FCCP Organization	Agency Site Code	RI FCCP Intake Report	Family ID # *(mother's social security number)* RIFIS ID # *(this number is auto-assigned)*	
1 ☐ Northern (NRI) 2 ☐ Urban Core (UC) 3 ☐ East Bay (EB) 4 ☐ West Bay (WB)	Agency Name			

RIFIS DEMOGRAPHICS: TARGET CHILD/YOUTH INFORMATION					
Name				DOB	[MM/DD/YYYY]
Street				Gender	1 ☐ Male 2 ☐ Female
Town/City & State		Zip		Social Security No.	

CHILD/ YOUTH RACE (Check all that apply)	CHILD/ YOUTH ETHNICITY (Check all that apply)	
1 ☐ African American/Black	Hispanic Origin 1 ☐ no 2 ☐ yes	
2 ☐ American Indian/ Alaskan Native	If yes, identify cultural/ethnic background (check all that apply)	
3 ☐ Asian	1 ☐ Mexican/ Mexican American	4 ☐ Dominican
4 ☐ Caucasian/White	2 ☐ Puerto Rican	5 ☐ Central American
5 ☐ Native Hawaiian/ Pacific Islander	3 ☐ Cuban	6 ☐ South American
6 ☐ Other 7 ☐ Declined to provide	7 ☐ Other Hispanic origin	

CHILD/ YOUTH PRIMARY LANGUAGE (check one)		
1 ☐ English	5 ☐ Chinese	9 ☐ Khmer
2 ☐ Spanish	6 ☐ Creole	10 ☐ Sign Language
3 ☐ Portuguese	7 ☐ Russian	11 ☐ Other (specify)
4 ☐ Hmong	8 ☐ French	Is translator needed? 1 ☐ no 2 ☐ yes

RIFIS DEMOGRAPHICS: FAMILY INFORMATION	
Family Composition	Number of adults residing in home (including caregivers)
	Number of children (18 and under) residing in home (including target child)
	Number of children (18 and under) receiving services through the FCCP (including target child)
What is the family structure for the target child/youth's primary residence? 1 ☐ Married couple 2 ☐ Unmarried couple 3 ☐ Single female 4 ☐ Single male 99 ☐ Unable to determine	
Does the family currently reside in permanent housing? 1 ☐ no 2 ☐ yes	
Is either caregiver currently incarcerated? 1 ☐ no 2 ☐ yes If yes – Identify which caregiver: 1 ☐ Caregiver #1 2 ☐ Caregiver #2	
Does family have a DCYF Caseworker (includes child protective services or family services unit caseworker or probation officer)? 1 ☐ no 2 ☐ yes	

RIFIS FCCP OPEN/CLOSE: FCCP REFERRAL& INTAKE INFORMATION		
FCCP Referral (Date & Time)	[MM/DD/YYYY]	[HR : MIN] 1 ☐ AM 2 ☐ PM
FCCP Open Date & Time	[MM/DD/YYYY]	[HR : MIN] 1 ☐ AM 2 ☐ PM
First Face-to-Face Contact (Date & Time)	[MM/DD/YYYY]	[HR : MIN] 1 ☐ AM 2 ☐ PM
First Contact Date	[MM/DD/YYYY]	[HR : MIN] 1 ☐ AM 2 ☐ PM
If not able to make face-to-face contact, indicate date & time of attempted contact(s)	[MM/DD/YYYY]	[HR : MIN] 1 ☐ AM 2 ☐ PM
	[MM/DD/YYYY]	[HR : MIN] 1 ☐ AM 2 ☐ PM
	[MM/DD/YYYY]	[HR : MIN] 1 ☐ AM 2 ☐ PM
Response Priority: 1 ☐ Routine Referral 2 ☐ CPS Emergency 3 ☐ CPS Urgent 4 ☐ CPS Routine 5 ☐ Crisis (without DCYF CPS Involvement)		

