

YMCA Childcare Resource Service

HEALTHLINE Behavioral Health Service Request

Please complete form and fax to:

Attn: Behavioral Services Director

Fax: 619-521-3050

Parent/Guardian Name: _____ E-mail: _____

Address: _____ Phone: _____

Alternate Phone: _____ Language of choice? _____

Child's Name: _____ Date of Birth: _____

Child Care Provider Name: _____ Phone: _____

Child Care Facility/Home Name: _____

Center FCCH Address: _____

If completed by BHS staff – Name: _____ Date: _____

Eligibility

Is your child between 18 months and pre-Kindergarten?	Yes	No
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?	Yes	No
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 interested in attending parenting classes?	Yes	No

Behavior Concerns Checklist

Aggression

<input type="checkbox"/> Biting <input type="checkbox"/> Hitting <input type="checkbox"/> Verbal <input type="checkbox"/> Kicking <input type="checkbox"/> 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Withdrawn / difficulty interacting with other children	Yes	No

Parent/Guardian Signature: _____ Date _____