



Client File

To be completed on ALL Children and Youth

Both the front and back of this form must be completed. Please keep a copy for your records. This information is confidential, but it is required to document all shelter care placements with VEFC volunteers.

Mail or Fax this original within 2 weeks of the end of each placement to:

VEFC
P. O. Box 35074
Richmond, VA 23235
Fax: 804-379-7933

Child's Name: _____ Date of Birth: _____ Age*: _____

***If 10 years of age or older, please submit the signed Youth Shelter Home Rules with this form.**

Gender: Male Female Race: African-American Asian Bi-Racial Hispanic White Other

Start Date: _____ End Date: _____ Total Number of Days: _____

Caseworker: _____ Phone #: (_____) _____ Agency: _____

VEFC Program Area: _____ VEFC Family: _____

1. Primary reason for intake (please be specific as possible): _____

2. Was parent/guardian notified within 72 hours (please circle): a. Yes b. No c. Don't know

Date of notification: _____

3. At the time that the child/youth entered the VEFC home, he/she was in the custody of (please circle one):

a. Parent** b. Guardian** c. Department of Social Services d. Juvenile Court e. Do not know

**** If in the custody of parent(s)/guardian(s), please submit signed Permission to Shelter with this form**

4. What is the youth's critical issue (please circle all that apply):

- Family dynamics
- Housing Issues: Youth Family Member(s)
- School & Educational Issues: Youth Family Member(s)
- Unemployment: Youth Family Member(s)
- Mental Health of: Youth Family Member(s)
- Health Issues of: Youth Family Member(s)
- Physical disability of: Youth Family Member(s)
- Mental disability of: Youth Family Member(s)
- Abuse and neglect: Youth Family Member(s)
- Alcohol and Other Drug Use by: Youth Family Member(s)

5. Living situation of child/youth for past 6-12 months (please circle appropriate answer):

- a. In shelter b. On the street c. In a private residence d. In a residential program
- e. In a correctional institute or detention center service facility operated in conjunction with the juvenile system
- f. In a mental hospital or facility providing treatment for psychiatric illness g. Do not know
- h. In another living situation not described here: _____

6. School status (please circle appropriate answer): Last grade completed: _____ or grade currently enrolled in _____

- a. Attends school regularly b. Attends school irregularly c. Drop out d. Do not know

7. Does the child/youth qualify for free or reduced lunch at school?

- a. Yes b. No c. Do not know d. Not applicable

8. Services provided to child/youth (please circle All that apply):

- a. Counseling/therapy b. Peer (youth) counseling c. Education d. Life skills training e. Employment services
f. Physical health care g. Dental care h. Psychological or Psychiatric care i. Substance abuse prevention
j. Substance abuse assessment and/or treatment k. Support groups
l. Legal services or guidance provided through an attorney or an attorney supervised paralegal
m. Parenting skills, services designed to build improved skills that are provided to __ youth who has child(ren) and/or to __parent of youth
n. Community Services/Service Learning (activities that involve youth in helping others)

9. Living Situation after leaving VEFC home (please circle appropriate answer):

- a. To a shelter b. Back to the same private residence c. To a different private residence
d. To a residential Program e. To the military
f. To a correctional institution, detention center, or secure facility operated in conjunction with the juvenile justice system
g. To a mental hospital or facility providing treatment for psychiatric illness.

h. To another living situation not described here: _____

Please explain: _____

10. Verification of safe arrival of youth at destination:

Date: _____ Staff: _____

11. Plans for aftercare or counseling services: _____

12. VEFC’s goal is to be a successful shelter care resource to children and youth as needed. To that end, we continually strive to evaluate our service and make improvements where needed. Your input in our evaluation process is greatly appreciated as we work together to help children and youth.

	Fair	Good	Very Good	Excellent
a. Availability of VEFC staff, family coordinator or host home in order to make request for a placement:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Response time back to your agency regarding request:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Could VEFC do anything to improve our response time: _____				
d. Location of VEFC family home to your agency:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Location of VEFC family home to the child’s school:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Rate the transportation arrangements made for the child/youth to attend school, appointments, etc. (this does not include arrival and departure from VEFC home):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Overall, how would you rate your experience with VEFC regarding this placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments/Suggestions: _____

Caseworker: _____ Phone No.: (_____) _____