



## CLIENT INTAKE FORM

### Parent or Legal Guardian Information

*(Must be completed by all Parents at intake PRIOR to Services Beginning)*

Parent/Guardian First Name: \_\_\_\_\_

Middle: \_\_\_\_\_

Parent/Guardian Last Name: \_\_\_\_\_

Date of Birth (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:  Male  Female

Are you pregnant?  Yes  No

#### Relationship to Child (please select one):

- Father/Stepfather     Grandparent     Mother/Stepmother     Teen Mother     Other Relative  
 Foster Parent     Legal Guardian     Teen Father

#### Race or Ethnicity (please select one):

- Alaskan Native/Native American     Black/African American     Hmong     Pacific Islander     White/Caucasian  
 Asian     Hispanic/Latino     Multiracial     Russian/Ukrainian     Other/Unknown

#### Primary Language Spoken (please select one):

- Cantonese     Hmong     Korean     Vietnamese     Spanish  
 English     Indigenous Mexican     Mandarin     Russian/Ukrainian     Other/Unknown

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Address: \_\_\_\_\_ APT #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Child Information

*(Must be completed by all Parents at intake PRIOR to Services Beginning/one per child)*

Child's First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_

Child's Date of Birth (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Gender:  Male  Female

Child's Relationship to You (select one):  Daughter  Son  Foster Child  Grandchild  Other Relative

#### Child's Race or Ethnicity (please select one):

- Alaskan Native/Native American     Black/African American     Hmong     Pacific Islander     White/Caucasian  
 Asian     Hispanic/Latino     Multiracial     Russian/Ukrainian     Other/Unknown

#### Child's Primary Language (please select one):

- Cantonese     Hmong     Korean     Vietnamese     Spanish  
 English     Indigenous Mexican     Mandarin     Russian/Ukrainian     Other/Unknown

#### Special Needs:

Has a professional (doctor, health professional) or has the parent or anyone else expressed concern or diagnosed this child with any special need or disability, such as physical, emotional, language, hearing difficulty, asthma, autism or other special need?

YES  NO

*This section to be completed by program staff.*

R1011(2&3)

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Consent Form Signed:  Y  N

Agency Name: \_\_\_\_\_

Date Consent Form Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Program Name: \_\_\_\_\_

Date of Enrollment: \_\_\_\_/\_\_\_\_/\_\_\_\_