YAP Case # : _____
Date:_____

WESTLAND YOUTH ASSISTANCE PROGRAM - CLIENT APPLICATION

TO BE COMPLETED BY A PARENT OR GUARDIAN

In order to assist you to the best of our ability, we request that you FULLY complete this application on behalf of the youth. If you have any questions regarding the completion of this form, please clarify them with the agency staff member who will be interviewing your family.

Youth's Full Name: _____ Gender: M □ F □

Age: _____ Date of Birth: _____ City/State of Birth:_____

Youth's Cell Phone Number: _____

With whom does the youth live? (Please check one):

□ Both biological parents □ Mother and Step-Father

□ Mother Only □ Father and Step-Mother

□ Father Only □ Other: _____

Parent/Guardian Name: _____Maiden Name: _____

Address:_____

Major Cross Streets (e.g. Ford & Wayne): _____

Home Phone Number: _____ Cell Phone Number: _____

Email: _____

Place of Employment: _____Work Phone Number: _____

Work Schedule: _____ to _____ Days: _____

Parent/Guardian Name: _____

Address: _____

Major Cross Streets (e.g. Ford & Wayne): _____

Home Phone Number: _____Cell Phone Number: _____

Email: _____

Place of Employment: _____Work Phone Number: _____

Work Schedule: _____ to _____ Days: _____

Step Parent Name (if applicable): _____

Address: _____

Home Phone Number: _____Cell Phone Number: _____

Yap Case #: _____

Family Information

Parent/Legal Guardian Marital Status:

□ Single
□ Married Date:_____ How Long? _____
□ Divorced Date:_____ How Long? _____
□ Separated Date:_____ How Long? _____
□ Re-Married Date:_____ How Long? _____
□ Widowed Date:_____ Cause of Death: _____

If either of the youth's biological parents is living outside of the home, how often does the youth visit that parent?

□ Daily □ Weekly □ Monthly
□ Infrequently (less than once a month) □ Has not seen in more than 2 years

Does your child have a healthy relationship with that parent? _____

Does your child have a health relationship with step-parent(s)? _____

Please list the members of the youth's immediate family, their age, and relationship to the youth.

Name	Age	Relationship to Youth	Lives in Home? (Y or N)

Is there anyone else living in the home? _____ If yes, please write their name, age, and relationship to the youth: _____

Please describe any health problems in the family:_____

_____

Is there a history of drug/alcohol abuse in the family? If so, whom?: _____

_____

Is anyone in the home on medication? If yes, please list: _____

_____

What activities does your family do together? _____

_____

_____

Yap Case #: _____

Youth Information

Does your child have any major health problems? If yes, please describe: _____

_____

Is your child currently prescribed any medication? If yes, please list: _____

_____

Check any events in the youth's childhood that may have had an impact on him/her (Check all that apply):

□ Adoption	□ Divorce	□ Illnesses	□Deaths
□ Physical Abuse	□ Sexual Abuse	□ Emotional Abuse	□ Alcohol/Drug Abuse
□ Separation	□ Domestic Violence	□ Frequent Moves – How Many? _____	

Behaviors:

Which of the following behaviors is the youth involved in? (Check all that apply):

□ Comes home on time
□ Follows household curfew
□ Verbal disrespect to parents
□ Physical violence to parents/siblings
□ Gets annoyed when questioned about behavior
□ Fights at school or elsewhere
□ Uses profanity
□ Destruction to home/property
□ Increased isolation from family/friends
□ Starts fires
□ Self Mutilation – when?_____
□ Problems with sleeping
□ Wets the bed – how often? _____
□ Appears depressed/ irritable
□ Hoards food
□ Refuses to eat
□ Attends church regularly
□ Follows household rules
□ Attends school regularly
□ Completes schoolwork
□ Is sexually active
□ Takes your car without permission
□ Has any recent traffic tickets or accidents
□ Has completed Driver's Education
□ Has valid Michigan driver's license
□ Unexplained money/possessions
□ Plays one parent against another
□ Frequent Nightmares
□ Sleeps too much – how much? _____
□ Recent weight loss/gain– how much? ___
□ Has ever been abused – when? _____
□ Money missing from home

Please list any previous professional counseling that the youth has been involved in (including counseling by a school worker and/or church representative

Counselor's Name	Agency	When?	Number of Visits

School Information:

Yap Case #: _____

Current School: _____ Grade: _____

Counselor's Name: _____Attendance: _____

Academic Performance: _____

Has your child been suspended in the last year? If yes, please describe: _____

_____

Does your child receive any special services? (e.g., LD, EI, ADHD, Tutoring): _____

Extracurricular activities: _____

Friends:

List 3 of the youth's closest friends

Name	Age	School

Do you have contact with their parents? _____

How do you feel about these friends? _____

Do the youth's friends smoke, drink alcohol, or use drugs? _____

Youth Employment:

Place of Employment: _____ Phone Number: _____

Address: _____

Work Schedule_____

How long has the youth worked for this employer? _____

Drug/Alcohol Use History:

Do you have any suspicions of the youth using drugs, alcohol, or tobacco? _____

Please describe the suspicious activity: _____

_____

Have you found any of the following items in the youth's room or among his/her belongings?

(Please check all that apply):

□ Empty bottles/cans □ Aerosol spray cans □ Scissors/Needles
□ Household cleaners □ Visine/Eye drops □ OTC Meds (Cough syrup)
□ Toilet paper rolls □ Small containers of unknown substances
□ Small plastic bags □ Metal/Plastic clips □ Pipes
□ Prescription bottles □ White-out/glue/markers □ Lighters/Matches

□ Rolling Papers □ Aluminum foil/foil packages □ Other:_____

Does the youth use any of the following:

□Tobacco – Amount/Frequency: _____
□ Alcohol – Amount/Frequency: _____
□ Drugs – Which ones? _____
- Amount/Frequency: _____

Has the youth had any previous police, court, probation, or Protective Services contacts? If yes, please indicate the dates, the situation, and the result: _____

_____

_____

Please list any concerns and/or complaints you have regarding your child's behavior: _____

_____

_____

What would you like for the youth to accomplish or change while in our program?: _____

_____

_____

Emergency Contact Information:

Is there anyone besides yourself that we may contact in the event of an emergency?

Name: _____Phone Number: _____
Address: _____City/Zip: _____
Relationship to Youth: _____

Is there anything else you feel we should know about the youth or family?

_____

_____

_____