

**CHILDREN AND FAMILY SERVICE  
CLIENT INFORMATION FORM**

Name of parent(s)/guardian: \_\_\_\_\_ Data: \_\_\_\_\_

Mother: \_\_\_\_\_  
First Name MI Last Name

Address: \_\_\_\_\_  
Street City State Zip

Home Telephone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Are there other adult caregivers living in this home?  Yes  No

If yes: Name: \_\_\_\_\_ Relationship to client: \_\_\_\_\_

Father: \_\_\_\_\_  
First Name MI Last Name

Address: \_\_\_\_\_  
Street City State Zip

Home Telephone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Are there other adult caregivers living in this home?  Yes  No

If yes: Name: \_\_\_\_\_ Relationship to client: \_\_\_\_\_

**If parents are divorced, or do not live with each other, please answer the following:**

Child's primary place of residence: \_\_\_\_\_

Is there joint custody?  Yes  No

If No, please identify, legal rights of other parent \_\_\_\_\_

- If parents are divorced, BNC will need a copy of divorce papers concerning custody.

Reg. ID# \_\_\_\_\_ Client Name: \_\_\_\_\_

**Are there presently any custodial agencies currently involved with child:**

Yes  No

If yes, please check all that are applicable:

Foster Care

Adoption

Juvenile Justice Authority

Name of Agency: \_\_\_\_\_

Name of Worker: \_\_\_\_\_

Phone number of Worker: \_\_\_\_\_

\*\*\*If client is living in foster home /group home:

Name of foster/group home parents: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Is your child currently involved with any of the following agencies:**

Family Preservation      Name/ telephone of worker: \_\_\_\_\_

SRS      Name/ telephone of worker: \_\_\_\_\_

Court Services      Name/ telephone of worker: \_\_\_\_\_

DCYS      Name/telephone of worker: \_\_\_\_\_

Other: \_\_\_\_\_ Name/telephone of worker: \_\_\_\_\_

Reg. ID# \_\_\_\_\_ Client Name: \_\_\_\_\_