REFERRAL SOURCE: (check one)		
1 ☐ Self-referral (child/youth)	11 ☐ Law Enforcement	21 ☐ Domestic Violence Shelter
2 ☐ Caregiver or Family	12 ☐ Community Mental Health Center	22 ☐ Infant-Toddler Home Visiting Program
3 ☐ Family Organization (RIPIN, PSN)	13 ☐ Outpatient Mental Health Agency	23 ☐ School System or Educational Agency
4 ☐ DCYF Child Protect. Inv. Indicated	14 ☐ Social Service Agency	24 ☐ Early Care Provider (please specify)
5 ☐ DCYF Child Protect. Inv. Information Service Referral	15 ☐ Outpatient Alcohol/Drug Treatment Prgrm	25 ☐ Early Head Start Program
6 ☐ DCYF Intake Information Service Referral	16 ☐ Inpatient Alcohol/Drug Treatment Prgrm	☐ Head Start Program
7 ☐ DCYF Family Service Unit	17 ☐ Physician/Medical Care Provider	☐ Early Intervention (Part C)
8 ☐ DCYF Probation	18 ☐ Partial Day Organization	☐ Preschool Special Education Program (Part B)
9 ☐ DCYF Juvenile Corrections (RITS)	19 ☐ State/General Hospital/Other Psychiatric Organization	☐ Other Early Care & Educ. Prgrm/Provider (incl. private child care/providers)
10 ☐ Court/Corrections (except RITS)	20 ☐ Homeless Shelter	25 ☐ Other FCCP Organization
27 ☐ Community Action Program	28 ☐ Other (specify)	

RIFIS FCCP OPEN/CLOSE: FCCP INTAKE DECISION (check one)		
1 ☐ Open		
2 ☐ Deferred from service – family not eligible (NOTE: if this box is checked, please indicate nature of any referrals below)		
4 ☐ Family declined service		
5 ☐ FCCP declined to serve family (NOTE: if this box is checked, FCCP must contact DCYF to report reason)		
If family is not referred to FCCP, please indicate the nature of any referrals made for the family: (Check up to three referrals)		
1.	2.	3.
1 ☐ After-school program	17 ☐ Foster care	33 ☐ Sexual abuse counseling
2 ☐ Audiology	18 ☐ Head Start	34 ☐ Sexual offender counseling
3 ☐ Basic needs/Financial support services	19 ☐ Housing services	35 ☐ Skills training
4 ☐ Case mgmt service/ service coordination	20 ☐ Intensive home-based case mgmt serv.	36 ☐ Special educational services
5 ☐ Counseling/therapy (child)	21 ☐ Intensive home-based clinical services	37 ☐ Specialized childcare
6 ☐ Counseling/therapy (family)	22 ☐ Legal Services	38 ☐ Specialized instruction
7 ☐ Counseling/therapy (parents)	23 ☐ Maternal & child health services	39 ☐ Specialized preschool
8 ☐ Crisis intervention	24 ☐ Medical consultation	40 ☐ Specialized summer camp
9 ☐ Day treatment	25 ☐ Medication & monitoring	41 ☐ Speech & language
10 ☐ Diagnosis, evaluation & assessment	26 ☐ Nutritional consultation	42 ☐ Social/recreational
11 ☐ Domestic violence services (perpetrator)	27 ☐ Other in-school support	43 ☐ Therapeutic foster care
12 ☐ Domestic violence services (victim)	28 ☐ Parent aide supports	44 ☐ Time bank
13 ☐ Drug abuse counseling (child)	29 ☐ Parent education	45 ☐ Transition services (DLT, ORS, DDD)
14 ☐ Drug abuse counseling (parent)	30 ☐ Peer Support	46 ☐ Transportation
15 ☐ Early intervention program	31 ☐ Residential treatment	47 ☐ Vocational Services
16 ☐ Family Stabilization	32 ☐ Respite	48 ☐ Other (specify):

RIFIS AGENCY INTAKE: AGENCY INTAKE INFORMATION		
Agency Referral Date & Time	[MM/DD/YYYY]	[HR : MIN] 1 ☐ AM 2 ☐ PM
Agency Intake Start Date & Time	[MM/DD/YYYY]	[HR : MIN] 1 ☐ AM 2 ☐ PM
Has family received FCCP services previously?	1 ☐ No 2 ☐ Yes 99 ☐ Unknown	
If Yes, which agency provided the FCCP services?		

