

Due by: To be determined

Parent Project/Loving Solutions Registration/Intake Form

Site: 8200 W. SR 163, Room 132, Oak Harbor, OH

Dates: To be determined

Child's Name:

_____ Age: _____ Date of Birth: _____

child resides with: _____ Sex: Male Female Race: _____

School: _____ grade: _____ Offense: Felony Misd Unruly At Risk

Mother's Name:

_____ will be attending _____ will not be attending

Home Address: _____

Home phone #: _____ cell phone #: _____

Work #: _____ Message #: _____

Father's Name:

_____ will be attending _____ will not be attending

Home Address: _____

Home phone #: _____ cell phone #: _____

Work #: _____ Message #: _____

Other Guardian:

_____ will be attending _____ will not be attending

Home Address: _____

Home phone #: _____ cell phone #: _____

Work #: _____ Message #: _____

Gross annual income:	___ under 12,000	___ 12,000-15,000	___ 15,000-20,000
	___ 20,000-25,000	___ 25,000-30,000	___ 30,000-35,000
	___ 35,000-40,000	___ 40,000-45,000	___ over 40,000

Referred by: (name, agency) _____

Address/phone: _____

Is this court ordered? ___ yes ___ no Which court? _____

Probation Officer: _____

Children Services Worker: _____

Counselor (mental health and/or drug/alcohol): _____

Food allergy of anyone attending? _____

Behavioral Summary:

SCALE: 1 No Problem 2 Sometimes a problem 3 A problem 4 A big problem 5 A huge problem

Respect/Courtesy? At Home (family/parents)? 1 2 3 4 5
Friends? 1 2 3 4 5
School? 1 2 3 4 5
Authority figures (principal, police) 1 2 3 4 5

Following Directions/Rules? At Home (family/parents)? 1 2 3 4 5
Friends? 1 2 3 4 5
School? 1 2 3 4 5
Authority figures (principal, police) 1 2 3 4 5

School Attendance: 1 2 3 4 5
Number of absences last semester: _____

School Performance (grades): 1 2 3 4 5
Grades last semester: _____

Getting along with same age friends : 1 2 3 4 5

Anger Management: At Home (family/parents)? 1 2 3 4 5
Friends? 1 2 3 4 5
School? 1 2 3 4 5
Authority figures (principal, police) 1 2 3 4 5

Drug Use:

Alcohol _____ I know my child does NOT drink alcohol
_____ I suspect my child MAY use alcohol.
_____ I know my child DOES use alcohol (Daily, Weekly, Monthly, Other)
Tobacco _____ I know my child does NOT use tobacco (smoke/chew)
_____ I suspect my child MAY use tobacco
_____ I know my child DOES use tobacco (Daily, Weekly, Monthly, Other)
Marijuana _____ I know my child does NOT smoke marijuana
_____ I suspect my child MAY use marijuana
_____ I know my child DOES use marijuana (Daily, Weekly, Monthly, Other)
Other Drugs: _____ I know my child does NOT use other drugs
_____ I suspect my child MAY use other drugs
_____ I know my child DOES use other drugs (Daily, Weekly, Monthly, Other)
which drug(s)? _____

Brief Summary of issues/concerns: _____

Please return completed referral form to:
Stephanie Weeks, 315 Madison St., Room 305, Port Clinton, OH 43452 419-734-6839
parentproject@co.ottawa.oh.us