Client Intake Form

Parent/Guardian/Primary Caregiver

First Name: _____ **Middle Initial:** _____ **Last Name:** _____

Your Relationship to Child *(select only one)*

☐ Mother/Step mother ☐ Father/Step father ☐ Grandparent ☐ Foster Parent ☐ Aunt or Uncle ☐ Older sibling

☐ Other relative ☐ Other (please specify): _____

Your Race or Ethnicity *(select all that apply)*

☐ Alaskan Native/Native American ☐ Asian ☐ Black/African American ☐ Hispanic/Latino ☐ Hmong

☐ Native Hawaiian/Pacific Islander ☐ White ☐ Unknown ☐ Other (please specify): _____

Primary language you speak at home *(select only one)*

☐ Cantonese ☐ English ☐ Hmong ☐ Indigenous Languages of Mexico ☐ Korean ☐ Mandarin

☐ Spanish ☐ Vietnamese ☐ Unknown ☐ Other (please specify): _____

Secondary language(s) you speak *(optional)*

☐ Cantonese ☐ English ☐ Hmong ☐ Indigenous Languages of Mexico ☐ Korean ☐ Mandarin

☐ Spanish ☐ Vietnamese ☐ Unknown ☐ Other (please specify): _____

Zip Code: _____

By signing below, I certify the information on the intake form(s) is true and correct.

Signature of Parent/Legal Guardian: _____ Date: _____

Client Intake Form

Child

Complete one Child Intake Form for each child enrolled in the program. Update or copy the attached Parent Intake Form to correspond with each child intake form.

Child's First Name: _____ Middle Initial: _____

Child's Last Name: _____

Date of Birth (month/day/year): ____ /___ /_____

Child's Race or Ethnicity *(select all that apply)*

☐ Alaskan Native/Native American ☐ Asian ☐ Black/African American ☐ Hispanic/Latino ☐ Hmong

☐ Native Hawaiian/Pacific Islander ☐ White ☐ Unknown ☐ Other (please specify): _____

Child's Primary language spoken at home *(select only one)*

☐ Cantonese ☐ English ☐ Hmong ☐ Indigenous Languages of Mexico ☐ Korean ☐ Mandarin

☐ Spanish ☐ Vietnamese ☐ Unknown ☐ Other (please specify): _____

Child's Secondary language(s) *(optional)*

☐ Cantonese ☐ English ☐ Hmong ☐ Indigenous Languages of Mexico ☐ Korean ☐ Mandarin

☐ Spanish ☐ Vietnamese ☐ Unknown ☐ Other (please specify): _____

Zip Code:_____

This section to be completed by program staff.

Agency Name: _____ Program Name: _____ Contract #_____