

## FAMILY CENTRAL INC- FAMILY SUPPORT SERVICES HIPPY Client Intake Form

DATE: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_

FC CONTACT NUMBER: 305-749-8600

FC FAX NUMBER: 305-749-8616

### APPLICANT INFORMATION (PARENT INFORMATION)

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

 APT/TOWNHOME # \_\_\_\_\_ HOME: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ OTHER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

RACE: BLACK/AFRICAN AMERICAN WHITE ETHNICITY: NON HISPANIC HAITIAN HISPANIC

 LANGUAGES  ENGLISH  SPANISH  CREOLE  OTHER \_\_\_\_\_ PREFERRED LANGUAGE: \_\_\_\_\_

Parent DOB: \_\_\_\_\_ RELATIONSHIP TO CHILD (REN) \_\_\_\_\_ Marital Status \_\_\_\_\_

Highest Education Level: High School Associate Bachelors Masters Other Best Time to Contact \_\_\_\_\_

### CHILD (REN) INFORMATION

LAST NAME	FIRST NAME	D.O.B.	GENDER (M/F)	Documented Disability (Learning ,Emotional, Profound, Physical, Sensory)

DOES CHILD HAVE HEALTH INSURANCE: Y/N \_\_\_\_\_ ENROLLED IN SUBSIDIZED PRE-K/CHILDCARE: Y/N \_\_\_\_\_

NUMBER OF ADULTS: \_\_\_\_\_ CHILDREN: \_\_\_\_\_ ANNUAL INCOME: \_\_\_\_\_ MONTHLY INCOME: \_\_\_\_\_

APPLICATION APPOINTMENT SET FOR: \_\_\_\_\_

DATE

NARRATIVE


**OFFICE USE ONLY:**FAMILY MEETS TANF-ELIGIBILITY CRITERIA  YES  NO APPROVED BY: \_\_\_\_\_ COORDINATORFAMILY MEETS HIPPY ELIGIBILITY CRITERIA  YES  NOHOME VISITOR IN THE AREA: \_\_\_\_\_  WAIT LIST: \_\_\_\_\_ (REASON)

ASSIGNED TO HOME VISITOR ON: \_\_\_\_\_ (DATE)

HIPPY AGE: CHILD ONE \_\_\_\_\_ CHILD TWO \_\_\_\_\_ CHILD THREE \_\_\_\_\_