

Date \_\_\_\_\_

### Partners 4 Families

### Intake

Parent/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

City \_\_\_\_\_

Work Phone \_\_\_\_\_

Zipcode \_\_\_\_\_ County \_\_\_\_\_

Best Time to Reach \_\_\_\_\_

email address \_\_\_\_\_

Household Members Name	Male or Female	Date Of Birth	Age	Relationship	Highest Education Achieved	Other services involved: T 19, FIP, IFSP IEP, counseling, WIC, etc.	Race/ Ethnicity
				self			

Household Income \_\_\_\_\_ week/month/year

Federal Poverty Level \_\_\_\_\_

**Other Risk Factors:**

Current Pregnancy: Due Date \_\_\_\_\_ 1st OB Appointment \_\_\_\_\_

*Circle all that apply:*

- Unemployment
- Housing
- Transportation
- Medical Concerns
- Substance Abuse; History or Current
- Depression; History or Current
- Mental Illness; History or Current
- Domestic Violence
- Foster Care; Termination of Parental Rights; Adoption

*For Office Use Only*

*Referred to:*

	<i>date</i>		<i>date</i>
Fremont GSF _____		Storks Nest _____	
Page GSF _____		FaDSS _____	
Positive Families _____		AEA _____	
Early HeadStart _____		Other _____	

Dispositon/result: