



## Client Intake Form

**Parent or Legal Guardian Information**  
*(Must be completed by all parents at intake PRIOR to services beginning.)*

First name: \_\_\_\_\_ Middle: \_\_\_\_\_

Last name: \_\_\_\_\_

Date of birth (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_ Are you?  Male  Female

Your relationship to child (please select one):

- Mother/Stepmother  Father/Stepfather  Grandparent  Foster Parent  Other Relative  Provider

Your race or ethnicity (please select one):

- White/ Caucasian
- Asian
- Hmong
- Hispanic/ Latino
- Alaskan Native/ American Indian
- Pacific Islander
- Black African American
- Multi-racial
- Unknown
- Mixteco/Indigenous

Primary language that you speak (please select one):

- English  Spanish  Indigenous Mexican
- Cantonese  Korean  Mandarin
- Hmong  Vietnamese  Other/ Unknown

Your home phone : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ APT # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_



**Child Information – Complete One of These Pages for Each Child  
(Must be completed by all parents at intake PRIOR to services beginning)**

Child’s first name: \_\_\_\_\_ Middle: \_\_\_\_\_

Child’s last name: \_\_\_\_\_

Child’s date of birth (month/day/year) \_\_\_/\_\_\_/\_\_\_ Child’s gender  Male  Female

Child’s relationship to you (please select one):

- Daughter  Son  Foster child  Grandchild  Stepchild  Other

Child’s race or ethnicity (please select one):

- White/ Caucasian
- Asian
- Hmong
- Hispanic/ Latino
- Alaskan Native/ American Indian
- Pacific Islander
- Black African American
- Multi-racial
- Unknown
- Mixteco/Indigenous

Child’s primary language (please select one)

- English  Spanish  Indigenous Mexican
- Cantonese  Korean  Mandarin
- Hmong  Vietnamese  Other/ Unknown

***This section to be completed by program staff.***

Today’s date: \_\_\_/\_\_\_/\_\_\_

Consent Form Signed  Y  N

Agency Name: \_\_\_\_\_

Date Consent Form Signed: \_\_\_/\_\_\_/\_\_\_

Program Name: \_\_\_\_\_

Date of Enrollment: \_\_\_/\_\_\_/\_\_\_