

**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

- |   |  |
|---|--|
| <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

- |  |   |
|--|---|
| <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

- |  |  |
|--|--|
| <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 |   |