

Client/Family Intake Form

Client LAST Name: Click or tap here to enter text. **First Name:** Click or tap here to enter text. M F

Birthdate: Click or tap here to enter text. **Marital Status:** Single Divorced Married Living together Married, Not living together Widowed

Family type: Single Person 2 parent household Single parent/ female Single parent/Male Other

Childcare history: Professional day-care center Private home daycare In-home nanny Family/friends Pre-K Program Head start program Before school program After school program

Address: Click or tap here to enter text.

Home Phone: Click or tap here to enter text. **Cell phone:** Click or tap here to enter text. **Email:** Click or tap here to enter text.

Ethnicity: Hispanic/Latino Non-hispanic/Latino Don't know Refused to answer

Race: American Indian Asian Black or African American Pacific Islander White Don't know Refused to answer

Primary language spoken : Click or tap here to enter text. **Secondary Language:** Click or tap here to enter text.

Refugee/Immigrant Yes, Country of Origin Click or tap here to enter text. No Limited English? Y N

Emergency Contact Info: Guardian Relative Mentor Physician Friend Primary caregiver other

Name: Click or tap here to enter text. Phone # Click or tap here to enter text.

List all individuals in your household (use back of form if more space is needed):

Last Name/ First Name	Date of Birth	Relationship to client	Gender	Elem School
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Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Signature _____ **Date:** Click or tap here to enter text.