

Your name: _____

CHILDREN – Please list by age starting with the oldest

	DOB	Age	Grade	Gender			
				M	F	T	G-N/B
1 _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DATES AND TIMES SPENT IN EACH PARENT/GUARDIAN'S HOME

Father Mother Other (specify) _____ Days/Times _____

Father Mother Other (specify) _____ Days/Times _____

Have you notified your co-parent that you are bringing your child(ren) for services?

No **Yes** **N/A** *Please Initial* _____

If you have joint legal custody, did your co-parent agree your child(ren) can receive services?

No **Yes** **N/A** *Please Initial* _____

PLEASE FULLY COMPLETE FOR BOTH PARENTS/GUARDIANS

PARENT/GUARDIAN

Name _____ DOB _____

Father Mother Other (specify) _____

Gender:

Male Female Gender-Non-Binary Prefer not to disclose

Transgender Male Transgender Female

HOME ADDRESS _____

City, State, Zip _____

Home Phone _____

Cell Phone _____

Email Address _____

Preferred method of contact phone email

OCCUPATION / EMPLOYER _____

Work Phone _____ Ext _____

RELATIONSHIP HISTORY (please complete all that apply)

Never Married Date _____

Married/Partnered Date _____

Separated Date _____

Divorced Date _____

Remarried Date _____

OTHERS LIVING IN HOME (eg. Step-parent/Grandparent/Sibling)

Name _____

Relationship _____ Age _____

PARENT/GUARDIAN

Name _____ DOB _____

Father Mother Other (specify) _____

Gender:

Male Female Gender-Non-Binary Prefer not to disclose

Transgender Male Transgender Female

HOME ADDRESS _____

City, State, Zip _____

Home Phone _____

Cell Phone _____

Email Address _____

Preferred method of contact phone email

OCCUPATION / EMPLOYER _____

Work Phone _____ Ext _____

RELATIONSHIP HISTORY (please complete all that apply)

Never Married Date _____

Married/Partnered Date _____

Separated Date _____

Divorced Date _____

Remarried Date _____

OTHERS LIVING IN HOME (eg. Step-parent/Grandparent/Sibling)

Name _____

Relationship _____ Age _____

What is your reason for coming? _____

Medical History

Do you or your children have any medical / physical conditions or disabilities? No Yes

Please describe _____

Are you or your children currently on any kind of medication? No Yes

If yes, please list medications and dosages

Name of person	Medication	Dosage	Name of person	Medication	Dosage
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Counseling History:

Have you or your children participated in a Kids In The Middle program before? No Yes

Do any family members have a history of counseling or mental health diagnoses? No Yes

Do your children have any developmental delays, special needs or learning disorders? No Yes

Please explain any yes answers, including professionals seen _____

Are any family members currently receiving counseling and/or psychiatric care? No Yes

If yes, please explain including professionals seen _____

Legal History / Status

Are there any ongoing legal issues (including restraining orders)? No Yes

If yes, please explain _____

Do you have a Guardian Ad Litem? No Yes Name _____

Do you have any reason to be fearful for your safety or the safety of your child? No Yes

If yes, please explain _____

Note that it is our policy to notify the other parent when a child is enrolled in one of our programs.

Do you have any concerns about the other parent being contacted by us? No Yes

If yes, please explain _____

Who referred you to Kids In The Middle? _____

Who should we contact in case of an emergency?

Name _____ Phone _____ Relationship _____

Your signature _____ Date _____

I would like to opt-out of receiving marketing communications from KITM.

I would like to opt-out of receiving SMS text messaging from KITM.