



## Hero Kids Family Intake Form

Contact: Jessica Wilson  
Email: jessicawilson@pathwaylongview.com  
Phone: 903-212-7770 x201

### General Information

Name of Applicant: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: (Primary) \_\_\_\_\_ (Secondary) \_\_\_\_\_  
Address: \_\_\_\_\_  
Siblings (Under 16): \_\_\_\_\_

### Medical History

Primary Diagnosis: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Medical Needs: \_\_\_\_\_

### Assistance

Please briefly explain the level of assistance your child needs:

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Social/Behavioral Needs Behavioral Weaknesses:

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Behavioral Strengths: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Likes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dislikes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Physical Needs**

Technological Assistance: \_\_\_\_\_

Bathroom Assistance: \_\_\_\_\_

We have a "No Call Out Policy" which simply means we will not call you out of service for any reason other than physical injury. Please list any other reason why you would want to be called out of the service:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_