



HeadFirst Mental Health Initiative

Application for Mental Health Services

PART 1

Parent/Caregiver Name _____

Child Name or Name of Identified Client _____

Client Age _____ Gender _____ School and Grade-Level _____

Phone number or contact information _____

Please complete the following questions to the best of your ability.

- 1.) Please select the highest level of education of anyone in the household:
 - a. High school diploma or GED
 - b. Some college or Associate's degree
 - c. Bachelor's Degree
 - d. Master's Degree or any post-graduate schooling

- 2.) Describe the history of any trauma experienced by the family:

- 3.) Are the main caregivers:

- a. Married
- b. Divorced
- c. Separated
- d. Widowed
- e. Together but unmarried (co-habiting)
- f. Never married/Single Parent Household
- g. Currently in Grandparent or Foster Care
- h. Other (please describe): _____

- 4.) Describe the current extracurricular activities or after school care programs used by your family:



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5.) As the primary caregiver, what is your level of willingness and motivation to participate in your child or family's therapy process:

- a. Highly motivated, willing to participate
- b. Somewhat motivated
- c. Unsure
- d. Unwilling or unable to participate
- e. Other (please explain- ie, language barrier): _____

6.) Do you have a reliable means of transportation to attend weekly sessions? YES NO

7.) If a recommendation is given by your provider for more intensive or inpatient services, are you willing and able to seek these services if the need arises? YES NO

PART 2

Please complete the following questions relating to the **primary identified client** for which you are seeking services:

Is there a history of any of the following concerns?*

- 1.) Suicide attempts or suicidal ideation? YES NO
- 2.) History of domestic violence or family conflict? YES NO
- 3.) History of sexual abuse? YES NO
- 4.) Homelessness or instability of safe housing? YES NO
- 5.) History of or current substance abuse or drug use? YES NO
- 6.) Is your child or the identified client experiencing any form of crisis? YES NO



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Caregiver Initials

Please initial for show your understanding for the following statements:

_____ *I understand and attest that any answer of YES in the above category regarding concerns may disqualify me from services.

_____ I attest that all of the answers were provided honestly and to the best of my knowledge.

_____ I attest that paying for mental health services would create a significant financial burden on my family and we would otherwise not be able to seek or afford therapy services.

Caregiver Signature

Date