



Family Information

Child/ren Home Address

Home Number

Father's Name

Title

Occupation

Cell Number

Text & Whatsapp
yes no

Email

Mother's Name

Title

Occupation

Cell Number

Text & Whatsapp
yes no

Email

Parent's Marital Status married, divorced, seperated

If either parent, or any children, live elsewhere, please specify whom and provide address

Synagogue affiliation, Rabbi

Is the family getting help from any other organizations? If so, which ones?

Children Information

Childs Name DOB School Grade Gender

Childs Name DOB School Grade Gender

Childs Name DOB School Grade Gender

Childs Name DOB School Grade Gender

Emergency Contact Name Phone Number Relationship

References - No family please

Spiritual Reference - Rabbi/Rosh Yeshiva

Name / phone / relationship

Neighborhood Reference

Name / phone / relationship

.Other Reference - Friend, Colleague etc

Name / phone / relationship



How did you hear about Bridges?

What circumstances led you to contact Bridges?

What type of assistance are you seeking from Bridges? Check all that apply

Im not sure

After school respite care (no sleeping

Child/ren's name

Shabbos/Yom Tov accommodations (in-
cludes sleeping

Child/ren's name

Full Time Foster Care

Child/ren's name

Other

Do any of the parents or children have any significant medical diagnoses? If so, whom/what ?

Do any of the parents or children have any allergies? If so, whom/what ?

Do any of the parents or children have any mental health or developmental diagnosis? If so, whom/what ?



| | | |
|--|-----|----|
| Are any of the children on psychotropic medication? | yes | No |
| Any psychiatric hospitalizations ? | yes | No |
| Any drug use ? | yes | No |
| Any rehab ? | yes | No |
| Any victims or perpetrators of sexual abuse ? | yes | No |
| Anyone seeing a therapist or psychiatrist? (Get release signed - MUST sign for kids) | yes | No |
| Anyone that any child is particularly close with or trusts ? | | |
| Any other important and relevant information to know about your family ? | | |

By signing this document, I confirm that all of the information provided above is true and accurate to the best of my knowledge

Print Name

Signature

Date