

ENROLLMENT and DEMOGRAPHIC INFORMATION FORM (EDIF)

EDIF DATE (Date EDIF Initiated) / /
Month Day Year

CHILD ID (Macro-assigned ID)

TIMEFRAME (Assessment Period)

1 = Intake

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)
 - 10.2 = Catholic Social Services (CSS)
 - 10.3 = Sanctuary, Inc.
 - 10.4 = Juvenile Investigation Section (JIS)

Agency or individual who referred child to the program

- 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 = Caregiver (Probe: Self-initiated referral on part of caregiver?)
- 11 = Self (youth referred himself or herself)
- 12 = Other (Please specify if "other" referral is not listed below: _____)
 - 12.1 = Guam Police Department (GPD)
 - 12.2 = Catholic Social Services (CSS)
 - 12.3 = Sanctuary, Inc.
 - 12.4 = Juvenile Investigation Section (JIS)

SPED Involvement

Does the child currently have an Individualized Education Plan (IEP)? Yes No Don't Know

Did the child ever have an IEP? Yes No Don't Know

CHILD ID:

Grid for CHILD ID

Section I. Child Demographic Information

1. What is (child's name)'s date of birth?

Month / Day / Year grid

Age: _____

2. Is (child's name) a boy or girl?

- 1 = Boy
2 = Girl

3. Is (child's name) of Hispanic or Latino cultural/ethnic background?

- 1 = No [GO TO QUESTION #4]
2 = Yes

3a. [IF YES] Which group describes his/her Hispanic or Latino cultural/ethnic background? Is he/she ... [Select all that apply]

- 1 = Mexican, Mexican-American, or Chicano
2 = Puerto Rican
3 = Cuban
4 = Dominican
5 = Central American
6 = South American
7 = Other Hispanic origin (Please specify: _____)

4. Which group(s) describes (child's name)? Is he/she ... [Select all that apply]

- 1 = American Indian or Alaska Native
2 = Asian (Please specify.)
2.1 = Filipino, 2.2 = Japanese, 2.3 = Korean, 2.4 = Chinese, 2.5 = Other Asian
3 = Black or African American
4 = Native Hawaiian or Other Pacific Islander (PI) (Please specify.)
4.1 = Chamorro, 4.2 = Chuukese (FSM), 4.3 = Pohnapeian (FSM), 4.4 = Palauan, 4.5 = Kosraean (FSM), 4.6 = Carolinian, 4.7 = Marshallese, 4.8 = Yapese (FSM), 4.9 = Other P.I.
5 = White
6 = Other (Please specify if not shown below : _____)
6.1 Chamorro & Other Group(s), 6.2 Asian & Other Group(s), 6.3 Chuukese & Other Group(s), 6.4 Other Pacific Islander & Other Group(s)

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

CHILD ID:

Grid for child ID input

6. What were the problems leading to (child's name) being referred for services? [Select all that apply]

- 1 = Suicide-related problems...
2 = Depression-related problems...
3 = Anxiety-related problems...
4 = Hyperactive and attention-related problems...
5 = Conduct/delinquency-related problems...
6 = Substance use, abuse, and dependence-related problems
7 = Adjustment-related problems...
8 = Psychotic behaviors...
9 = Pervasive developmental disabilities...
10 = Specific developmental disabilities...
11 = Learning disabilities
12 = School performance problems...
13 = Eating disorders...
14 = Other problems

- 14.1 = sexual abuse
14.2 = physical abuse

(Please specify any other presenting problems: _____)

[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 = Private Insurance
6 = Other
6.1 = MIP
6.2 = Child Support
6.3 = Food Stamps
6.4 = WIC
6.5 = GHURA (Specify: Public Housing OR Section 8)
(Please specify any other:)

8a. Family Income [Please select one]

- 1. Less than \$2,500
2. \$2,500 to \$4,999
3. \$5,000 to \$9,999
4. \$10,000 to \$14,999
5. \$15,000 to \$24,999
6. \$25,000 to \$34,999
7. \$35,000 to \$49,999
8. \$50,000 to \$74,999
9. \$75,000 or more

