

FAMILY INTAKE FORM

Parent Name: _____

Date: _____

Student Name: _____

Phone: _____

HEALTH

- Is everyone in the family covered by medical insurance? Yes / No
Type of insurance: ___ Public ___ Private _____ Health Carrier ___ No insurance
- Is everyone in the family covered by dental insurance? Yes / No
Type of insurance: ___ Public ___ Private _____ Health Carrier ___ No insurance
- Are there any medical or dental concerns in the home? Yes / No
- Does your family access WIC? Yes / No
- Does your family access food stamps? Yes / No
- Does your family need assistance obtaining additional food? Yes / No

EMPLOYMENT

- Is **Parent 1** employed? Yes / No Type of work _____
Want job training? Yes / No Type of training _____
Want a job or a new job? Yes / No Type of job _____
- Is **Parent 2** employed? Yes / No Type of work _____
Want job training? Yes / No Type of training _____
Want a job or a new job? Yes / No Type of job _____

EDUCATION

- Does **Parent 1** have high school diploma or GED? Yes / No
Want high school diploma or GED? Yes / No
Want to go to college? Yes / No
- Does **Parent 2** have high school diploma or GED? Yes / No
Want high school diploma or GED? Yes / No
Want to go to college? Yes / No

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FAMILY RESOURCES

1. Does the family have a car or access? Yes / No Type of transportation _____

2. Does the family own or rent housing? _____

Is rent based on income? Yes / No Section 8? Yes / No

Live with relatives? Yes / No

Are there problems with the house or apartment? Yes / No

Explain: _____

Are there neighborhood/community concerns? Yes / No

Explain: _____

3. Does the family have close friends or family close by? Yes / No

4. Is any family member living outside the home? Yes / No

Explain: _____

5. Is the family involved in any community, social, or religious organizations? Yes / No

6. Are adults registered to vote? Yes / No

7. Does the family receive Care4kids subsidy? Yes / No

8. Does your family need assistance with heating bills? Yes / No

9. Does your family need assistance with completing tax forms? Yes / No

10. Are there any other family needs? _____



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LANGUAGE / CULTURAL INFORMATION

1. Do you or any other member of your family speak another language besides English? Yes / No

2. What other languages are spoken? _____

3. Would you like an interpreter if one can be provided? Yes / No

4. How does your family define your cultural identity?

5. Are there any cultural holiday, religious beliefs, foods, traditions, or other information that are an integral aspect of your family structure?

6. Are there any dietary or celebratory restrictions for your child? _____

PARENT INVOLVEMENT

1. Would you be willing to act as an interpreter for the program and/or another family in our program? Yes / No / NA

2. Would you be willing to translate preschool notices and/or documents? Yes / No / NA

3. Would you be willing to share information about your culture with your child's class and/or Pre-K classes? Yes / No

4. Would you be willing to participate on our Parent Advisory Committee? Yes / No

5. Would you be interested in participating in parent workshops/training? Yes / No
If so, what topics would you like training in?

6. Would you be willing to volunteer in your child's classroom and/or preschool program? Yes / No
If so, what times/days are you available? _____

Thank you for your time, please return this form to the director.