785-333-4511

Community CONNECTIONS

www.cconnectionsks.org
245 SW MacVicar Ave. Topeka KS 66606 0

STUDENT INFORMATION

Name:
Social Security # Date of Birth:
Home Address:
City: State: Zip Code:
Gender: Male Female Previous School (if any):

GUARDIAN INFORMATION

Guardian Name:
Relationship to Student: Other:
Phone Number: Email Address: Home Address (if different from student):

MEDICAL INFORMATION

Does the student have any allergies? ☐ yes yes ☐ No

If yes, please list:

Does the student have any medical conditions we should be aware of? ☐ yes No If yes, please specify: _____

Primary Physician Name: _____ Phone Number:
Health Insurance Provider: _____ Policy Number: _____

SCREENING QUESTIONS

1. Has anyone ever given the youth anything for sex (i.e. money , place to stay or food)?
   C] yes No
2. Does the youth have someone who gets them in contact with people to have sex (i.e. pimp, trafficker, "boyfriend" or "girlfriend")? yes NO
3. Check all that apply or have applied: [3 Truancy Homelessness
   Foster Care Substance Abuse
   ☐ Runaway/AWOL C] Sexual Assault (self or familial)
   ☐ Domestic Violence Sends or post proactive
   (self or familial) photos of self
4. Does the youth have relatives or friends who have been known to exchange sex for anything (i.e. money, place to stay or food)? yes No
5. Is the youth on probation or have a pending court case? ☐ yes No

CONTINUE ON BACK

REFERRALS

Reason for Referral/Additional Information:

Any Safety Concerns:

SERVICES YOUTH IS INTERESTED IN

Check all that apply:

[3 Case Management
☐ Housing
[3 Psychiatry
☐ Therapy
☐ CSEC Response Team
[3 Employment Education
☐ Caregiver Support
☐ Peer support/support Groups

BEHAVIORAL SYMPTOMS

Please check appropriate behavioral symptoms:

☐ Angry
☐ Depressed
C] Sad
Threat to others
☐ Self-lnjury
Ü Social Problems
☐ Withdrawn/lsolates
☐ Argumentative
Irritable
[3 Anxious
Treat to Self
Low Self-Esteem
☐ Divorce/separation
☐ Probation/Legal Issues
☐ Disruptive
[3 Inattentive
☐ Learning Disability
☐ Declining Grades
Health Issues
☐ Gang Affiliated
☐ Death of a Family Member

REFERRAL SOURCE CONTACT INFORMATION

Contact Name:

Organization:

Phone Number:

CONSENT & AGREEMENT

☐ I certify that the above information is correct to the best of my knowledge.

Documents Submitted:
SNAP Letter
C] Free or Reduced School Lunch Letter
Proof of Address
Other:

Date: Signature: _____