

- HOPE Family Resource Center
- CARE Program McKinney-Vento

Client Intake Form

Date:	Referred By:	Case Manager:			
Client Name:		DOB:	Marital Status:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Address:		City/Zip:		Phone:	
Child's Name	School	Gender	DOB	Grade	Current IEP
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
Income Sources:			Additional Information:		
<input type="checkbox"/> Employment \$ _____ <input type="checkbox"/> Self-employed \$ _____ <input type="checkbox"/> SSI/SSDI \$ _____ <input type="checkbox"/> Child Support \$ _____ <input type="checkbox"/> TANF \$ _____ <input type="checkbox"/> CalFresh \$ _____ <input type="checkbox"/> Unemployment/Disability \$ _____ <input type="checkbox"/> Other: \$ _____			Household size? _____ Living at the above address since: _____ Is your child receiving free/reduced school lunch? <input type="checkbox"/> Yes <input type="checkbox"/> No Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: Does your child have health insurance? <input type="checkbox"/> No <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Other Do you have health insurance? <input type="checkbox"/> No <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Other		
Current Housing:					
<input type="checkbox"/> Single family home <input type="checkbox"/> Temporarily sharing housing <input type="checkbox"/> Hotel/Motel/Campgrounds <input type="checkbox"/> Shelter/Transitional Housing <input type="checkbox"/> Living in a car/park/public space <input type="checkbox"/> Unaccompanied Youth					
Mark areas of interest or need:					
<input type="checkbox"/> Food <input type="checkbox"/> Clothing <input type="checkbox"/> Hygiene items <input type="checkbox"/> Affordable housing <input type="checkbox"/> Shelter/Transitional housing <input type="checkbox"/> Utility assistance <input type="checkbox"/> Transportation <input type="checkbox"/> Job assistance/Training <input type="checkbox"/> Parenting classes <input type="checkbox"/> School Supplies <input type="checkbox"/> Adult School/G.E.D. <input type="checkbox"/> CalFresh/CalWorks <input type="checkbox"/> Vision care <input type="checkbox"/> Dental care <input type="checkbox"/> Immunization <input type="checkbox"/> Medi-Cal/Covered CA <input type="checkbox"/> Low-Cost clinic <input type="checkbox"/> Behavioral <input type="checkbox"/> Counseling <input type="checkbox"/> Tutoring <input type="checkbox"/> Legal aid <input type="checkbox"/> Childcare/Preschool <input type="checkbox"/> Other: _____					

I am the parent/guardian of the student/s named above. I declare that the information I have given is true and correct. I am aware that my student/s must attend school regularly and that attendance and grades are subject to review.

For McKinney-Vento: I verify that I received information regarding McKinney-Vento educational rights and a copy of the Client Confidentiality Policy.

Signature: _____ Date: _____

For Office Use: <input type="checkbox"/> Office Visit <input type="checkbox"/> Phone Call <input type="checkbox"/> Other:
I, the undersigned Case Manager of _____, hereby certify that I have received verbal confirmation that the above information is true and correct.
<div style="display: flex; justify-content: space-between;"> _____ Case Manager _____ Date </div>