



D. Family Composition:

Parents' current marital status (check all that apply):

- |   |  |  |             |
|---|--|--|-------------|
| <input type="checkbox"/> Not Married            |  |  |             |
| <input type="checkbox"/> Married/partners with: | <input type="checkbox"/> Biological parent | <input type="checkbox"/> Step or adoptive parent | Year: _____ |
| <input type="checkbox"/> Separated from:        | <input type="checkbox"/> Biological parent | <input type="checkbox"/> Step or adoptive parent | Year: _____ |
| <input type="checkbox"/> Divorced from:         | <input type="checkbox"/> Biological parent | <input type="checkbox"/> Step or adoptive parent | Year: _____ |
| <input type="checkbox"/> Widowed by:            | <input type="checkbox"/> Biological parent | <input type="checkbox"/> Step or adoptive parent | Year: _____ |

Current family composition:

- Child lives with both biological parents
- Child lives with one biological parents & one step-parent or adoptive parent
- Child lives with single parent (which parent? \_\_\_\_\_)
- Child lives with relative(s)
- Other: \_\_\_\_\_

Circle highest grade or level currently completed by:

Parent : \_\_\_\_\_ Occupation: \_\_\_\_\_ relationship to child: \_\_\_\_\_

1 2 3 4 5 6 7 8 9 10 11 12 Some BA/BS MA/MS MD/JD/PhD  
College

Parent : \_\_\_\_\_ Occupation: \_\_\_\_\_ relationship to child: \_\_\_\_\_

1 2 3 4 5 6 7 8 9 10 11 12 Some BA/BS MA/MS MD/JD/PhD  
College

Please list immediate family members including step-family members and/or others in household:

Name:	Sex:	Age:	Relationship to client:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

E. EMERGENCY CONTACT:

Name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_