

## Minor Children Information Form

### REQUIRED FORM:

This is not a required form. This form will be used as a supplement in programs collecting additional information regarding minor children

### WHEN:

Completed at Screening/Intake Admission

### COMPLETED BY:

Authorized agency representative and client

### REQUIRED ELEMENTS:

- **Client's Name:** Complete client's full name.
- **Date of Admission:** Complete the admission date.
- **Child's Name:** Complete child's full name.
- **Gender:** Complete child's gender (e.g., Male, Female).
- **Age:** Complete the age of the child.
- **Who Do They Live With:** Complete the child's current living situation (e.g., with the client, grandparents, foster care, other parent, etc.).
- **Will They Be Entering the Program:** Complete appropriate yes or no.