



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**YMCA CHILD CARE RESOURCE SERVICE HEALTHLINE**  
**Behavior Support Service Request - Individual**

Please complete form and fax or e-mail to:

**Fax: 619-521-3050**

**Attn: Behavioral Services Director**

**E-mail: vklinger@ymca.org**

Parent/Guardian Name:

E-mail:

Address:

Phone:

Alternate Phone:

Language of choice?

Child's Name:

Date of Birth:

Health Insurance:

**No:** Referred to Covered California

**Yes:**

Child Care Provider Name:

Phone:

Child Care Fax Number:

Child Care Facility/Home Name:

Center    FCCH   Address:

**Eligibility**

Is your child currently receiving child care and/or enrolled in pre-school?

**Yes**

**No**

Is your primary concern with your child's behavior at school or at home or both?

**School**

**Home**

Have you been asked to pick up your child in the last 2-3 weeks, due to behavior?

**Yes**

**No**

Has your child care provider discussed ending services?

**Yes**

**No**

Are you concerned with your child's development?

**Yes**

**No**

Are you concerned about your child's speech and language development?

**Yes**

**No**

Has your child been diagnosed with a special need?

**Yes**

**No**

Are you interesting in attending parenting classes?

**Yes**

**No**

Has your child experienced any trauma in the past 6 months such as death of a family member, physical or sexual abuse, been a witness of crime, divorce, deployment etc?

**Yes**

**No**

**Behavior Concerns Checklist**

Aggression    Biting    Hitting    Verbal    Kicking    Throwing objects

**Yes**

**No**

Does your child cause injury to him/herself?

**Yes**

**No**

Defiance and/or oppositional behavior (running away, non-compliance, etc.)

**Yes**

**No**

Withdrawn / difficulty interacting with other children

**Yes**

**No**

**Notes:**

Consent for Release of Information (REQUIRED)

I authorize YMCA Childcare Resource Service to contact me regarding the child listed above for the purpose of delivering the services requested.

Parent/Guardian Signature:

Date