

LODESTAR INTAKE FORM: Sibling

Items marked with a circled star (★) are optional.

Funding Source: Sibling Other1 Other2

Client ID No. _____	Case Manager _____
Client Name _____	_____
First and Middle	Last
Client's Birth (maiden) Last Name _____	County of Birth _____
<i>(If different than above)</i>	<i>(if born in California)</i>
Sex _____ Date of Birth ____/____/____	Client's Mother's First Name _____
1-Female 2-Male	MM / DD / YY

★ **Referral Source** _____
Code

★ _____
Name of referring individual, program or organization

Intake Date _____ MM / DD / YY Age Of Client If Female - OR - Age of Client's Partner, If Any _____ 88-None 99-Unknown Age Of Client If Male - OR - Age of Client's Partner, If Any _____ 88-None 99-Unknown	Hispanic _____ 1-Yes 2-No 3-Undeclared Provide the client with the race/ethnicity coding sheet asking: "Which of the following categories on the list you have before you best describes your race or ethnicity?" Case Manager should then enter the 3-digit code above.	K-12 School Status _____ 01-In School (Includes: Enrolled - attending or not, School Break, Excused Absence, Suspended) Not In School Because: 02-Transportation Barrier 03-Child Care Barrier 04-Educational Barrier 05-Psycho-Social Barrier 06-Medical Barrier 07-Expelled 08-Refuses to Attend 09-Other Reason 10-GED/CHSPE Completed 11-High School Diploma 99-Unknown Type Of School _____ 01-Elementary school (1-6) 02-Middle/Intermediate/Jr HS (6-9) 03-Regular/Traditional Sr. HS (9-12) 04-Continuation/Alternative school 05-Court/community school 06-Adult Education 07-Private school (K-12) 08-Vocational/Tech Prep. HS (9-12) 09-Other 88-Not enrolled/applicable 99-Unknown ★ School District _____ ★ School Code _____
Marital Status _____ 1-Single, never married 2-Married 3-Other 9-Unknown Work/Employment Status _____ 1-Does not work 2-Seeking employment 3-Working 4-In job training 9-Unknown English Proficiency _____ 1-Fully English proficient 2-Limited English speaking 3-Non-English speaking 9-Unknown	Last Grade COMPLETED _____ 00-No formal education 01-1st, 02-2nd, 03-3rd, 04-4th, 05-5th, 06-6th, 07-7th, 08-8th, 09-9th, 10-10th, 11-11th grade, 12-diploma 13-Completed GED pretest 14-Completed GED 15-Completed CHSPE 16-Some post secondary education 17-Other 99-Unknown	

