

Family Centered Services
123 S. Marion St.
Bluffton, IN 46714



260-824-8574
1-800-824-6111
Keely-Meade-Alstoft

Mentee Initial Interview

Interview by: _____ Date: _____

Name: _____ Date of Birth: _____

Age: _____ Race/Ethnicity: White/Hispanic/African-American/Asian/Other

Address: _____ Phone: _____

If under 18, Parent/Guardian: _____

Address if different from above: _____

Employer: _____ Phone: _____

Emergency Contact Person: _____ Phone: _____

Child's Name: _____ Age: _____ Date of Birth: _____

Marital Status: _____ Do you smoke? _____

Transportation (check all that apply):

____ Have driver's license ____ Family drives me ____ Have my own car
____ Friends drive me ____ Walk ____ None

MATCHED WITH: _____ Date: _____

Family History

1. Tell me something about your family.
2. Names and ages if siblings, where do they live?
3. Parent/Step-parents names.
4. On a scale from 1-10, 10 very supportive, how supportive are they of you and the baby?
5. How were you disciplined?
6. Will you/do you use the same form of discipline?
7. What would you like to see change or improve in your family?

Medical Information

8. Do you have allergies?
9. Have you been tested for HIV/Aids?
10. Are you currently on any medication?
11. What birth control methods are you using?

Personal Information

12. How would you describe yourself? What kind of person are you?
13. When you're happy, what kinds of things do you do?
14. When you become angry, how do you express your emotions?
15. Typically, do you tend to keep your emotions "bottled up" or let them "come out"?
16. Do you consider yourself a leader, follower, or a loner? Why?
17. What do you like about yourself?

18. If you could change something about yourself, what would it be?
19. If you had three wishes, what would they be?
20. Where do you want to be a year from now?
21. What do you feel your biggest needs are at this time?

Information About Child(ren)

22. If you are in school or working, who watches your child?
23. How do you feel about this arrangement?
24. How would you describe your child?
25. What is your major concern about your child right now?
26. How are you dealing with that?
27. Do you have any concerns about your child in the following areas?

Weight_ feeding _____ eating habit_____ Health_ Physical handicap_____

Crying_____ Sleep Habits_____ Behavior_____ Childcare/Babysitting__ Other_____

28. Is your child on regular medication?
29. What doctor does your child visit?
30. Has your child been immunized?
31. Describe your relationship with your child?
32. What would you like to change or improve?
33. For you, what is the best thing about being a mother?
34. What is the worst thing about being a mother?

Baby's Father

35. What involvement do you have with the baby's father?
36. How often does the baby see his/her father?
37. Are you and the baby's father equally sharing the parenting responsibilities and financial responsibilities?
38. Are you receiving child support payments?
39. Would you like to see your relationship with the baby's father change in any way?
40. Are you currently dating anyone?

Social Life/Activities

41. Do you have any close friends near your own age?
42. Do you have any close adult friends?
43. What would you like to do in your free time?
44. Do you belong to any clubs, groups, sport teams, or religious organizations?
45. Do you take your child with you when you go out to do things?
46. What kind of social life do you have apart from your child?
47. When was the last time you took time to do something nice for yourself?
48. How do you relax and deal with the stress of motherhood?

School Performance and Involvement

49. Grade in school or grade completed? Currently attending school?
50. How are you doing in school?
51. How do you get along with others in school?. Do you get along with teachers?
52. Have you ever been suspended from school? If yes, for what reason?
53. Have you ever had a special class on children or parenting?

54. What are your future plans concerning schooling?

Experience with Outside Intervention

55. Have you ever been involved with the legal authorities? If yes, for what reason

56. Have you ever been placed in another home by authorities?

57. Have your ever seen a counselor? If yes, who?

58. In the past, have you used drugs or alcohol? If yes, are you currently using?

Community Resources

59. Are you aware of, or have you used any community agencies or resources:

- Medical Care/Hospitals
- Medicaid
- Housing
- Clothing
- Counseling
- Prenatal Classes
- Educational programs (GED or other)
- Baby supplies
- AFDC or Food Stamps
- WIC
- Healthy Families

Consideration for Potential Mentor MOM

60. What age preference do you have for a Mentor Mom?
_____20-30 _____30-40 _____40-50 _____50+ _____No Preference

61. Describe what you hope your Mentor Mom will be like? (Personality, interests)

62. What things would you like to do with your Mentor Mom?

63. Would you feel comfortable calling your Mentor on the telephone? Suggesting activities to her?

64. Are you willing to commit to the program for one year?

65. Do you have any questions?

Initial Impressions: (complete following interview)

Home environment:

Impressions of parent, interaction with interviewer and interest in program.

Impressions of young mother, interaction with interviewer and interest in program.

Signature of interviewer: _____

Date: _____