RIFIS AGENCY INTAKE: BASIC FAMILY INFORMATION	
SOURCES OF INFORMATION USED TO COMPLETE THIS FORM (Select all that apply)	
1 ☐ Caregiver (child's caregiver in a family, household environment)	3 ☐ Youth
2 ☐ Staff-as-Caregiver (staff person who has acted as the child's day-to-day caregiver for the majority of the past 6 months)	4 ☐ Case record review

RIFIS AGENCY INTAKE: PRIMARY FAMILY PAYMENT SOURCES		
☐ Personal resources	☐ Veteran's Administration	☐ Office of Rehabilitation Services
☐ Commercial health insurance	☐ Active Military/CHAMPUS	☐ Other public resources
☐ Medicaid	☐ Service contract	☐ Other
☐ RITE Care	☐ Department of Children, Youth, & Families	☐ Unknown
☐ RITE Share	☐ Department of Education	☐ No Insurance
☐ Medicare	☐ Dept. of Mental Health, Retardation, Hospitals (MHRH)	
☐ Worker's compensation		

RIFIS FAMILY RELATIONS: CAREGIVER #1 & #2 INFORMATION			
CAREGIVER #1 INFORMATION			
Name		Relation to Child/Youth (Check one)	
Street		1 ☐ Parent	6 ☐ Relative Foster Parent
Town/City & State	Zip	2 ☐ Step-parent	7 ☐ Non-relative Foster Parent
Tel (H/W)		3 ☐ Adoptive Parent	8 ☐ Legal Guardian
DOB	[MM/DD/YYYY]	4 ☐ Grandparent	9 ☐ Other (specify)
Gender	1 ☐ Male 2 ☐ Female	5 ☐ Other Relative	

CAREGIVER #1 RACE (Check all that apply)	CAREGIVER #1 ETHNICITY (Check all that apply)	
1 ☐ African American/Black	Hispanic Origin 1 ☐ no 2 ☐ yes	
2 ☐ American Indian/ Alaskan Native	If yes, identify cultural/ethnic background (check all that apply)	
3 ☐ Asian	1 ☐ Mexican/ Mexican American	4 ☐ Dominican
4 ☐ Caucasian/White	2 ☐ Puerto Rican	5 ☐ Central American
5 ☐ Native Hawaiian/ Pacific Islander	3 ☐ Cuban	6 ☐ South American
6 ☐ Other 7 ☐ Declined to provide	7 ☐ Other Hispanic origin	

CAREGIVER #2 INFORMATION	Is there a second caregiver? 1 ☐ no 2 ☐ yes		
Name		Relation to Child/Youth (Check one)	
Street		1 ☐ Parent	6 ☐ Relative Foster Parent
Town/City & State	Zip	2 ☐ Step-parent	7 ☐ Non-relative Foster Parent
Tel (H/W)		3 ☐ Adoptive Parent	8 ☐ Legal Guardian
DOB	[MM/DD/YYYY]	4 ☐ Grandparent	9 ☐ Other (specify)
Gender	1 ☐ Male 2 ☐ Female	5 ☐ Other Relative	

CAREGIVER #2 RACE (Check all that apply)	CAREGIVER #2 ETHNICITY (Check all that apply)	
1 ☐ African American/Black	Hispanic Origin 1 ☐ no 2 ☐ yes	
2 ☐ American Indian/ Alaskan Native	If yes, identify cultural/ethnic background (check all that apply)	
3 ☐ Asian	1 ☐ Mexican/ Mexican American	4 ☐ Dominican
4 ☐ Caucasian/White	2 ☐ Puerto Rican	5 ☐ Central American
5 ☐ Native Hawaiian/ Pacific Islander	3 ☐ Cuban	6 ☐ South American
6 ☐ Other 7 ☐ Declined to provide	7 ☐ Other Hispanic origin	

RIFIS FAMILY RELATIONS: OTHER DEMOGRAPHIC INFORMATION FOR CAREGIVER #1		
CAREGIVER #1 PRIMARY LANGUAGE (Check one)		
1 ☐ English	5 ☐ Chinese	9 ☐ Khmer
2 ☐ Spanish	6 ☐ Creole	10 ☐ Sign Language
3 ☐ Portuguese	7 ☐ Russian	11 ☐ Other (specify)
4 ☐ Hmong	8 ☐ French	Is translator needed? 1 ☐ no 2 ☐ yes

