



## Client Intake Form

### Parent/Guardian/Primary Caregiver

Complete one Parent Intake Form for each parent and/or child enrolled in the First 5 Fresno County funded program.

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: \_\_\_\_\_

**Evaluation Consent:** To assist programs to better serve children and families, **I agree to share the child and parent/guardian/caregiver information on these intake forms and information regarding services I/we receive** with First 5 Fresno County (F5FC); the organization(s)/agency(ies) providing the program I am participating in; and F5FC's evaluation partners. Participation is voluntary and is not required to participate in this program. For more information see the *Evaluation and Data Collection Information Sheet*.

- YES       NO

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 First 5 Fresno County funded 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 # \_\_\_\_\_