

## CVUSD HOPE FAMILY RESOURCE CENTERS

Date: \_\_\_\_\_ Time: \_\_\_\_\_ School Site: \_\_\_\_\_

Eng  Span  Phone  Walk-in Name of staff taking referral: \_\_\_\_\_



Name of Parent/Guardian: \_\_\_\_\_ DOB: \_\_\_\_\_

Home or Cell #: \_\_\_\_\_ E-mail (optional): \_\_\_\_\_

Child/Student(s) Age(s): \_\_\_\_\_ Zip Code: \_\_\_\_\_

Current Housing:  Single family home  Temporarily sharing housing  motel/shelter/car

Ethnicity:  Alaska Native/American  Asian  Black/African American  Hispanic/Latino

Multiracial  Pacific Islander  White (non –Hispanic)  Other  Decline

**Mark areas of interest or need:**  Health  Parenting Classes  Behavioral  Counseling

CalFresh/WIC  CalWorks  Childcare  Preschool  Food/clothing

Tutoring  Medi-Cal/Covered CA  Employment  Other \_\_\_\_\_

### For office use only:

HOPE  CARE  TYKES CM Assigned to: \_\_\_\_\_

F/U #1: \_\_\_\_\_

F/U #2: \_\_\_\_\_

## CVUSD CENTROS DE RECURSOS FAMILIARES HOPE

Date: \_\_\_\_\_ Time: \_\_\_\_\_ School Site: \_\_\_\_\_

Eng  Span  Phone  Walk-in Name of staff taking referral: \_\_\_\_\_



Nombre de Padre/Guardián: \_\_\_\_\_ Fecha de nacimiento: \_\_\_\_\_

Teléfono: \_\_\_\_\_ Correo Electrónico: \_\_\_\_\_

Edad(es) de niño(s): \_\_\_\_\_ Código postal: \_\_\_\_\_

Vivienda Actual:  Hogar de una familia  Compartiendo vivienda  motel/albergue/carro

Etnia:  Hispano/Latino  Asiático  Anglosajón  Nativo de Alaska/Indio American

Isleño del Pacifico  Afro-Americano  Multirracial  Otro  No se/Rehusó

**Marque áreas de interés o necesidades:**  Salud  Clases de Crianza  Comportamiento

Consejería  Cuidado de niños  Preescolar  Comida/Ropa  Tutoría  CalFresh/WIC

Asistencia Monetaria  Medi-Cal/Covered CA  Empleo  Otro \_\_\_\_\_

### Para uso de oficina solamente/For office use only:

HOPE  CARE  TYKES CM Assigned to: \_\_\_\_\_

F/U #1: \_\_\_\_\_

F/U #2: \_\_\_\_\_