

Today's Date: \_\_\_\_\_

### NEW PARTICIPANT INTAKE

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
street city state zip

Email \_\_\_\_\_

Child Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender \_\_\_\_\_ Ethnicity \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Describe current living arrangement \_\_\_\_\_  
\_\_\_\_\_

Referral?  Yes  No

How did you hear about Barnstone? \_\_\_\_\_

Please tell us in your own words how we can help. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your 2 most important goals for your child?

1. \_\_\_\_\_
2. \_\_\_\_\_

Our program is designed to support development of communication skills, problem solving skills, social skills, creativity and craftsmanship. Children are paired with volunteer mentors. Mentors are trained and receive background clearances, but they are not professional/licensed day care workers or therapists. Your input is important in helping us match your child's needs with our mentor's capabilities. With that in mind, please answer the following questions so that we can better assess our ability in working with your child.

Does your child have an IEP?  Yes  No

What services are provided? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate any recommended health or behavioral modification to have in place to best accommodate your child.

\_\_\_\_\_

Other pertinent issues/information (medical, behavior, family):

\_\_\_\_\_

Barnstone Art for Kids serves children experiencing adversity. Eligibility for the Power of Art Program is determined based on the ACEs (Adverse Childhood Experiences) survey. The ACE scale quantifies adversity in three categories: abuse, neglect and household dysfunction. We recognize that adversity of this kind is frequently passed down generation to generation and acknowledge your courage in requesting help.

Your personal information will be kept confidential and will not be released to anyone outside the organization for any reason.

Action Taken: \_\_\_\_\_