CAREGIVER #1 EDUCATION LEVEL (Check one)		CAREGIVER #1 EMPLOYMENT STATUS (Check one)
1 ☐ 8th Grade or Less	6 ☐ College Graduate (2-year program)	1 ☐ Part Time (20 hrs or less/week)
2 ☐ Some High School	7 ☐ College Graduate (4-year program)	2 ☐ Full Time (Over 20 hrs/week)
3 ☐ High School Graduate/ GED	8 ☐ Advanced Degree (e.g., RN, MA, MS, Ph.D., MD)	3 ☐ Disabled
4 ☐ Trade School/Vocational Training	9 ☐ Other (specify)	4 ☐ Unemployed
5 ☐ Some College		5 ☐ Retired
		6 ☐ Not in workforce (e.g., student)

RIFIS FAMILY RELATIONS: OTHER DEMOGRAPHIC INFORMATION FOR CAREGIVER #2		
CAREGIVER #2 PRIMARY LANGUAGE (Check one)		
1 ☐ English	5 ☐ Chinese	9 ☐ Khmer
2 ☐ Spanish	6 ☐ Creole	10 ☐ Sign Language
3 ☐ Portuguese	7 ☐ Russian	11 ☐ Other (specify)
4 ☐ Hmong	8 ☐ French	Is translator needed? 1 ☐ no 2 ☐ yes

CAREGIVER #2 EDUCATION LEVEL (Check one)		CAREGIVER #2 EMPLOYMENT STATUS (Check one)
1 ☐ 8th Grade or Less	6 ☐ College Graduate (2-year program)	1 ☐ Part Time (20 hrs or less/week)
2 ☐ Some High School	7 ☐ College Graduate (4-year program)	2 ☐ Full Time (Over 20 hrs/week)
3 ☐ High School Graduate/ GED	8 ☐ Advanced Degree (e.g., RN, MA, MS, Ph.D., MD)	3 ☐ Disabled
4 ☐ Trade School/Vocational Training	9 ☐ Other (specify)	4 ☐ Unemployed
5 ☐ Some College		5 ☐ Retired
		6 ☐ Not in workforce (e.g., student)

RIFIS ASSESSMENTS AND FORMS: RISK/CRISIS PLANNING COMPLETED			
Risk Management Plan (Date & Time)	[MM/DD/YYYY]	[HR : MIN] 1 ☐ AM 2 ☐ PM	☐ Not Applicable
Initial Crisis Plan (Date & Time)	[MM/DD/YYYY]	[HR : MIN] 1 ☐ AM 2 ☐ PM	☐ Not Applicable

RIFIS INTAKE 1A, SECTION 1: FCCP ELIGIBILITY CRITERIA	
Age	1 ☐ Under 18 2 ☐ 18-21
Identify rationale for eligibility if 18-21	

Inclusionary Criteria:

Child/Youth meets at least one of the following criteria (check all that apply)

- ☐ Family is at risk for child abuse, neglect, and/or dependency or DCYF involvement
- ☐ Child/youth meets criteria for a serious emotional disturbance (SED) or diagnosis under the DSM-IV or DC:0-3
- ☐ Child/youth is concluding a sentence at the RITS or is leaving Temporary Community Placement (TCP)

RIFIS INTAKE 1A, SECTION 2: PRESENTING CONCERNS				
TARGET CHILD/YOUTH PRESENTING CONCERNS (Check up to 5 reasons)				
1.	2.	3.	4.	5.

Child/youth:	6. Other:
1 ☐ Alcohol/drug use	7 ☐ Recreational needs
2 ☐ Criminal/delinquent behavior	8 ☐ Peer relationship concerns
3 ☐ Developmental disability/delay	9 ☐ School concerns
4 ☐ Health concerns/disability	10 ☐ Speech/language concerns
5 ☐ Maltreatment (abuse or neglect)	11 ☐ Stressful life events
6 ☐ Mental health/behavioral health concerns	12 ☐ Other (specify)

CAREGIVER/FAMILY PRESENTING CONCERNS (Check up to 5 reasons)				
1.	2.	3.	4.	5.

