



St. Gerard House - Feed the Need Waiting List - Intake Questionnaire

Please fill out this form to add your family member on our waiting list for the Feed the Need program that serves ages 16 and up. The Feed the Need program is located in Hendersonville, NC. Return the completed form via email to Dawn Winter at Dawn.winter@stgerardhouse.org or via mail to 727 Oakland Street, Hendersonville, NC 28791.

Date: _____

Parent Name _____ **Parent Phone # (s)** _____

Parent Email: _____ **Secondary Phone #** _____

Address: _____ **City/State:** _____ **Zip:** _____

Do you reside within Hendersonville City Limits? Yes _____ No _____ Unsure _____

Client Name: _____ **Client's Date of Birth:** ____/____/____

Gender: ____ Male ____ Female **Household's Primary Language** _____

Guardianship (Who makes decisions for the client?): _____

Insurance Information:

Primary Insurance Provider: _____

Patient Member ID# _____ **Group #** _____

Policy Holder Name: _____ **Relationship to Client:** _____

Do you know if your plan has ABA coverage? _____

Secondary Insurance Company: _____

Patient Member ID# _____ **Group #** _____

Policy Holder Name: _____ **Relationship to Client:** _____

Primary Care Physician: _____

Address: _____ **Phone #** _____

Feed the Need Intake Questionnaire (Continued)

Applicant info:

What is your child's primary diagnosis? Please provide other diagnostic level details if they apply. Provide as much detail as possible. If your child does not have a formal diagnosis please indicate that here.

Does the applicant have an ongoing chronic illness that requires ongoing monitoring or care (i.e. diabetes, severe allergic reactions)?

How does the applicant communicate? (verbal, partially verbal, non verbal, sign language, etc)

Are they receiving other therapies or medical interventions? Please state what services they are receiving.

What is the date of the applicant's most recent Psychological evaluation or diagnostic report?

In your opinion, where does the applicant need the most help?

How many days per week are you interested in receiving services? _____

Can the applicant attend a minimum of 3 sessions per week? _____

Feed the Need Intake Questionnaire (Continued)

Risk Assessment:

1. History/current danger to self:

None If yes, describe: _____

2. History/current danger to others:

None If yes, describe: _____

3. Risk taking behaviors at home and/or in the community:

None If yes, describe: _____

4. In the past 12 months, use of After Hours Face to Face MH/SA Crisis Services:

None If yes, describe: _____

5. Risk of out of home placement or previous placement:

None If yes, describe: _____

6. Assistance needed for mobility:

None If yes, describe: _____

7. Assistance needed for eating/taking medication:

None If yes, describe: _____

8. Supports needed with using the restroom:

None If yes, describe: (Verbal reminders, physical reminders, physical prompts, full assistance)

Feed the Need Intake Questionnaire (Continued)**Optional Demographics:**

1. What gender does your child identify as?

- Male
- Female
- _____
- Prefer not to answer.

2. Please specify your ethnicity

- Caucasian
- African-American
- Latino or Hispanic
- Asian
- Native American
- Native Hawaiian or Pacific Islander
- Two or More
- Other/Unknown
- Prefer not to say

3. What is the highest degree or level of education of the child's primary caregiver?

- Some High School
- High School
- Bachelor's Degree
- Master's Degree
- Ph.D. or higher
- Trade School
- Prefer not to say

4. What is your total expected annual household income?

- Less than \$20,000
- \$20,000 to \$39,999
- \$40,000 to \$59,999
- \$60,000 to \$79,999
- \$80,000 or more
- Prefer not to say