



Laloboy Foundation
We walk together, not alone.

OFFICE USE ONLY

Date of Inquiry _____

Date of Appointment _____ 30min 1 hr

3 HR ___HR Gil209 GIL OFF Tempe

In Person _____ Video Call _____ Conference Call _____

QB Input Vcita Ck List H2S docs Other _____

Laloboy Foundation Intake Form

Mother's Name: _____

Address: _____ City _____ Zip _____

Cellular Phone #: _____ E-mail Address: _____

Father's Name: _____

Address: _____ City _____ Zip _____

Cellular Phone #: _____ E-mail Address: _____

Health Insurance Information

Insurance Company: _____ Billing Address: _____ City _____ Zip _____

Name of the Insured: _____ DOB _____ Primary Secondary
Policy # _____ Group# _____ Counseling service coverage? Yes No Co-pay \$ _____

How many children and age? B/G ___ B/G ___ B/G ___ B/G ___ Live with you part-time or full-time?

Single Divorce Married Co-habitation Other Relatives in the household _____
 Apt Home Student Loans pymt \$ _____ H/W Special Needs Child Chronic Illness

EMPLOYMENT & FINANCIAL RESOURCES

Employed hours per week _____ Unemployed Last time you had a job _____ Yrs/Mos. Disability Ck \$ _____ VA Check \$ _____
 VA Dependent Ck \$ _____ Workers Comp \$ _____ SSI Income \$ _____ Life Insurance \$ _____ Inheritance Ck \$ _____
 Food Stamps ACCHS Ins. WIC HUD Housing Free/Reduced Lunch Child Support \$ _____ For how many kids? ___
 Spousal Support \$ _____ Ends when? _____ Profession: _____ Degree: AA Certification _____
 Bachelors Masters Other: _____

HOUSEHOLD FINANCIALS

Rent/Mortgage/Room \$ _____ Electric Bill \$ _____ Water/Sewer/Trash \$ _____
 College student F/T P/T Cable/Satelite \$ _____ Internet \$ _____
 Car Payment \$ _____ Balance \$ _____ Car Free & Clear Type of Car Make _____ Model _____ Year _____
 Auto Insurance \$ _____ Auto deductible \$ _____ Fixed medical costs \$ _____ Groceries \$ _____
 Medical/Dental/Eye Ins. TL \$ _____ HSA ACCT BAL \$ _____ FLEX Account \$ _____ Counseling Co-pay \$ _____

DEBTS

Rent/Mortgage/Room \$ _____ Electric Bill \$ _____ Water/Sewer/Trash \$ _____
 College student F/T P/T Cable/Satelite \$ _____ Internet \$ _____ 401K Loan(s) \$ _____
 Credit Card Total \$ _____ CC minimum payments \$ _____ Internet \$ _____ 401K Loan(s) \$ _____
 Car payment \$ _____ Type of Car Make _____ Model _____ Year _____ Ownership: Husband Wife Self
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 HELOC/2nd Mortgage \$ _____ Medical Bills \$ _____ Daycare \$ _____ Age(s) _____ Aftercare \$ _____ age(s) _____

ASSETS

- Home Equity \$ _____ Retirement 401K \$ _____ IRA \$ _____ ROTH IRA \$ _____ Stocks \$ _____
- Pension State Retirement \$ _____ Whole Life Insurance Value \$ _____ Real Estate Note \$ _____
- Business Ownership _____% Inheritance \$ _____ Accident Settlement \$ _____ Lawsuit Settlement \$ _____
- Worker Comp \$ _____ State Retirement \$ _____ Whole Life Insurance Value \$ _____ Real Estate Note \$ _____
- Car Value KBB \$ _____ Car Free & Clear Type of Car Make _____ Model _____ Year _____
- Car Value KBB \$ _____ Car Free & Clear Type of Car Make _____ Model _____ Year _____
- Car/Boat/ATV/Camp Trailer/ Value KBB \$ _____ Car Free & Clear Make _____ Model _____ Year _____
- Timeshare Value \$ _____ Auto deductible \$ _____ Fixed medical costs \$ _____ Groceries \$ _____

What are some concerns about mental wellness for your child(ren)?

- Depression Anxiety Chronic Illness Autism _____ Blind Hearing Impaired
- Other Medical Diagnosis _____ (don't need medical records) Suicide Attempt Date: ___/___/___ Child Isolation
- Drug Addiction Sexual Abuse Safety issue Suspension from school Cyberbully issues Yes No

Have you taken your child(ren) to counseling before? Yes No

If so, what are the name of the practice and the name of the therapist? _____

Are both parents in favor in counseling? Yes No ? Yes No

Are you fully prepared to give your child(ren) the support that they need and follow the instructions of your therapist? Yes No

Other Concerns that you may have about your child(ren)

How did you hear about Laloboy Foundation?

- Website School Church Friend Counselor Radio Show Google Other: _____

Here are some of the resources that we possibly can provide or know another agency that can help:

- Provide counseling stipends to qualifying families directly to the provider of care
- Youth Support Group Services
- Provide Parenting and Youth Workshops
- Connecting families with other local community groups in Arizona that support families
- Public speaking at the schools and other youth organizations upon request

FOR OFFICE ONLY:

- Employed hours per week _____ Unemployed Last time you had a job _____ Yrs/Mos. Apt Home Family Food Stamps
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- Food Stamps ACCHS Ins. WIC HUD Housing Free/Reduced Lunch Child Support \$ _____ For how many kids? _____
- Spousal Support \$ _____ Ends when? _____ Profession: _____ CC Debts \$ _____
- Student Loans pymt \$ _____ H/W Mortgage pymt \$ _____ Equity \$ _____ Special Needs Child Chronic Illness HIPPA FORM