Caregiver/family:	6. Other:
1 ☐ Alcohol/drug use	9 ☐ Work-related concerns
2 ☐ Criminal/delinquent behavior	10 ☐ Stressful life events
3 ☐ Developmental disability	11 ☐ Housing/shelter needs
4 ☐ Health concerns /disability	12 ☐ Other basic needs (e.g., food, clothing, transportation)
5 ☐ Mental health concerns	13 ☐ Family in crisis (as defined in practice standards)
6 ☐ Respite needs	14 ☐ Family access to services
7 ☐ Family relationship concerns	15 ☐ Other (specify)
8 ☐ Family/domestic violence	

RIFIS INTAKE 1A, SECTION 3: ADDITIONAL FAMILY INFORMATION		
FAMILY CASH INCOME SOURCES (Check all that apply)		FAMILY NON-CASH INCOME SOURCES (Check all that apply)
☐ Employment earnings	☐ Other retirement/pension	☐ Food stamps
☐ Unemployment benefits	☐ Supplemental Security Income (SSI)	☐ Medicaid/RITE Care
☐ TANF/TANF "child only"/FIP	☐ Foster care payments	☐ Housing subsidy/public housing
☐ Social Security Disability Insurance (SSDI)	☐ Income from spouse/family/friends (including alimony or child support)	☐ Heating Assistance
		☐ WIC (Women, Infants, & Children Program)
☐ Social Security Retirement (OASI)	☐ Other cash income	☐ Other non-cash income
☐ Veterans Association (VA Pension)	☐ No cash income	☐ No non-cash income

RIFIS INTAKE 1B, SECTION 4: TARGET CHILD/ YOUTH LIVING SITUATION (Indicate number of days in each setting during past 90 days – TOTAL DAYS MUST EQUAL 90)		
Date Completed: [MM/DD/YYYY]		
____ Independent living with friend	____ Supervised independent living	____ Group emergency shelter
____ Two biological parents	____ Relative foster care	____ Residential treatment
____ Biological mother	____ Non-relative foster care	____ Medical hospital
____ Biological father	____ Specialized foster care (includes therapeutic foster care)	____ Drug/Alcohol rehabilitation center
____ School dormitory		____ Inpatient psychiatric hospital
____ Home of a relative	____ Individual home emergency shelter	____ Juvenile detention/youth corrections
____ Adoptive home	____ Group home	____ Adult correctional facility
____ Home of a family friend	____ Vocational center	

RIFIS INTAKE 1B, SECTION 5: DIAGNOSTIC EVALUATION	
Has a diagnostic evaluation been completed with the target child? 1 ☐ No 2 ☐ Yes 99 ☐ Unknown	
IF YES, was this evaluation completed during the FCCP Intake/Engagement period? 1 ☐ No 2 ☐ Yes 99 ☐ Unknown	
Date of most recent multi-axial diagnostic evaluation	[MM/DD/YYYY]
Who completed the diagnosis?	1 ☐ Child Psychiatrist 2 ☐ General Psychiatrist 3 ☐ Child Psychologist 4 ☐ General Psychologist 5 ☐ Licensed Independent Clinical Social Worker 6 ☐ Primary Care Physician 7 ☐ Other 99 ☐ Unknown
Does the child/youth have a DSM-IV diagnosis? 1 ☐ No 2 ☐ Yes 3 ☐ Pending 4 ☐ Unknown	
Additional Information	
1. Duration of Identified Diagnosis (check one)	1 ☐ Longer than 1 year 2 ☐ Potential for longer than 1 year
2. Risk Status for Out-of-Home Placement (check one)	1 ☐ Currently in out-of-home placement 2 ☐ At risk for out-of-home placement
3. Presence of functional impairments (check all that apply)	1 ☐ Home 2 ☐ School 3 ☐ Community
4. Is child in need of multi-agency service?	1 ☐ No 2 ☐ Yes

RIFIS INTAKE 1C, SECTION 6: TARGET CHILD/YOUTH EDUCATIONAL INFORMATION		
TYPE OF EDUCATIONAL PLACEMENT (Check One)	CURRENT GRADE IN SCHOOL (Check one – if summer indicate rising grade)	
1 ☐ Early childhood educational setting (not including day care)	1 ☐ Preschool	10 ☐ Eighth grade
2 ☐ Regular educational placement	2 ☐ Kindergarten	11 ☐ Ninth grade
3 ☐ Special day school	3 ☐ First grade	12 ☐ Tenth grade
4 ☐ Home-bound instruction	4 ☐ Second grade	13 ☐ Eleventh grade
5 ☐ Residential school	5 ☐ Third grade	14 ☐ Twelfth grade
6 ☐ Vocational school	6 ☐ Fourth grade	15 ☐ High School Graduate (or GED)
7 ☐ Self-contained special education	7 ☐ Fifth grade	16 ☐ Enrolled in 2-year college program
8 ☐ Other special educational placement	8 ☐ Sixth grade	17 ☐ Enrolled in 4-year college program
9 ☐ Not enrolled in school/preschool	9 ☐ Seventh grade	99 ☐ Unknown
10 ☐ Other (specify):		

