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.