

FAMILY CENTRAL FAMILY SUPPORT SERVICES

HIPPY Program – Client Intake Form

DATE: _____

COMPLETED BY: _____

FCI CONTACT NUMBER: (954) 724-4075

FCI FAX NUMBER: (954) 724-4075

APPLICANT INFORMATION (PARENT INFORMATION)

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOUSE APT/TOWNHOME _____ (NUMBER/UNIT/BUILDING) _____

HOME: (____) _____ - _____ WORK: (____) _____ - _____ OTHER: (____) _____ - _____

LANGUAGES SPOKEN ENGLISH SPANISH CREOLE OTHER _____ PREFERRED LANGUAGE: _____

BEST TIME TO CONTACT: _____

CHILD(REN) INFORMATION

LAST NAME	FIRST NAME	D.O.B.	AGE	HIPPY AGE

HOW DID YOU HEAR ABOUT THE HIPPY PROGRAM? _____

REFERRAL MADE BY: SELF SCHOOL/PRESCHOOL FAMILY MEMBER RETURNING CLIENT OTHER _____

FAMILY SIZE: _____

ANNUAL INCOME: _____

-OR- MONTHLY INCOME: _____

DATE	NOTES

OFFICE USE ONLY:

FAMILY MEETS UNITED WAY ELIGIBILITY CRITERIA? YES NO (GROSS INCOME IS 200% BELOW FPL) (REQUIRED FOR ELC FUNDING)

FAMILY MEETS TANF- CRITERIA? YES NO (NOT REQUIRED FOR ENROLLMENT, BUT PRIORITIZES CLIENT)

FAMILY MEETS HIPPY ELIGIBILITY CRITERIA? YES NO (HAS A CHILD THAT IS 3 OR 4 YEARS OLD) (REQUIRED FOR ENROLLMENT)

HOME VISITOR IN THE AREA: _____ WAIT LIST: _____

REASON

DATE: _____

ASSIGNED TO: _____

HOME VISITOR