School district responsible for child/youth	
Name of school child/youth is attending	
Is this a PEP/PBIS School 1 ☐ No 2 ☐ Yes	
If yes, is child/youth eligible for PEP? 1 ☐ No 2 ☐ Yes	
Is child/youth enrolled in PEP? 1 ☐ No 2 ☐ Yes	
Is child/youth involved in an early intervention program? 1 ☐ No 2 ☐ Yes 99 ☐ Unknown	
Are there identifiable school-related concerns about the child/youth in the following areas:	
a. Learning problems 1 ☐ No 2 ☐ Yes 99 ☐ Unknown	
b. Behavior problems 1 ☐ No 2 ☐ Yes 99 ☐ Unknown	
c. Attendance 1 ☐ No 2 ☐ Yes 99 ☐ Unknown	
d. Other concerns 1 ☐ No 2 ☐ Yes 99 ☐ Unknown	
Has the child/youth had a special education evaluation? 1 ☐ No 2 ☐ Yes 99 ☐ Unknown	
Does the child/youth have an Individual Educational Plan (IEP)? 1 ☐ No 2 ☐ Yes 99 ☐ Unknown	
Does the child/youth have a 504 accommodation plan? 1 ☐ No 2 ☐ Yes 99 ☐ Unknown	
If the child/youth is 14 or older is there a Transitional Plan in the IEP? 1 ☐ No 2 ☐ Yes 99 ☐ Unknown	

RIFIS INTAKE 1C, SECTION 7: TARGET CHILD/ YOUTH LEGAL SYSTEM INVOLVEMENT INFORMATION		
Has child/ youth ever been…		If yes, age of first occurrence
a. arrested by the police for breaking the law	1 ☐ No 2 ☐ Yes 99 ☐ Unknown	_____
b. convicted of a crime or offense in court	1 ☐ No 2 ☐ Yes 99 ☐ Unknown	_____
c. in a detention center	1 ☐ No 2 ☐ Yes 99 ☐ Unknown	_____
d. incarcerated	1 ☐ No 2 ☐ Yes 99 ☐ Unknown	_____
e. on probation	1 ☐ No 2 ☐ Yes 99 ☐ Unknown	_____
f. on parole	1 ☐ No 2 ☐ Yes 99 ☐ Unknown	_____

RIFIS INTAKE 1C, SECTION 8: ADDITIONAL INFORMATION FOR TARGET CHILD/ YOUTH INFORMATION	
Has child/youth had a psychiatric hospitalization within the 6-months prior to this intake? 1 ☐ No 2 ☐ Yes 99 ☐ Unknown	
Does child/youth have a medical home (place where caregivers usually take him or her for health care) or a primary care provider? 1 ☐ No 2 ☐ Yes 99 ☐ Unknown	

RIFIS DIAGNOSIS: DIAGNOSTIC INFORMATION		
Axis I: Clinical Disorders		
Axis Ia:	Diagnostic code	DSM name
Axis Ib:	Diagnostic code	DSM name
axis Ic:	Diagnostic code	DSM name
Axis Id:	Diagnostic code	DSM name
Axis II: Personality Disorders and Mental Retardation		
Axis 2a:	Diagnostic code	DSM name
Axis 2b:	Diagnostic code	DSM name
Axis 2c:	Diagnostic code	DSM name
Axis 2d:	Diagnostic code	DSM name
Axis III: General Medical Condition (ICD-9-CM name):		
Axis 3a:	Diagnostic code	Name
Axis 3b:	Diagnostic code	Name
Axis 3c:	Diagnostic code	Name
Axis 3d:	Diagnostic code	Name
Axis IV: Psychosocial and Environmental Problems (check all that apply)		
☐ Problems with primary support group	☐ Occupational problems	☐ Problems with access to health care services
☐ Problems related to social environment	☐ Housing problems	☐ Problems related to interaction with legal system
☐ Educational Problems	☐ Economic problems	☐ Other psychosocial/environmental problems
Axis V. (GAF, CGAS)	GAF	CGAS

Name of person completing this form (print)	_____
Signature	_____
Today's Date	[MM/DD/YYYY]
Telephone	