

Intake Form FY 2017-2021

REVISED 12/05/2017

The **INTAKE FORM** is to be completed **ONCE FOR EACH FIRST 5 CLIENT SERVED** and **ONCE FOR THE PRIMARY PARENT/ADULT CAREGIVER IN THE FAMILY**. Collection of information is for statistical/evaluation purposes only; no identifying information will be shared.

PART I. FIRST 5 Client Intake and Demographics (Completed for ALL First 5 clients)

Complete the following fields for every client who is receiving First 5 services in your Program. The number of Intake Forms completed is based on the scope of work activities outlined in the agency's contract. The intake process (part I and part II) will support both funded programs and First 5 in the collection of required demographic information for First 5 reporting to the state and support with tracking interagency referrals.

<i>Client Demographics</i>	
Client Name:	Date of Intake:
Fiscal Year Participating: <input type="checkbox"/> FY 2016-17 <input type="checkbox"/> FY 2017-18 <input type="checkbox"/> FY 2018-19 <input type="checkbox"/> FY 2019-20 <input type="checkbox"/> FY 2020-21	
Is this a First 5-funded client? (i.e., Did this client receive any First 5-funded services?) <input type="radio"/> Yes <input type="radio"/> No	
Alternate ID (optional):	CWS DR ID (enter only if the client is a DR client):
Type of Client: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> CHILD <input type="radio"/> Child 0-5 <input type="radio"/> Sibling of Child 0-5 </div> <div style="width: 45%;"> <input type="checkbox"/> ADULT <input type="radio"/> Parent or Expectant Parent If expectant parent, estimated due date: _____ <input type="radio"/> Foster Parent <input type="radio"/> Grandparent/Other Relative </div> </div>	
Is this the Primary Parent/Adult Caregiver in this Family? If the client is a child, complete both Intake Form Part 1 and Intake Form Part 2 for the child's Primary Parent /Adult Caregiver (even if the parent did not receive any services). <input type="radio"/> Yes (I want to complete Intake Form Part 2 for this client; see page 2). <input type="radio"/> No (I will complete Intake Form Part 2 on a different parent/adult in this family.)	
Date of Birth:	Gender: <input type="radio"/> Male <input type="radio"/> Female
Were you under the age of 20 when you had your first child? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable	
Address:	Zip Code:
Ethnicity: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black/African American <input type="radio"/> Hispanic/Latino <input type="radio"/> Mixteco </div> <div style="width: 45%;"> <input type="radio"/> Pacific Islander <input type="radio"/> White <input type="radio"/> Other (please specify): _____ <input type="radio"/> Unknown <input type="radio"/> Decline to Answer </div> </div>	
Language Spoken in the Home: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="radio"/> English <input type="radio"/> English and Another Language <input type="radio"/> Spanish <input type="radio"/> Mixtec </div> <div style="width: 45%;"> <input type="radio"/> Mandarin <input type="radio"/> Vietnamese <input type="radio"/> Korean <input type="radio"/> Other (please specify): _____ </div> </div>	
Place of Birth: <input type="radio"/> California If born in California, please indicate the County of Birth: _____ <input type="radio"/> Other State in USA (please specify): _____ <input type="radio"/> Country Other than USA If born outside the United States, please indicate your Country of Birth: <input type="radio"/> China <input type="radio"/> Mexico <input type="radio"/> South Korea <input type="radio"/> Vietnam <input type="radio"/> Other (please specify): _____	

PART II. INTAKE ASSESSMENT (Completed once for each family)

Parent Name: _____

Date of Intake: _____

Note: Adult/Primary Caregiver is free to skip any questions they do not wish to answer.

Health

- 1. During the past 30 days, has worry, anxiety, depression, or sadness made it difficult for you to do your work, get along with people, or take care of things at home? Yes No I Don't Know
- 2. Have you ever had a period of time when worry, anxiety, depression, or sadness made it difficult for you to do your work, get along with people, or take care of things at home? Yes No I Don't Know
- 3. Are your children exposed to tobacco smoke in your home? Yes No I Don't Know
- 4. Did any of your children weigh less than 5.5 pounds when they were born?
Child 1: Yes No I Don't Know
Child 2: Yes No I Don't Know
Child 3: Yes No I Don't Know

Income (Please note that we are NOT using this information for eligibility determination, only to describe the families we serve.)

- 5. Do you ever have problems making ends meet? Yes No I Don't Know
- 6. In the past two months, have you been living in stable housing that you own, rent, or stay in as part of a household? Yes No I Don't Know
- 7. Are you worried or concerned that in the next two months, you may NOT have stable housing that you own, rent, or stay in as part of a household? Yes No I Don't Know
- 8. How many people live in your family/household?
(Include only the people that are part of your nuclear family, including yourself.) _____
- 9. How many children prenatal-5 years old live in your family/household? _____
- 10. What was your family's total income during the past 12 months? (Program services are available to families regardless of income.)
 \$0 to \$5,000 \$20,001 to \$25,000 \$40,001 to \$45,000 \$60,001 to \$65,000
 \$5,001 to \$10,000 \$25,001 to \$30,000 \$45,001 to \$50,000 \$65,001 to \$70,000
 \$10,001 to \$15,000 \$30,001 to \$35,000 \$50,001 to \$55,000 \$70,001 to \$75,000
 \$15,001 to \$20,000 \$35,001 to \$40,000 \$55,001 to \$60,000 \$75,001 and above

Marital Status

- 11. Marital Status of Parent:
 Continuously intact (traditional nuclear family) One parent is deceased
 Divorced family Single parent, not divorced
 Stepfamily Other (please explain): _____

Education

- 12. What is the highest level of education in your family/household?
 Less than high school Bachelor's degree
 High School graduate Graduate School or higher
 Some College or Vocational/Technical training

Child Concerns

13. Do you have any concerns about your child/children's (age 0-5) learning or their education?	Child 1:	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I Don't Know	<input type="radio"/> N/A
	Child 2:	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I Don't Know	<input type="radio"/> N/A
	Child 3:	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I Don't Know	<input type="radio"/> N/A
14. Do any of your children have a disability that interferes with school performance or your work, home, or family life?	Child 1:	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I Don't Know	<input type="radio"/> N/A
	Child 2:	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I Don't Know	<input type="radio"/> N/A
	Child 3:	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I Don't Know	<input type="radio"/> N/A
Circle Service Tier:		<input type="radio"/> Tier 1	<input type="radio"/> Tier 2	<input type="radio"/> Tier 3	<input type="radio"/> Not Applicable

First 5 Evaluation Tool 2018-2021