

**HOME ADDRESS** \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Able to leave a voicemail?  yes

Email Address \_\_\_\_\_

Preferred method of contact  phone  email

**OCCUPATION / EMPLOYER** \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext \_\_\_\_\_

**RELATIONSHIP HISTORY** (please complete all that apply)

Never Married

Married Date \_\_\_\_\_

Separated Date \_\_\_\_\_

Divorced Date \_\_\_\_\_

Remarried Date \_\_\_\_\_

**OTHERS LIVING IN HOME** (eg. Step-parent/Grandparent/Sibling)

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Age \_\_\_\_\_

**PARENT/GUARDIAN**

Name \_\_\_\_\_ DOB \_\_\_\_\_

Father  Mother  Other (specify) \_\_\_\_\_

**HOME ADDRESS** \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Able to leave a voicemail?  yes

Email Address \_\_\_\_\_

Preferred method of contact  phone  email

**OCCUPATION / EMPLOYER** \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext \_\_\_\_\_

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**OTHERS LIVING IN HOME** (eg. Step-parent/Grandparent/Sibling)

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Age \_\_\_\_\_

What is your reason for coming? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical History**

Do you or your children have any medical / physical conditions or disabilities?  No  Yes

Please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you or your children currently on any kind of medication?  No  Yes

If yes, please list medications and dosages

Name of person	Medication	Dosage	Name of person	Medication	Dosage
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Counseling History:**

Have you or your children participated in a Kids In The Middle program before?  No  Yes

Do any family members have a history of counseling or mental health diagnoses?  No  Yes

Do your children have any developmental delays, special needs or learning disorders?  No  Yes

Please explain any yes answers, including professionals seen \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are any family members currently receiving counseling and/or psychiatric care?  No  Yes

If yes, please explain including professionals seen \_\_\_\_\_  
\_\_\_\_\_

**Legal History / Status**

Are there any ongoing legal issues (including restraining orders)?  No  Yes

If yes, please explain \_\_\_\_\_

Do you have a Guardian Ad Litem?  No  Yes Name \_\_\_\_\_

Do you have any reason to be fearful for your safety or the safety of your child?  No  Yes

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

**Note that it is our policy to notify the other parent when a child is enrolled in one of our programs.**

Do you have any concerns about the other parent being contacted by us?  No  Yes

If yes, please explain \_\_\_\_\_

Who referred you to Kids In The Middle? \_\_\_\_\_

Who should we contact in case of an emergency?

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Your signature \_\_\_\_\_ Date \_\_\_\_\_

I would like to opt-out of receiving communications (i.e. newsletters, e-blasts, etc.) from KITM.