Family Intake Form 2022-23

Date completed: Month____ Day ____Year____

Parent/Caregiver 1 (Primary)

First name: ______________________ *Example: Monica* **Middle name:** _________________ *Patricia* **Last name:** ____________________ *Herrera-Lopez*

Date of birth: Month____ Day ____Year____ **Phone:** ____________________ ☐ Cell ☐ Home

Address: ____ **Zip code:** ____________________________

Email: ____ **Your gender identity:** ☐ Male ☐ Female ☐ Other: _________

Relationship to child *(Check only one)*: ☐ Mother ☐ Father ☐ Legal Guardian ☐ Foster Parent ☐ Grandparent ☐ Other: _________

Race/ethnicity *(Check only one):*

☐ Hispanic/Latino/Chicano
☐ Non-Hispanic White
☐ Vietnamese
☐ Filipino
☐ Other Southeast Asian (e.g., Thai, Cambodian)
☐ South Asian (e.g., Indian, Pakistani)
☐ East Asian (e.g., Japanese, Korean, Chinese)
☐ Native Hawaiian/Other Pacific Islander
☐ Black/African Descent
☐ American Indian/Alaskan Native
☐ Two or more races
☐ Other:______________________

Primary language *(Check only one):*

☐ English
☐ Spanish
☐ Vietnamese
☐ Tagalog
☐ Mandarin
☐ Cantonese
☐ Other East Asian language (e.g., Japanese, Korean)
☐ South Asian language (e.g. Hindi, Punjabi, Telugu)
☐ Other: _____________________

Insurance *(Check only one):*

☐ No insurance ☐ Medi-Cal (including free/reduced cost insurance through Kaiser/Covered California) ☐ Private insurance ☐ Other: ___________

1. <u>In the last 12 months</u>, what kinds of regular child care/preschool experiences did your child(ren) have?

☐ Transitional Kindergarten
☐ Head Start or other free/low cost preschool
☐ Other licensed preschool or child care center
☐ Licensed family child care home
☐ Short-term summer pre-k program
☐ Other: _________________
☐ Family/friend/neighbor
☐ None - At home with parent

2. <u>In a usual week,</u> how many times does your family do these things with your child(ren)?

	Not at all	*1-2 times*	*3 -6 times*	*Every day*
a) Tell stories or sing songs.	☐	☐	☐	☐
b) Have a bedtime routine.	☐	☐	☐	☐
c) Read to or show picture books.	☐	☐	☐	☐

3. Do you have any of the following electronic devices at home to use?

☐ iPhone or other smartphone ☐ Obama phone ☐ iPad/Tablet ☐ Computer ☐ Laptop ☐ Other: _______________

4. Do you have internet/Wifi in your home? ☐ Yes ☐ No ☐ Don't know/Decline to state

5. How would you rate your level of comfort accessing information or programs online?

☐ Very uncomfortable ☐ Somewhat uncomfortable ☐ Neutral ☐ Somewhat comfortable ☐ Very comfortable

Staff use only: ☐ New family ☐ Returning family **FRC/Site Name:** ______________________________________

FRC/Site Staff Name: _____________________________________

General Family Information

6. In the last year, have you and your child ever stayed in any of the following locations due to loss of housing, economic hardship, or because there was no other alternative? *(Please mark all that apply)*

- ☐ Temporarily with friends or family, in a house or apartment
- ☐ In a hotel or motel
- ☐ In a shelter or transitional housing program
- ☐ In a car or RV, in a campground, park, or public place
- ☐ NO, none of these
- ☐ Other: ______________________

7. Is there any risk you and your family may lose your current residence in the next month?

☐ Yes ☐ No ☐ Declined to state

8. In the last year, what kinds of parenting programs, services or supports have you used? *(Please mark all that apply)*

- ☐ Parenting education/support classes (e.g. workshops or classes about parenting, child development or behavior)
- ☐ Home visits from a nurse, community worker, behavioral/therapeutic provider, or other provider
- ☐ Services offered through a Family Resource Center (e.g. referrals, workshops, classes)
- ☐ Library or Bookmobile (e.g. checking out books, attending a class or event, getting information from a librarian)
- ☐ Other: ____
- ☐ None of these programs, services or supports

9. Do you know about the app called "Building Blocks of Parenting"? ☐ Yes ☐ No ☐ Declined to state

10. Do any of these programs serve you or another family member? *(Check all that apply)*

- ☐ CalFresh/EBT
- ☐ CalWORKs
- ☐ WIC
- ☐ Child Welfare/CPS services
- ☐ Mental/Behavioral Health services
- ☐ School Linked Services
- ☐ Other (please specify) ___________________
- ☐ None of these programs

Connecting Your Family to Services

11. Since COVID-19 and the economic shutdown began, how has your family been affected? *(Check all that apply)*

- ☐ Lost job
- ☐ Had job hours reduced
- ☐ Lost health insurance
- ☐ Lost child care
- ☐ Got COVID-19
- ☐ Other (please specify) _____________________________

12. FIRST 5 wants to help you find resources to meet your family's needs. How concerned are you right now about the following things for you or your family?

