

Family Intake

Form A

Family's Last Name:		Family ID:	
Household Type	<input type="checkbox"/> Single <input type="checkbox"/> Two-Parent (both parents in same home) <input type="checkbox"/> Multi-Parent <input type="checkbox"/> Multi-Generational <input type="checkbox"/> Describe in your own words:		
<input type="checkbox"/> Grandparent raising Grandchild(ren) (informal/non-custody) <input type="checkbox"/> Grandparent raising Grandchild(ren) (formal/has custody)			
Main Phone:		Cell Phone:	
Notes/Instructions Regarding Contact:			
Income (Optional): What is your total household income?			
<input type="checkbox"/> Less than \$10,000 <input type="checkbox"/> \$10,000 to \$19,999 <input type="checkbox"/> \$20,000 to \$29,999 <input type="checkbox"/> \$30,000 to \$39,999 <input type="checkbox"/> \$40,000 to \$49,999 <input type="checkbox"/> \$50,000 to \$59,999 <input type="checkbox"/> \$60,000 to \$69,999 <input type="checkbox"/> \$70,000 to \$79,999 <input type="checkbox"/> \$80,000 to \$89,999 <input type="checkbox"/> \$90,000 to \$99,999 <input type="checkbox"/> \$100,000 to \$149,999 <input type="checkbox"/> \$150,000 or more			
Housing – Primary Contact Address			
Your family is: <input type="checkbox"/> Living in their own apartment or home (owned or rented) <input type="checkbox"/> Homeless but Sheltered <input type="checkbox"/> Homeless and Not Sheltered <input type="checkbox"/> Not Answered			
Street:			
Street 2:			
Apt #:		City:	
State:		Zip Code:	
Household Size:			
Total # of children/youth living in household:		Total # of household members:	
Referral Source(s): How did you hear about us? (select all that apply)			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> CBHI Program (Children's Behavioral Health Initiative) <input type="checkbox"/> CSA (Community Service Agency) <input type="checkbox"/> Church / Faith Based Organization / Minister <input type="checkbox"/> Community Connections Coalition <input type="checkbox"/> Community Taskforce <input type="checkbox"/> Court / Probation Officer <input type="checkbox"/> DCF (Dept. of Children and Families) (not PATCH related) <input type="checkbox"/> DDS (Dept. of Development Services) <input type="checkbox"/> DMH (Dept. of Mental Health) <input type="checkbox"/> DTA (Dept. of Transitional Assistance) <input type="checkbox"/> DYS (Dept. of Youth Services) <input type="checkbox"/> EI (Early Intervention) <input type="checkbox"/> Family Who Used FRC Services <input type="checkbox"/> FRC Event/Activity <input type="checkbox"/> FRC Website (FRCMA.org) <input type="checkbox"/> Friend / Family <input type="checkbox"/> Mass211 <input type="checkbox"/> Mental Health Counselor / Clinic </div> <div style="width: 50%;"> <input type="checkbox"/> Mobile Crisis Unit <input type="checkbox"/> Mutual Self-help Group Walk-in <input type="checkbox"/> PATCH <input type="checkbox"/> Pediatrician / ACO Initiative <input type="checkbox"/> Pediatrician / Family Doctor <input type="checkbox"/> Pre-School / Head Start <input type="checkbox"/> Other Healthcare Provider <input type="checkbox"/> Taskforce <input type="checkbox"/> Self <input type="checkbox"/> School <input type="checkbox"/> Substance Use Disorder Provider <input type="checkbox"/> Substance Use Recovery Center <input type="checkbox"/> WIC (Women, Infants and Children) <input type="checkbox"/> Other State Agency: <input type="checkbox"/> Other Local Agency: <input type="checkbox"/> Social Media: <input type="checkbox"/> Printed Media: <input type="checkbox"/> Other Referral Source: </div> </div>			

Household Members:							
Last Name	First Name	Middle Initial	Preferred Name	Gender	DOB	Age	Is this household member seeking services?
				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-binary <input type="checkbox"/> _____			<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-binary <input type="checkbox"/> _____			<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-binary <input type="checkbox"/> _____			<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-binary <input type="checkbox"/> _____			<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-binary <input type="checkbox"/> _____			<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-binary <input type="checkbox"/> _____			<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-binary <input type="checkbox"/> _____			<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-binary <input type="checkbox"/> _____			<input type="checkbox"/> Y <input type="checkbox"/> N

Disposition: *For Office Use Only*

Staff That Completed Intake: _____

(Please check all that apply)

☐ Information and Referral
☐ Family Resource Center Services

☐ External Referral
☐ Family Strengths and Needs Assessment (Family CANS)
☐ Family Support Plan

Intake Type: ☐ Phone ☐ Office ☐ In person

Information Update: ☐ Y ☐ N

Preferred Method of Contact: ☐ Any ☐ Email ☐ Phone ☐ Fax ☐ Mail
 Email: ☐ Allow ☐ Do Not Allow
 Phone: ☐ Allow ☐ Do Not Allow
 Mail: ☐ Allow ☐ Do Not Allow

Updated by: _____

Date: _____

Updated by: _____

Date: _____

Is Family Member Active in FRC? ☐ Yes ☐ No

Reason No Longer Active in FRC:
☐ Graduated / Successfully Completed Services
☐ Moved Out of Area / No Contact Provided
☐ Moved Out of Area / Transitioned to Another FRC
☐ Dissatisfied with Services / Chose Not to Continue

☐ Youth No Longer with Family
☐ Family Member Passed Away
☐ Family Chose Not to Continue / No Reason Provided
☐ Other: _____

Notes: