FINS
FAMILIES IN NEED OF SERVICES
NEW ORLEANS

FAMILIES IN NEED OF SERVICES INTAKE FORM

Orleans Parish

REFERRING AGENCY: _____ **Phone:** _____ **Email:** _____

If the referring entity is a school, referrals shall only include truancy, violation of school rules, and/or the failure of a parent/guardian/caretaker to attend school meetings. A school referral shall at minimum include documentation demonstrating meetings with the child, meetings/telephone calls with the child's caretaker, and referral of the child to the school behavior support personnel prior to referral.

Referral Date: _____ / _____ / _____ **Date of Intake Interview Appt**: ____ / ____ / _____

Referral Source: ☐ Guardian/Parent(s) ☐ DCFS ☐ School ☐ Hospital Social Worker ☐ Other: _____

Referrals Name: _____ **Phone:** _____ **Email:** _____

FAMILY INFORMATION

Youth's Name: _____ **SSN:** _____

☐ Male ☐ Female ☐ Non-Binary ☐ Transgender

Date of Birth: _____ / _____ / _____ **Age:** _____ **Email:** _____

Parent/Caretaker's Name: _____ **Relationship:** _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Height: _____

Weight: _____

Eye Color: ☐ Black ☐ Blue ☐ Brown ☐ Gray ☐ Green ☐ Hazel ☐ Other: _____

Hair Color: ☐ Black ☐ Blue ☐ Brown ☐ Gray ☐ Green ☐ Hazel ☐ Other: _____

Identifying Scars/Marks/Tattoos: _____

Ethnicity/Race: ☐ African American/Black ☐ Asian ☐ Caucasian/White ☐ Hispanic/Latino ☐ Other: _____
☐ American Indian/Alaskan Native ☐ Native Hawaiian/Other Pacific Islander ☐ Multicultural/Multiracial

Name of Biological Parent Living Outside the Home: _____ **Phone:** _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Name of Biological Parent Living Outside the Home: _____ **Phone:** _____

Physical Address: _____ City: _____ State: _____ Zip: _____

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NUMBER OF OTHERS LIVING IN THE HOME:

Number of Adults: _____ **Number of Children**: _____

Please include the name, date of birth, and relationship of each child and adult living in the

Name	Date of Birth	Age	Relationship

PEDIATRICIAN INFORMATION

Pediatrician Name:		**Phone:**	
Address:		**Date of Last Visit:**	

DENTIST INFORMATION

Dentist Name:		Phone:	
Address:		**Date of Last Visit:**	

SCHOOL INFORMATION

Is the youth enrolled in school? ☐ Yes or ☐ No If the youth is not in school, why not?

_____

_____

How many schools has the youth attended? _____

School Enrolled Currently: _____ **School ID#** _____

Grade: _____ **Enrolled Since:** _____ **Last Grade Completed:** _____

Special Education: ☐ Yes or ☐ No

Classification: ☐ IEP ☐ IAP ☐ Sped ☐ 504 Accommodation ☐ BIP

Date of Most Recent IEP: _____ **Date of Last School Evaluation:** _____

Other Notes:_____

_____

_____

_____

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CURRENT SUPERVISION

Is this family currently under the supervision of any state or local entity including but not limited to:

☐ Department of Children & Family Services

☐ Office of Juvenile Justice

☐ Other: _____

☐ N/A

REFERRAL INFORMATION

Grounds for Referral: Referring entities shall utilize all appropriate and available resources prior to filling a referral and at the time of the referral provide written documentation describing the alleged behavior and the steps that have been taken prior to referring the youth.

Referrals alleging that a family is in need of services must assert one or more of the following:

☐ 1. That a youth is truant or has willfully & repeatedly violated lawful school rules.

☐ 2. That a youth is ungovernable

☐ 3. That a youth is a runaway

☐ 4. That a youth has repeatedly possessed or consumed intoxicating beverages, or that he/she has misrepresented or deceived his/her age for the purpose of purchasing or receiving such beverages from any person or has repeatedly loitered around any place where such beverages are the principle commodities sold or handled.

☐ 5. That a youth has committed an offense applicable only to children.

☐ 6. That a youth under ten years of age has committed any act, which if committed by an adult would be a crime under any federal, state, or local law.

☐ 7. That a caretaker has caused, encouraged, or contributed to the youth's behaviors enumerated in Article VIII or to the commission of delinquent acts as defined in Title VIII.

☐ 8. That, after notice, a caretaker has willfully failed to attend a meeting with the youth's teacher, school principal, or other appropriate school employee to discuss the youth's truancy, the youth's repeated violation of school rules, or other serious educational problems of the youth.

☐ 9. That a youth has been found incompetent to proceed with a delinquency matter under Art. 832 et seq.

☐ 10. A youth found to have engaged in cyber bullying.

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FAMILY HISTORY

Number of biological siblings living outside the home: _

What is the family income range?

☐ $0 - $9,999 ☐ $10,000 - $19,999 ☐ $20,000 - $29,999

☐ $30,000 – $39,999 ☐ $40,000 - $49,999 ☐ $50,000 +

Does the family receive public assistance? ☐ Yes ☐ No

☐ SNAP ☐ Housing Assistance ☐ Medicaid ☐ LaChip ☐ Other: _____

Medical Insurance Plan Information: _____

Is the caretaker currently employed? ☐ Yes ☐ No

Is the youth currently employed? ☐ Yes ☐ No

Has the caregiver been unemployed for one year or more? ☐ Yes ☐ No

Is there a history of domestic violence in the family? ☐ Yes ☐ No

Is there a past/present history of Incarceration of parent/guardian? ☐ Yes ☐ No

History of homelessness? ☐ Yes ☐ No

History of parent/caregiver mental illness or substance abuse? ☐ Yes ☐ No

History of involvement in the child welfare system (Child Protection/DCFS)? ☐ Yes ☐ No

Any parent deceased or disabled? If so, which one? _____

Current or past FINS involvement of other children in home?

YOUTH'S BEHAVIOR

Please ask the following interview questions in an understanding, conversational manner. You may ask these questions with your own wording.

Behaviors at School: ☐ Violates School Rules ☐ Unruly/Ungovernable ☐ Suspensions

☐ Violates Attendance Rules/Skip Classes/Excessive Tardies/Truant

Other School Behaviors Not Covered by List: _____

_____

1. Has the youth been held back one or more grades? ☐ Yes ☐ No
   If so, what grades: _____
2. Has the youth been expelled within the last calendar year? ☐ Yes ☐ No
   Number of suspensions _____ Number of Expulsions _____
3. Does the youth participate in any extracurricular activities or have any interests? ☐ Yes ☐ No

   ☐ Art ☐ Music ☐ Religious ☐ Sports ☐ Work ☐ Other: _____
4. Is the youth a member of a gang? If yes, which gang and for how long: ☐ Yes ☐ No
   _____
5. Has the youth been diagnosed with a mental illness? If yes, then please describe (Prescribed medications): ☐ Yes ☐ No
   _____
6. Has the youth been hospitalized for emotional disorders? ☐ Yes ☐ No
   Last admission date (year): _____

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7. Does the youth have any close friends or a best friend?	☐ Yes ☐ No
8. Does the youth associate with negative peer influences?	☐ Yes ☐ No
9. Does the youth associate with positive peer influences?	☐ Yes ☐ No
10. Does the youth leave home without permission?	☐ Yes ☐ No
11. Does the youth participate in delinquent or illegal activities?	☐ Yes ☐ No
12. Does the youth have access to a gun or weapon in the home?	☐ Yes ☐ No
13. Has the youth been arrested? If so, when_____	☐ Yes ☐ No
14. Has the youth been victim of violence?	☐ Yes ☐ No
15. Has the youth recently experienced separation from or the death of a parent, other close relative or friend?	☐ Yes ☐ No
16. Does the youth experience frequent anxiety, crying spells, sadness, or mood swings?	☐ Yes ☐ No
17. Is the youth depressed?	☐ Yes ☐ No
18. Is the youth experiencing self-harming behaviors, (cutting, picking skin, pulling hair etc.)?	☐ Yes ☐ No
19. Does the youth have thoughts of harming others?	☐ Yes ☐ No
20. Does the youth demonstrate frequent or excessive anger?	☐ Yes ☐ No
21. Is the youth violent?	☐ Yes ☐ No
22. Has the youth run away from?	☐ Yes ☐ No
23. Has the youth ever been prescribed medication for mental illness?	☐ Yes ☐ No
24. Does the youth have a history of substance abuse?	☐ Yes ☐ No
25. Is the youth sexually active?	☐ Yes ☐ No
26. Is the youth suicidal?	☐ Yes ☐ No
27. Has the youth received any inpatient/outpatient treatment (including drug court) for substance abuse? If yes, complete the substance abuse questions below	☐ Yes ☐ No

SUBSTANCE ABUSE QUESTIONS

Has the youth ever tried alcohol/drugs? If yes, drug of choice: _____ _____	☐ Yes ☐ No
Urine drug screen completed: If positive, for what:_____	☐ Yes ☐ No ☐Current ☐Past

Notes: _____

_____

_____

_____

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MENTAL HEALTH HISTORY		
Suicide/Homicide:	Have you ever had thoughts of wanting to hurt yourself?	☐ Yes ☐ No
	Have you had thoughts of hurting others?	☐ Yes ☐ No
	XIII. SUICIDE & SELF HARM ASSESSMENT ALGORITHM SUPPLEMENT **Current Suicidal Intent** *(For each item checked, enter points indicated.)*	
	Client is currently having thoughts of suicide, death, or hurting self. (15 points)	
	Client has a specific plan to carry out suicide or self-harm (14 points)	
	Client has intent to commit suicide or inflict harm upon self or others. (15 points)	
	Client has the ability or means to carry out the plan of suicide or self-harm.(10 points)	
	Total	

HISTORY OF SUICIDAL BEHAVIOR AND CURRENT PREDISPOSING FACTORS		
	Client has prior history of suicidal ideation. (2 points)	
	Client has had previous history of suicide attempts or gestures (2 points)	
	Client has a family history of suicide or suicide attempts. (2 points)	
	Client has been previously hospitalized for psychiatric illness. (1 point)	
	Client has severe or chronic health problems, terminal illness, or chronic pain. (3 points)	
	Client feels hopeless and/or helpless. (3 points)	
	Client is male. (1/2 point)	
	Client is single. (1/2 point)	
	Client is unemployed. (1/2 point)	
	Client has recently made a will. (1/2 point)	
	Client has recently given away meaningful possessions. (1/2 point)	
	Client's age is less than 19 or greater than 45. (1/2 point)	
	Total	

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Notes:

Referrals Sought:
Specific areas of concern for which the family is seeking assistance/community referrals (check all that apply)

☐ **Educational** ☐ **Social** ☐ **Mental health** ☐ **Rule setting**
☐ **Recent loss or separation** ☐ **Risky behaviors** ☐ **Life Skills**

☐ **Other:** _____

Date of Complaint: _____

Date Complaint Received: _____

Decision: ☐ **Accept** ☐ **Warn/Flag** ☐ **Reject**

Parent/Caretaker should be notified of the FINS referral and the voluntary nature of the Informal FINS Process

Name of FINS Officer: _____

Signature: _____

Date: _____

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For Staff Use Only

SCORE INTERPRETATION	
Score	**Suggestions/Recommendations**
0 - 4	Minimal factors suggesting suicide risk.
5 - 8	Moderate factors, however, client is currently not expressing any suicidal thought. Verify reports of current ideation. Client should be seen or contacted regularly, screen for depression, repeat suicide assessments regularly, ensure that client has or will establish a supportive network. **Consult with supervisor or other treatment professional**.
9 - 14	Factors are numerous although no report of current suicidal ideation. Closely monitor client and re-assess for suicide risk and depression. Attempt to address and seek resolution to factors as appropriate. Consider a ***"Plan of Safety"*** contract. **Consult with your supervisor as well as refer for further treatment and/or counseling to further investigate issues reported.**
15 - 20	Factors are severe or client has reported current ideation. Risk is moderate. Consider clients support network in decision for level of care. If support network is inadequate, consider higher level of care. If support network is adequate client should be seen very frequently (daily, every other day) to be re-assessed for depression and suicide risk. Consider partial day program, intensive outpatient, etc. Preferable client does not live alone. Supervision of the client may be needed. ***"Safety Plan"*** contract. **Consult**.
21 - 29	Inpatient or partial day program strongly recommend. For patient to be maintained outside of inpatient facility, the client must be always supervised. Harmful items should be removed from home. **Client should be seen daily, Refer for continued evaluation.**
30+	Inpatient Facility. Consult