



Intensive In-Home Intake Sheet

•14900 Bogle Drive, Suite 200 • Chantilly, VA 20151-1652 • 703-817-9890 • FAX 703-817-9860 • www.fcsva.org

FAPT/FAST Court Ordered Agency Placement Private Placement

Name of Caller _____ Agency _____

Date _____ Phone # _____

Name of Child _____ DOB _____

Race _____ Religion _____

Language _____ Need Interpreter YES NO

Child's Home Address: Street _____

City _____ Zip Code _____ County _____

Name of Parent(s) who will participate in Services _____

Parent(s)'s Relationship to child: Biological Foster Adoptive Other

Requested Start Date: _____

Requested Hours: _____

Reason for referral

Strengths/ (+) Bxs re: living situation

Weaknesses/ (-) Bxs re: living situation

School (location, grade, adjustment, IEP)

Previous Therapy (where, how often)

Diagnosis

Medication

History of Abuse: Sexual Physical Verbal Emotional N/A

History of: Sexual acting out YES NO
Physical aggression YES NO
Verbal aggression YES NO

History of neglect YES NO

History of Substance Abuse YES NO

Placement History

Other Family in the Home (siblings, etc)

Medical/Health Issues

Type of Counselor needed

AA Hispanic Caucasian N/A

Male Female N/A

Service Needs

Staffing Attendees: _____ **Date:** _____

Meets Criteria YES NO
Placed YES NO

Counselor Considered _____
Placement Date _____

Reasons placed/not placed

FCSVA Staff Signature

Date