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## CHILD INFORMATION UPDATE FORM (CIUF)

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**CIUFDATE** (Today's Date)

		/			/				
Month			Day			Year			

**CHILDID** (Macro-assigned ID)

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**TIMEFRAM** (Assessment Period)

- 2 = 6 months
- 3 = 12 months
- 4 = 18 months
- 5 = 24 months
- 6 = 30 months
- 7 = 36 months

**Sources of information used to complete this form** (*Select all that apply*)

- 1 = Caregiver (child's caregiver in a family, household environment)
- 2 = Staff-as-Caregiver (staff person who has acted as the child's day-to-day caregiver for the majority of the past 6 months)
- 3 = Youth
- 4 = Case record review

**Agency that the child is involved with** (*Select all that apply*)

- 1 = Corrections
- 2 = Juvenile Court
- 3 = Probation
- 4 = School (Please check type of school):  
 4.1 = Public     4.2 = Private     4.3 = Home School
- 5 = Mental Health Agency/Clinic/Provider     5.1 = Private Clinic/Provider
- 6 = Physical Health Care Agency/Clinic/Provider
- 7 = Child Welfare (e.g., Child Protective Services)
- 8 = Substance Abuse Agency/Clinic/Provider
- 9 = Family Court
- 10 = Other (*Please specify if "other" referral is not listed below:* \_\_\_\_\_)  
 10.1 = Guam Police Department (GPD)     10.3 = Sanctuary, Inc.  
 10.2 = Catholic Social Services (CSS)     10.4 = Juvenile Investigation Section (JIS)

**SPED Involvement**

- |  |                              |                             |                                     |
|--|------------------------------|-----------------------------|-------------------------------------|
| Does the child <u>currently</u> have an Individualized Education Plan (IEP)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| Did the child <u>ever</u> have an IEP?                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |

CHILD ID:

Grid for child ID input

Section I. Child Demographic Information

[Questions #1 – 4 are skipped, as they are not applicable.]

5. What is the zip code of the address where (child's name) currently lives? \_\_\_\_\_

Please specify village where (child's name) currently lives.

- 5.1 = Agana Heights, 5.2 = Agat, 5.3 = Asan, 5.4 = Barrigada, 5.5 = Chalan Pago, 5.6 = Dededo, 5.7 = Hagatña, 5.8 = Inarajan, 5.9 = Maina, 5.10 = Mangilao, 5.11 = Maite, 5.12 = Merizo, 5.13 = Mongmong, 5.14 = Ordot, 5.15 = Piti, 5.16 = Santa Rita, 5.17 = Sinajana, 5.18 = Talafofo, 5.19 = Tamuning, 5.20 = Toto, 5.21 = Umatac, 5.22 = Yigo, 5.23 = Yona

[Question #6 is skipped, as it is not applicable.]

[Note: Question #7 is used to identify youth who, for their protection, are in foster care or another type of out-of-home placement due to intervention by youth protective services/youth welfare, NOT because the youth was incarcerated for breaking the law. If the youth is NOT in foster care or another type of out-of-home placement, enter 666 ("does not apply"). If the youth is in foster care or another type of out-of-home placement due to juvenile justice charges, select 1 ("No").]

7. Is (child's name) in foster care or another type of out of home placement due to a family court decision (do not include placement as a result of juvenile justice charges)?

- 1 = No, 2 = Yes

7a. Where does (child's name) currently live? (Please select)

- 1. Homeless, 2. Home (House/Apartment/Trailer), 3. School Dormitory, 4. Camp (Recreational), 5. Emergency Shelter, 6. Foster Home, 7. Therapeutic/Specialized Foster Home, 8. Group Home, 9. Hospital - Medical, 10. Residential Treatment Center/Therapeutic Camp, 11. Hospital - Psychiatric or psychiatric unit, 12. Youth Justice Related (juvenile detention, youth correctional facility), 13. Adult Justice Related (jail, prison), 14. Other (specify)

