



Client Intake Form

Parent/Guardian/Primary Caregiver

Complete one Parent Intake Form for each parent and/or child enrolled in the First 5 Fresno County funded program.

First Name: _____ Middle Initial: _____ Last Name: _____

Your Relationship to Child (select only one)

- Mother/Step mother
- Father/Step father
- Grandparent
- Foster Parent
- Aunt or Uncle
- Older sibling
- Other relative
- Other (please specify): _____

What is the highest level of education you completed and received credit for? (select only one)

- Grades 1-8
- Grades 9-11
- Grade 12 (high school)
- Some College
- Vocational School
- AA/AS Degree
- BA/BS Degree
- Some Graduate School
- MA/MS Degree
- PhD or equivalent
- No formal education
- Unknown

Your Race or Ethnicity (select all that apply)

- Alaskan Native/Native American
- Asian
- Black/African American
- Hispanic/Latino
- Hmong
- Native Hawaiian/Pacific Islander
- White
- Unknown
- Other (please specify): _____

Primary language you speak at home (select only one)

- Cantonese
- English
- Hmong
- Indigenous Mexican
- Korean
- Mandarin
- Spanish
- Vietnamese
- Unknown
- Other (please specify): _____

Secondary language(s) you speak (optional)

- Cantonese
- English
- Hmong
- Indigenous Mexican
- Korean
- Mandarin
- Spanish
- Vietnamese
- Unknown
- Other (please specify): _____

How many children are in your household?

Total children ages 0-5 years old: _____

Total children ages 6-17 years old: _____

*Optional Question: Are you a single parent? Yes No

Primary Phone Number: (____) _____ - _____ Address: _____ APT # _____

City: _____ State: _____ Zip Code: _____

Evaluation Consent: To assist programs to better serve children and families, I agree to share the child and parent/guardian/caregiver information on these intake forms and information regarding services I/we receive with First 5 Fresno County (F5FC); the organization(s)/agency(ies) providing the program I am participating in; and F5FC's evaluation partners. Participation is voluntary and is not required to participate in this program. For more information see the *Evaluation and Data Collection Information Sheet*.

YES NO

By signing below, I certify the information on the intake form(s) is true and correct.

Signature of Parent/Legal Guardian: _____ Date: _____



Client Intake Form

Child

Complete one Child Intake Form for each child enrolled in the First 5 Fresno County funded program. Update or copy the attached Parent Intake Form to correspond with each child intake form.

Child's First Name: _____ Middle Initial: _____

Child's Last Name: _____

Date of Birth (month/day/year): ____ / ____ / ____

Child's Race or Ethnicity (select all that apply)

- Alaskan Native/Native American
- Asian
- Black/African American
- Hispanic/Latino
- Hmong
- Native Hawaiian/Pacific Islander
- White
- Unknown
- Other (please specify): _____

Child's Primary language spoken at home (select only one)

- Cantonese
- English
- Hmong
- Indigenous Mexican
- Korean
- Mandarin
- Spanish
- Vietnamese
- Unknown
- Other (please specify): _____

Child's Secondary language(s) (optional)

- Cantonese
- English
- Hmong
- Indigenous Mexican
- Korean
- Mandarin
- Spanish
- Vietnamese
- Unknown
- Other (please specify): _____

Child's most recent housing

- Owned home
- Apartment/rental
- Friends/family shared housing
- Shelter
- Transient/homeless
- Unknown
- Other (specify if possible): _____

If address is different than the address listed on the parent intake form include the address below:

Address: _____ City: _____ State: _____ Zip: _____

This section to be completed by program staff.

Agency Name: _____ Program Name: _____ Contract # _____