

7. Is there anything you would like to change about the way you present yourself to others?

8. Have you ever talked to a counselor? If so, did you find it helpful?

9. Are there any positive adults in your life that you feel are supportive of you?

10. What is one thing you do or would like to do for enjoyment?

11. How is your health? Do you have any medical or physical issues you may need help with?

12. Do you have medical insurance? If so, what is the name of the insurance?

13. Do you have any pending legal charges? Is so, what are they and how long ago did you get them?

14. Have you been involved in the foster care system? If so, when, for how long and where?

15. Have you lived in residential programs or group homes? If so, when, for how long and where?

16. Do you have a history of substance abuse? If yes, please explain.

17. Have you attempted to hurt yourself or others? If so, how long ago did this occur?

18. Have you been diagnosed with a mental illness?

19. Have you ever been placed on medication? If so, what kind of medication, and are you still taking it?

20. Assuming you are accepted into ShortStop and you complete the program, what do you imagine yourself to be doing when you leave?

21. Where and how can we reach you?

Client Signature: _____ **Date:** _____