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Client ID No. _____

<p>☛School Name _____</p> <hr/> <p>Primary Instructional Strategy _____</p> <p>1-Mainstream program 2-Independent Study 3-Temporary Home/Hospital instruction 4-Self-contained classroom 5-Correspondence School 6-Legal Home Schooling 8-Not enrolled in approved program 9-Unknown OR Not Listed Above</p> <p>Educational Goal _____</p> <p>1-HS Diploma 2-GED 3-CHSPE 4-Post secondary 5-None at this time 9-Unknown</p> <p>Post-Secondary School _____</p> <p>1-Technical/vocational school 2-Community college 3-Four-year college/university 4-Other 8-N.A. (not currently enrolled) 9-Unknown</p>	<p>Who shares the client's domicile? Enter the exact number (0-50) of each of the following individuals living with the client. Do not include the client or the client's children in the count. Enter 0 if none, 99 if unknown:</p> <p>Client's Partner _____</p> <p>Client's Relatives</p> <p style="padding-left: 20px;">- Adults _____</p> <p style="padding-left: 20px;">- Minors _____</p> <p>Partner's Relatives</p> <p style="padding-left: 20px;">- Adults _____</p> <p style="padding-left: 20px;">- Minors _____</p> <p>Other Non-Relatives</p> <p style="padding-left: 20px;">-Adults _____</p> <p style="padding-left: 20px;">- Minors _____</p>	<p>Has the client had the following immunizations / boosters / tests?</p> <p style="padding-left: 40px;">Hepatitis B Virus Vaccine _____</p> <p style="padding-left: 40px;">Tuberculin Test (PPD) _____</p> <p style="padding-left: 40px;">Measles/Mumps/Rubella Vaccine (MMR) _____</p> <p style="padding-left: 40px;">Tetanus & Diphtheria Vaccine (Td) _____</p> <p>Answer each: 1-Yes 2-No 9-Unknown</p>
<p>Type Of Housing _____</p> <p>1-House/apartment 2-Public housing 3-Hotel/motel 4-Shelter 5-Homeless 6-Other 8-Foster/group home 9-Unknown</p> <p>Number Of Times Client Has Moved In The Past 6 Months _____</p> <p>0-None 1 thru 7 – Use Exact Number 8-Eight or more 9-Unknown</p>	<p>Does client feel safe:</p> <p style="padding-left: 40px;">With partner? _____</p> <p style="padding-left: 40px;">With family? _____</p> <p style="padding-left: 40px;">In the neighborhood? _____</p> <p style="padding-left: 40px;">In school? _____</p> <p>Answer each: 1-Yes 2-No 8-Not applicable 9-Unknown</p>	<p>Sexual Activity _____</p> <p>1-Active 2-Not active / No partner 3-Not active / Has partner but abstaining 9-Unknown</p> <p>Contraception Use _____</p> <p>1-Active - Never uses 2-Active - Sometimes uses 3-Active - Always uses 4-Not sexually active 9-Unknown</p> <p>Contraception Type _____</p> <p>(enter up to 2)</p> <p>01-Cervical cap _____</p> <p>02-Condom _____</p> <p>03-Depoprovera _____</p> <p>04-Diaphragm _____</p> <p>05-Foam _____</p> <p>06-IUD _____</p> <p>07-Norplant _____</p> <p>08-Pill _____</p> <p>09-Rhythm _____</p> <p>10-Sponge _____</p> <p>11-Withdrawal _____</p> <p>12-Other _____</p> <p>88-Not applicable (doesn't use) 99-Unknown</p>

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Client ID No. _____

<p>Smoking _____</p> <p>1-Never smoked</p> <p>2-Stopped smoking</p> <p>3-Smokes less than 1 pack a day</p> <p>4-Smokes 1 pack or more a day</p> <p>9-Unknown</p> <p>Does client live with a smoker? _____</p> <p>1-Yes</p> <p>2-No</p> <p>9-Unknown</p>

<p>Client Risk Factors</p> <p>Has the <u>client</u> experienced any of the following risk factors <u>within the last 6 months?</u></p> <p>Medical Condition _____</p> <p>Hospitalization _____</p> <p>ER Visit _____</p> <p>Gang Involvement _____</p> <p>Truancy _____</p> <p>Arrested _____</p> <p>Probation _____</p> <p>Client Alcohol Abuse _____</p> <p>Other Negative Alcohol Impact _____</p> <p>Client Substance Abuse _____</p> <p>Other Negative Substance Impact _____</p> <p>Restraining Order:</p> <p>Client Against Other _____</p> <p>Other Against Client _____</p> <p>Abuse:</p> <p><u>Physical:</u></p> <p>Client _____</p> <p>Other Negative Impact _____</p> <p><u>Sexual:</u></p> <p>Client _____</p> <p>Other Negative Impact _____</p> <p><u>Emotional:</u></p> <p>Client _____</p> <p>Other Negative Impact _____</p> <p>Use the following codes:</p> <p>1-Yes</p> <p>2-No</p> <p>3-Suspected (not forthcoming)</p> <p>9-Unknown</p>

COMPLETE AND ATTACH SERVICE MATRIX FORM.

COMPLETE AND ATTACH FREE CODES FORM IF USED.