

HEART OF IOWA CHILD INFORMATION FORM

Client Information:

| | | | | | |
|-------------------------|-----|----|-----------|-----|----|
| Client Full Legal Name: | | | | | |
| Date of Admission: | | | | | |
| Client ID Number: | | | | | |
| Client Date of Birth: | | | | | |
| Pregnant: | YES | NO | Children: | YES | NO |

The following section only needs to be filled out if the client has children in treatment. Codes for Child Care, Race, and Custody are on the bottom of this form.

Child Information:

| | | | |
|---------|----------------|----------------|--|
| Name: | | Date of Birth: | |
| Gender: | Male Female | Child Care: | |
| Race: | | Custody: | |
| | | | |
| Name: | | Date of Birth: | |
| Gender: | Male Female | Child Care: | |
| Race: | | Custody: | |
| | | | |
| Name: | | Date of Birth: | |
| Gender: | Male Female | Child Care: | |
| Race: | | Custody: | |
| | | | |
| Name: | | Date of Birth: | |
| Gender: | Male Female | Child Care: | |
| Race: | | Custody: | |
| | | | |
| Name: | | Date of Birth: | |
| Gender: | Male Female | Child Care: | |
| Race: | | Custody: | |

Race Codes:

| | |
|------------------------------|---|
| White/Caucasian | 1 |
| Black/African American | 2 |
| American Indian | 3 |
| Asian | 4 |
| Hawaiian or Pacific Islander | 5 |
| Alaskan Native | 6 |
| Hispanic | 7 |
| Multi-Racial | 8 |

Child Care Codes:

| | |
|------------------------|----|
| In ASAC Child Care | IC |
| Not in ASAC Child Care | NC |
| Weekends Only | WO |

Custody Codes:

| | |
|-------------------|----|
| Permanent Custody | PM |
| Part-Time Custody | PT |