8b. Number of children, including (child's name), in the family [please check below]

- 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 or more children

Section II. Child Diagnostic Information

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

9. Has diagnostic evaluation been done as part of the intake into the system-of-care program?

- 1 = No
2 = Yes

CHILD ID:

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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: _____)

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

12. AXIS I: Clinical Disorders

	Diagnostic code	DSM-IV name
axis_1a	_____ . _____	_____
axis_1b	_____ . _____	_____
axis_1c	_____ . _____	_____

AXIS II: Personality Disorders and Mental Retardation

	Diagnostic code	DSM-IV name
axis_2a	_____ . _____	_____
axis_2b	_____ . _____	_____

AXIS III: General Medical Conditions

ICD-9-CM name

Axis 3 _____

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] _____

CHILD ID:

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Section III. Child Enrollment Information

13. Date of child's assessment for the system of care _____

13a. System of care enrollment status of the child

- 1 = Child is receiving, or has received, a service that is provided through the system of care (e.g., assessment, crisis intervention, etc.), but is NOT eligible for additional system-of-care services [END OF QUESTIONNAIRE]
- 2 = Child has received a system-of-care service and is eligible for additional services but will NOT be receiving any additional services [END OF QUESTIONNAIRE]
- 3 = Child is eligible for system-of-care services and is receiving, or about to receive, system-of-care services [GO TO QUESTION #13b]

13b. Date of child's first service (after assessment) received through the system of care _____

14. Who participated in the development of the service plan? (Evidence of participation includes signatures of attendees on the plan, or attendees mentioned as being present for the meeting).

- | | | |
|---|--------|--------------------------|
| a. Child's caregiver or guardian | 1 = No | 2 = Yes |
| b. Child | 1 = No | 2 = Yes |
| c. Other family member | 1 = No | 2 = Yes |
| d. Case manager/service coordinator | 1 = No | 2 = Yes |
| e. Therapist | 1 = No | 2 = Yes |
| f. Other mental health staff
(e.g., behavioral aide, respite worker) | 1 = No | 2 = Yes (Specify: _____) |
| g. Education staff (e.g., teacher, counselor) | 1 = No | 2 = Yes (Specify: _____) |
| h. Child welfare staff (e.g., case worker) | 1 = No | 2 = Yes (Specify: _____) |
| i. Juvenile justice (e.g., probation officer) | 1 = No | 2 = Yes (Specify: _____) |
| j. Health staff (e.g., pediatrician, nurse) | 1 = No | 2 = Yes (Specify: _____) |
| k. Family advocate | 1 = No | 2 = Yes (Specify: _____) |
| l. Other | 1 = No | 2 = Yes (Specify: _____) |
| m. Other | 1 = No | 2 = Yes (Specify: _____) |

CHILD ID:

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Enrollment and Demographic Information Form (EDIF)

[Question 15 and 16 are to be completed by site evaluation staff.]

15. Is (child's name) enrolled in the longitudinal outcome study?

- 1 = No [GO TO QUESTION #16]
- 2 = Yes [END OF QUESTIONNAIRE]

16. Reason the child is not enrolled in the longitudinal outcome study:

- 1 = Ineligible - sibling participating in the study
- 2 = Ineligible - child not selected through the site's sampling scheme
- 3 = Ineligible - missed 30-day baseline data collection window
- 4 = Ineligible - enrolled in the longitudinal outcome study at another site
- 5 = Caregiver or independent youth refused to consent
- 6 = Caregiver or independent youth not able to provide consent (e.g., mental health conditions, substance abuser)
- 7 = Language (interviews cannot be conducted in the preferred language of caregiver or youth)
- 8 = Never received services (e.g., inappropriate referral, no further involvement with service system, moved prior to enrollment)
- 9 = Family in crisis
- 10 = Delay in local evaluation procedures (e.g., due to delays in national start up, local IRB delays, staffing issues)
- 11 = Other reason (*Please specify:* _____)

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