Encouraging Kids Family Contact Information

Child's Name_____ Child's Age_____ Child's Date of Birth _____

Male___ Female___ Child's Primary Language _____Current School District _____

Child's Ethnicity (check one):

African-American_____ Asian_____ Bi-Racial____

Caucasian____ Hawaiian/Pacific Islander____

Hispanic____ Multi-Racial____ Native American____

Other (please specify)_____

Child's Current Location (check one):

Home____ foster home____ group home____

Relative____ residential treatment center____

Shelter____ therapeutic foster care____

youth detention/ Incarceration____ runaway____

psychiatric facility____ independent living____

Child has been diagnosed with (check all that apply):

impulse control disorder____ Dyslexia/Dysgraphia ____

ADD-ADHD____ mood disorder____ anxiety____

pervasive developmental disorder____

autism spectrum disorder____ Cognitive disability____

substance abuse issue____ Auditory Processing Dis.___

other (please specify):_____

How were you referred to Encouraging Kids?

Teacher____ School____ Another Parent____

PerformCare____ DCP&P (formerly DYFS)____

Juvenile Probation____ UCM/CMO____ FSO____

Court____ Mental Health Provider____ SPAN____

Internet search____

Other (please specify):_____

Is your child registered with DDD / Performcare?

Yes_____ No_____

Is your child currently eligible for DDD respite services through Performcare?

Yes_____ No_____

Would you like assistance registering with Performcare for our programs?

Yes_____ No_____

Primary Caregiver (check one):

Mother___ Father___ Grandparent___ Aunt/Uncle____

Other (please specify):_____

Name: _____ Sex_____

Address: _____

Town/City: _____ zip_____

Home phone:_____

Cell phone _____

Email: _____

Encouraging Kids Family Resource Center

10 Reeves Ave, Hamilton, NJ 08610

Office 609-848-1400 ~ Fax 609-848-1401 ~ Email: info@encouragingkids.org