



Intake Questionnaire

Thank you for choosing Arlington County Children’s Behavioral Health.

The Same Day Access (Drop-In, Intake Assessment) process will take approximately 3-4 hours. This includes a financial and clinical assessment to determine eligibility for services. We understand this is a significant time commitment. If you would prefer to schedule your assessment (takes approximately two hours), please call 703-228-1560. If a clinician is not available at the time you call, please leave a message, speak clearly, and repeat your phone number two times.

Please answer the following questions to help us better understand what brought you here today.

1) Name of youth:

Age:

Person filling out this form:

Do you have custody of this child (or are you the legal guardian?) YES NO

Relationship to youth:

2) Is the youth an Arlington Resident? (Select One) YES NO

3) Why are you seeking services?

a) Has your child recently discharged from the hospital or an out of home placement (residential, group home, detention, etc.)? (Select One)

YES NO

4) Does the youth have insurance? (Select One) YES NO

a. If so, what type:

5) Who referred you for services?

6) Is there a court order for services? (Select One) YES NO

a. If so, what?

6) Is your child currently receiving any behavioral health services (therapy or substance abuse)? (Select One) YES NO