

# HEART OF HOPE INTAKE ASSESSMENT

## *Basic Demographics*

Date of First Contact: \_\_\_\_\_ Date of Interview: \_\_\_\_\_  
Name: \_\_\_\_\_ Due Date: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Birthplace: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_

## *Parents' History*

Biological Father's Name \_\_\_\_\_  
Address (if different from yours) \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
Occupation \_\_\_\_\_ Highest Grade Completed \_\_\_\_\_  
Biological Mother's Name \_\_\_\_\_  
Address (if different from yours) \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
Occupation \_\_\_\_\_ Highest Grade Completed \_\_\_\_\_

*(Please check where appropriate)*

Your biological father and mother are:

Married & living together     Separated     Married, not living together  
 Divorced     Deceased (which parent? \_\_\_\_\_)     Other (please explain)

\_\_\_\_\_  
\_\_\_\_\_

If your biological parents are not living together, how long have they been apart? \_\_\_\_\_

Have either of your parents: (*Place check where appropriate*)

\_\_\_ Remarried?      \_\_\_ Lived with someone else?

If so:

Stepfather's Name \_\_\_\_\_

Stepmother's Name \_\_\_\_\_

Siblings (including step and half)

Name	Age	Sex	Address

Person Having Custody/Guardianship (if applicable) \_\_\_\_\_

Address (if different from parents) \_\_\_\_\_

Relationship to Guardian \_\_\_\_\_

**Person(s) name that you have been living with if other than your parents:**

Name	Address	Phone (work & home)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

How did you learn of our program? \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Present at the Interview: \_\_\_\_\_

Present Living Situation: \_\_\_\_\_

***FAMILY RELATIONSHIPS***

Relationship with Mother/How would you like to see this changed? \_\_\_\_\_

Relationship with your Stepmother/How would you like to see this changed? \_\_\_\_\_

Relationship with your Biological Father/How would you like to see this changed? \_\_\_\_\_

Relationship with your Stepfather/How would you like to see this changed? \_\_\_\_\_

Relationship with your Guardian/How you would like to see this changed? \_\_\_\_\_

Siblings you are closest to: \_\_\_\_\_

Relationship with your siblings/How you would like to see this changed? \_\_\_\_\_

Significant Others (Grandparents/Aunts/Uncles/Friends) Names: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Relationship with Significant Others/How you would like to see this changed? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**FATHER OF THE BABY**

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Status of Relationship/How you would like to see this changed?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is his interest in the child? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How involved would you like him to be? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are his feelings about your coming here? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you currently dating anyone else? \_\_\_\_\_

\_\_\_\_\_

***SCHOOL/EMPLOYMENT***

If presently in school:

Name of school \_\_\_\_\_

Grade Level \_\_\_\_\_

Average Grades \_\_\_\_\_

Guidance Counselor's or Principal's Name \_\_\_\_\_

If you have dropped out of school:

Age when you left \_\_\_\_\_

Last grade completed \_\_\_\_\_

Reason for dropping out \_\_\_\_\_

\_\_\_\_\_

What have you been doing since? \_\_\_\_\_

If you graduated:

What year did you graduate? \_\_\_\_\_

College or career training \_\_\_\_\_

Occupation since graduation \_\_\_\_\_

Place of Employment/Hours worked per week: \_\_\_\_\_

Feelings about school or work: \_\_\_\_\_

\_\_\_\_\_

Relationships with Teachers/Employer: \_\_\_\_\_

\_\_\_\_\_

Relationship with Peers/Co-workers: \_\_\_\_\_

\_\_\_\_\_

Current and future Goals involving work and/or school: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How does your child fit into these goals? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you plan to achieve your goals while parenting? \_\_\_\_\_

\_\_\_\_\_

### ***COMMUNITY***

Has there been any police involvement? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

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Have you ever lived in a group home/foster home? Describe your experience there: \_\_\_\_\_

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Are you currently receiving public assistance? If yes, please list services i.e. WIC, Food Stamps

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***HOBBIES AND INTERESTS***

Please list your hobbies and interests: \_\_\_\_\_

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***STRENGTHS AND WEAKNESSES***

Please list what you view are your strengths and weaknesses: \_\_\_\_\_

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***SPIRITUAL GROWTH***

What faith/denomination are you? \_\_\_\_\_

Do you attend church? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Church, if applicable \_\_\_\_\_

History of Church Involvement: \_\_\_\_\_

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What are your feelings about God? \_\_\_\_\_

Are you willing to participate in our mentoring program, family devotion time, and attend church with the household? \_\_\_\_\_

\_\_\_\_\_

***MEDICAL HISTORY***

Are you currently receiving pre-natal care? \_\_\_\_\_

\_\_\_\_\_

Hospitalizations: Please list overnight stays, including the date, hospital and reason hospitalized: \_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical conditions that run in the family: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special medical conditions (asthma, allergies, diabetes, STD, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Dietary Needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Issues experienced by your mother during pregnancy: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have there been previous pregnancies, including miscarriages and abortions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any medical insurance? \_\_\_\_\_

\_\_\_\_\_