

Cooperative Intake

Updated on: _____

Child information

| | | | | |
|----------------------------|-----|--|-----------------|--|
| Name | | Nickname | | |
| School currently attending | | | | |
| Date of birth | Age | Check one <input type="checkbox"/> Male <input type="checkbox"/> Female | Grade in school | Social Security number __ - __ - ____ |

Family information

| | | | | |
|--------------------------|-------------------------|-----------------------|---|--|
| Parent or caregiver name | | Relationship to child | | |
| Address | City | State | Zip | |
| Home phone | | Work or cell phone | | |
| County of residence | Language spoken in home | | Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|-------------------|-------|
| Emergency contact | Phone |
| Legal guardian | Phone |

Others living in the home

| Name | Relationship to child | Birth date |
|------|-----------------------|------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Payer information

| | | |
|---------------------------|-----------------|--|
| Private insurance company | | Policy number |
| Name of insured | Medicaid number | Self-pay <input type="checkbox"/> Yes <input type="checkbox"/> No |

Child’s medical and mental health information

Please list any known drug allergies:

Food or other allergies:

Primary medical or mental health diagnosis:

Does child have complex medical needs? Yes No

Does child have complex mental health needs? Yes No

Is the child currently on medication? Yes No

If yes, refer to medical section of Care Notebook, or see attached list.

| | | |
|------------------------|-------|-----------|
| Primary care physician | Phone | Fax |
| Address | City | State Zip |
| Mental health provider | Phone | Fax |
| Agency | | |
| Address | City | State Zip |

Other important information:

Signature of individual providing information Relationship to child

This form was designed by a **Sooner SUCCESS Regional Workgroup**, with participants from Oklahoma child-serving agencies, programs, and families.