

Family Needs Intake Form

(To be completed only by families applying for Financial Assistance)

Parent/Guardian First Name: _____ Last: _____

Home Address: _____

Home Phone: _____ E-Mail: _____

Would you like to receive occasional emails about upcoming child and family events? ____ Yes ____ No

Members of Immediate Family (i.e. mother, father & children; mother, spouse & children; grandparents & grandchildren)

Name	Relationship to child	Age	Monthly Income	Source of Income
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Monthly Family Income: _____

You will need to provide proof of income (pay stubs) for all working members of the family.

Is everyone in the family covered by health insurance? ____ Yes ____ No
Husky: _____ Employment: _____

Primary Care Physician: _____

Does your family receive food stamps? ____ Yes ____ No Amount? _____

Do your children receive free or reduced lunch? _____

Do you receive energy assistance? _____

Does your family have access to transportation? _____

How will you transport your child to and from preschool? _____

Does your family own or rent housing? _____ Monthly payment? _____

Is your family on Section 8? _____ Does your family live with relatives? _____

Is your family involved in any community, social or religious organizations? _____

Are the adults in your family registered to vote? _____

Are your children in day care? _____ Where? _____

Does your family receive Care4Kids Subsidy? _____
(If yes, you will need to bring your Care4Kids Certificate with you to the intake appointment)

Do you or any other family members want to pursue adult educational opportunities? _____

Are there any other family needs: _____

For office use only

Date of intake: _____

Re-evaluation date: _____

Total Household income: _____

Total Household income: _____

Eligible _____ Not Eligible _____

Eligible: _____ Not Eligible: _____

% SMI: _____

% SMI: _____

Amount due for 1st half of year:

Amount due for 2nd half of year:
