



La Causa Crisis Nursery and Respite Center - Child Data/ Intake Sheet

Date Completed _____ SS# _____ File # _____

Name _____ Age _____ DOB _____ Gender M/F _____

Allergies: _____

Medications: YES _____ NO _____ Reason for medication _____

All medications need to be in original prescription bottle

Special Needs: _____

Feeding Information:

Formula Type _____ how much/ how often _____

Food Allergies/ Restrictions NO _____ YES _____

Additional information: (eating habits, use of bottle/ sippie cup) _____

Child characteristics/ Behavior:

Child enjoys: _____

Discipline used with the child _____

Nap Time _____ Usual Bed time _____

Potty Trained YES NO Diaper size _____

Other information:

School child attends _____ grade _____

Date of last doctor appointment _____ reason _____

Immunizations up to date? YES NO

CHILD RECORD – SHELTER CARE FACILITIES

Use of form: Use of this form is mandatory to comply with DCF 59.07(1)(a). Failure to comply may result in issuance of a noncompliance statement. Personally identifiable information gathered on this form will be used only to verify compliance with licensing rules. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Instructions: Upon admitting a child into shelter care, shelter care staff shall obtain the following information from the child, law enforcement personnel, and if possible, the child's parents. If additional space is needed, attach separate sheet(s).

A. CHILD INFORMATION

Name (include any alias) 59.07(1)(a)(1).

Gender 59.07(1)(a)1. <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate (mm/dd/yyyy) 59.07(1)(a)2.	Date of Placement or Respite Care (mm/dd/yyyy) 59.07(1)(a)4.
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Type of Placement or Service: Pending Court Action Voluntary Placement Respite Care Service

Alleged offense, if applicable 59.07(1)(a)6.

Religious preference 59.05(9)

Name – School 59.07(1)(a)11.	Current Level 59.07(1)(a)11	Immediate previous living arrangement 59.07(1)(a)10
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B. CHILD'S MEDICAL INFORMATION

Name – Physician to be called in an emergency 59.07(1)(a)7.	Telephone Number
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Name – Dentist 59.05(13)(c)	Telephone Number
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Allergies, including allergies to food or medication 59.07(1)(a)8.

Special care requirements 59.07(1)(a)8.

Chronic ailments 59.05(13)(b)

Special diets 59.05(13)(b)

Medical treatments received while in care and dates of each 59.07(1)(a)8. Attach documentation.

C. PERSON / AGENCY LEGALLY RESPONSIBLE FOR THE CHILD 59.07(1)(a)5.

Name – Person / Agency	Telephone Number
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Address (Street, City, State, Zip Code)

D. PARENT OR GUARDIAN 59.07(1)(a)9.

Name – Person / Agency	Telephone Number
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Address (Street, City, State, Zip Code)

Name – Person / Agency to be notified in an emergency 59.07(1)(a)3.	Telephone Number
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E. DISCHARGE INFORMATION

Date of Release 59.07(1)(a)12.	Destination 59.07(1)(a)12
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