		Not at all	A little	Moderately	Very much
a)	Having enough money to pay the bills	☐	☐	☐	☐
b)	Health or health care issue	☐	☐	☐	☐
c)	My housing situation	☐	☐	☐	☐
d)	Work-related problems	☐	☐	☐	☐
e)	Child care/early education (TK, preschool)	☐	☐	☐	☐
f)	Immigration	☐	☐	☐	☐
g)	Issues or problems with my spouse or partner	☐	☐	☐	☐
h)	Ability to provide myself and my family enough healthy food	☐	☐	☐	☐
i)	My child's behavior	☐	☐	☐	☐
j)	Feeling down, stressed, or not having as much interest in doing things I/we used to enjoy	☐	☐	☐	☐

Child Information (Children Under 6 Years Old)

First name *Ex.: Jane*	Middle initial *Ex.: A*	Last name(s) *Ex.: Herrera-Lopez*	Gender identity	Date of birth	Primary language *(check only one)*	Ethnicity *(check only one)*	Insurance *(check only one)*	Had checkup with doctor in last year?	If child is more than 1 year old: Had dental exam in last year?	Has child received any screenings?	Special needs *(identified by service provider)*
1.			☐ Male ☐ Female	Month___ Day___ Year___	☐ English ☐ Spanish ☐ Vietnamese ☐ Tagalog ☐ Other South Asian language ☐ Mandarin ☐ Cantonese ☐ Other East Asian language ☐ Other	☐ Hispanic/Latino/Chicano ☐ Non-Hispanic White ☐ Vietnamese ☐ Filipino ☐ Other Southeast Asian ☐ South Asian ☐ East Asian ☐ Hawaiian/Pacific Islander ☐ Black/African Descent ☐ Native American ☐ Two or more races ☐ Other	☐ No Insurance ☐ Medi-Cal (including free/reduced cost insurance through Kaiser/Covered California) ☐ Private ☐ Other	☐ Yes ☐ No	☐ Yes ☐ No	☐ Health ☐ Dental ☐ Vision ☐ Developmental ☐ None of these	☐ Has a special need diagnosed by a professional? *(Please specify):* ______________ ☐ Is receiving professional help for a special need
2.			☐ Male ☐ Female	Month___ Day___ Year___	☐ English ☐ Spanish ☐ Vietnamese ☐ Tagalog ☐ Other South Asian language ☐ Mandarin ☐ Cantonese ☐ Other East Asian language ☐ Other	☐ Hispanic/Latino/Chicano ☐ Non-Hispanic White ☐ Vietnamese ☐ Filipino ☐ Other Southeast Asian ☐ South Asian ☐ East Asian ☐ Hawaiian/Pacific Islander ☐ Black/African Descent ☐ Native American ☐ Two or more races ☐ Other	☐ No Insurance ☐ Medi-Cal (including free/reduced cost insurance through Kaiser/Covered California) ☐ Private ☐ Other	☐ Yes ☐ No	☐ Yes ☐ No	☐ Health ☐ Dental ☐ Vision ☐ Developmental ☐ None of these	☐ Has a special need diagnosed by a professional? *(Please specify):* ______________ ☐ Is receiving professional help for a special need
3.			☐ Male ☐ Female	Month___ Day___ Year___	☐ English ☐ Spanish ☐ Vietnamese ☐ Tagalog ☐ Other South Asian language ☐ Mandarin ☐ Cantonese ☐ Other East Asian language ☐ Other	☐ Hispanic/Latino/Chicano ☐ Non-Hispanic White ☐ Vietnamese ☐ Filipino ☐ Other Southeast Asian ☐ South Asian ☐ East Asian ☐ Hawaiian/Pacific Islander ☐ Black/African Descent ☐ Native American ☐ Two or more races ☐ Other	☐ No Insurance ☐ Medi-Cal (including free/reduced cost insurance through Kaiser/Covered California) ☐ Private ☐ Other	☐ Yes ☐ No	☐ Yes ☐ No	☐ Health ☐ Dental ☐ Vision ☐ Developmental ☐ None of these	☐ Has a special need diagnosed by a professional? *(Please specify):* ______________ ☐ Is receiving professional help for a special need
4.			☐ Male ☐ Female	Month___ Day___ Year___	☐ English ☐ Spanish ☐ Vietnamese ☐ Tagalog ☐ Other South Asian language ☐ Mandarin ☐ Cantonese ☐ Other East Asian language ☐ Other	☐ Hispanic/Latino/Chicano ☐ Non-Hispanic White ☐ Vietnamese ☐ Filipino ☐ Other Southeast Asian ☐ South Asian ☐ East Asian ☐ Hawaiian/Pacific Islander ☐ Black/African Descent ☐ Native American ☐ Two or more races ☐ Other	☐ No Insurance ☐ Medi-Cal (including free/reduced cost insurance through Kaiser/Covered California) ☐ Private ☐ Other	☐ Yes ☐ No	☐ Yes ☐ No	☐ Health ☐ Dental ☐ Vision ☐ Developmental ☐ None of these	☐ Has a special need diagnosed by a professional? *(Please specify):* ______________ ☐ Is receiving professional help for a special need