

G. FUNCTIONAL, BEHAVIORAL, SYMPTOMS, SUPPORTS *CHECK ALL THAT APPLY*

Individual's Name:

Primary Support Group: None Apply

- | | |
|--|--|
| <input type="checkbox"/> Conflicts with parent (s) | <input type="checkbox"/> Remarriage of a parent |
| <input type="checkbox"/> Parents divorced | <input type="checkbox"/> Discord with siblings |
| <input type="checkbox"/> Parental abandonment/TPR | <input type="checkbox"/> Birth of a sibling |
| <input type="checkbox"/> History of abuse (emotional, physical, sexual) by a family member | <input type="checkbox"/> Separation from sibling (e.g. foster care, split custody) |
| <input type="checkbox"/> Death of a family member(describe): | <input type="checkbox"/> Removal from home |
| | <input type="checkbox"/> Other(describe): |

Social Environment: None Apply

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|---|--|
| <input type="checkbox"/> Limited/poor peer relationships | <input type="checkbox"/> Exposure to disaster/war(describe): |
| <input type="checkbox"/> Difficulty with acculturation (e.g. refugee stats) | <input type="checkbox"/> History of abuse, victim |
| <input type="checkbox"/> History of abuse (emotional, physical, sexual) by a stranger | <input type="checkbox"/> History of abuse, perpetrator |
| | <input type="checkbox"/> Other(describe): |

Education: None Apply

- | | |
|--|---|
| <input type="checkbox"/> Academic issues | <input type="checkbox"/> Left school |
| <input type="checkbox"/> IEP or 504 | <input type="checkbox"/> Working on GED |
| <input type="checkbox"/> Discord with teachers | <input type="checkbox"/> Achieved GED |
| <input type="checkbox"/> Discord with classmates | <input type="checkbox"/> Other(describe): |

Economic/Occupational: None Apply

- | | |
|---|---|
| <input type="checkbox"/> Poverty/inadequate finances | <input type="checkbox"/> Discord with boss or coworkers |
| <input type="checkbox"/> Inability to maintain employment | <input type="checkbox"/> Other(describe): |
| <input type="checkbox"/> Stressful work schedule | |

Access to Healthcare/Social Services: None Apply

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|--|---|
| <input type="checkbox"/> Lack of available healthcare or social services | <input type="checkbox"/> Other(describe): |
| <input type="checkbox"/> Lack of transportation to healthcare resources | |

Housing: None Apply

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|--|--|
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Unsafe neighborhood |
| <input type="checkbox"/> Family residing in shelter care | <input type="checkbox"/> Other(describe): |

Legal Issues: None Apply

- | | |
|---|---|
| <input type="checkbox"/> Pending charges | <input type="checkbox"/> Victim of crime |
| <input type="checkbox"/> Pending court date | <input type="checkbox"/> Other(describe): |
| <input type="checkbox"/> History of detention placement | |