7b. Who does (child's name) live with (Select all that apply)

- 1. Biological family (both biological parents), 2. Single biological parent, no partner (Specify: Mother OR Father), 3. Biological parent with partner/step-parent (Specify: Biological Mother OR Biological Father), 4. Split parenting, 5. Adoptive family (Specify: 2 adoptive parents OR 1 adoptive parent, with partner OR 1 adoptive parent, no partner), 6. Non-parent relative (Specify: 2 grandparents OR 1 grandparent, with partner OR 1 grandparent, no partner OR other relative, with partner OR other relative, no partner), 7. Non-relative (e.g., foster parent(s), staff, or other caregiving adult), 8. Independent living (e.g., living alone, with a friend, or within a supervised living situation)

CHILD ID:

Grid for child ID numbers

7c. Who has legal custody of [child's name] currently?

- 1. Two parents (includes two biological parents, or one biological parent and a step or adoptive parent)
2. Biological mother only
3. Biological father only
4. Adoptive parent(s)
5. Sibling(s)
6. Aunt and/or uncle
7. Grandparent(s)
8. Adult friend
9. Ward of the State
10. Other (Specify: )

8. During the past 6 months, was (child's name) the recipient of ...? [Select all that apply]

- 1 = Medicaid
2 = CHIP
3 = SSI
4 = TANF
5 = CMHS grant program funds
6 = Private Insurance
7 = Other
7.1 = MIP
7.2 = Child Support
7.3 = Food Stamps
7.4 = WIC
7.5 = GHURA (Specify: Public Housing OR Section 8)
(Please specify any other: )

Section II. Child Diagnostic Information

[Question #9 is skipped, as it is not applicable.]

In the following section, please record the most recent DSM-IV diagnostic codes and corresponding names in the indicated fields. Please note that a child may not have a code on every axis.

10. Date of the most recent multiaxial diagnostic evaluation

11. Who provided the diagnosis?

- 1 = Child psychiatrist
2 = General psychiatrist
3 = Child psychologist
4 = General psychologist
5 = Licensed clinical social worker
6 = Primary care physician
7 = Other (Please specify: )

CHILD ID:

Grid for child ID input

[Primary diagnosis should be listed as the first diagnosis on each axis (1a, 2a).]

12. AXIS I: Clinical Disorders

Form for Axis I Clinical Disorders with columns for Diagnostic code and DSM-IV name, rows for axis\_1a, axis\_1b, axis\_1c

AXIS II: Personality Disorders and Mental Retardation

Form for Axis II Personality Disorders and Mental Retardation with columns for Diagnostic code and DSM-IV name, rows for axis\_2a, axis\_2b

AXIS III: General Medical Conditions

Form for Axis III General Medical Conditions with ICD-9-CM name column and Axis 3 label

AXIS IV: Psychosocial and Environmental Problems [Select all that apply]

- 1 = Problems with primary support group
2 = Problems related to the social environment
3 = Educational problems
4 = Occupational problems
5 = Housing problems
6 = Economic problems
7 = Problems with access to health care services
8 = Problems related to interaction with the legal system/crime
9 = Other psychosocial and environmental problems

AXIS V: Global Assessment of Functioning Scale (GAF) [Enter current GAF score]

Section III. Child Enrollment Information

13a. System of care enrollment status of the child

- 1 = Child is receiving system-of-care services [GO TO QUESTION #13c]
2 = Formally completed services / discharged [GO TO QUESTION #13c]
3 = Family no longer receiving services, but not discharged [GO TO QUESTION #13c]
4 = Other (Please specify: \_\_\_\_\_) [END OF QUESTIONNAIRE]

13c. Date of child's most recent assessment for the system of care

13d. Date of child's most recent service planning team meeting in the system-of-care

13e. Date of child's most recent service received through the system-of-care

Note: Items shaded in gray were added for the local evaluation and program needs.

For all variables and data elements: 666 = Not Applicable 888 = Don't Know
777 = Refused 999 = Missing