

## California Associates for Evidence Based Treatment

### Family Skills Training Application

**Instructions:** Please answer the following questions to the best of your ability.

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone: (Daytime)** \_\_\_\_\_ **(Evening)** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Racial Identity:**  American Indian or Alaska Native       Hispanic or Latino  
 Asian       White  
 Black or African American

**My reasons for attending this training are:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Family member in treatment (relationship):** \_\_\_\_\_

Do you have a family member in a DBT program      **YES** or **NO**

Is your primary concern about an adolescent family member?      **YES** or **NO**

#### FAMILY HISTORY

Please list Parents, Siblings, Spouse, Children, and Significant Relatives/Others:

Name (First and Last)	Relationship	Age	School/Occupation	City of Residence

