

Date: _____		Family ID: _____		Family Member ID: _____																																																			
<b>Section 1. Family Member</b>																																																							
Last Name:	First Name:	Middle Initial:	Preferred name:	DOB:	Age:																																																		
Health Insurance: Do you have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not answer																																																							
Main Phone:			E-mail Address																																																				
Cell Phone:			Notes regarding Contact:																																																				
Are you currently attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name of the School Currently Attending: _____																																																							
<b>What is your current gender identity?</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary, Gender Fluid <input type="checkbox"/> I'm questioning/not sure <input type="checkbox"/> Prefer not to answer		<b>Would you like to share your preferred pronouns?</b> <input type="checkbox"/> She/her/hers <input type="checkbox"/> He/him/his <input type="checkbox"/> They/them/theirs <input type="checkbox"/> Ze/zir/zirs <input type="checkbox"/> Something else: _____		<b>Services Needed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No																																																			
Initial Contact Date: _____			Age at Initial Contact Date: _____																																																				
Primary Contact <input type="checkbox"/> Yes <input type="checkbox"/> No			Secondary Contact <input type="checkbox"/> Yes <input type="checkbox"/> No																																																				
Is this Family Member's Address different from the Family? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																							
If "Yes", please fill out the address information below.																																																							
Street:			City:																																																				
Street 2:			State:																																																				
<b>Family Member Status: What is your primary role in your Household/Family?</b>																																																							
<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adopted Child/Youth</td> <td><input type="checkbox"/> Child / Youth</td> <td><input type="checkbox"/> Foster Parent</td> <td><input type="checkbox"/> Legal Guardian</td> <td><input type="checkbox"/> Step-child</td> </tr> <tr> <td><input type="checkbox"/> Adopted Daughter</td> <td><input type="checkbox"/> Co-Parent</td> <td><input type="checkbox"/> Friend</td> <td><input type="checkbox"/> Mother</td> <td><input type="checkbox"/> Step grandparent</td> </tr> <tr> <td><input type="checkbox"/> Adopted Son</td> <td><input type="checkbox"/> Cousin</td> <td><input type="checkbox"/> Grandchild</td> <td><input type="checkbox"/> Mother-in-Law</td> <td><input type="checkbox"/> Step-parent</td> </tr> <tr> <td><input type="checkbox"/> Adoptive Parent</td> <td><input type="checkbox"/> Daughter</td> <td><input type="checkbox"/> Grandfather</td> <td><input type="checkbox"/> Nephew</td> <td><input type="checkbox"/> Step-sibling</td> </tr> <tr> <td><input type="checkbox"/> Aunt</td> <td><input type="checkbox"/> Ex-Husband</td> <td><input type="checkbox"/> Grandmother</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> Teen Parent (under age 19)</td> </tr> <tr> <td><input type="checkbox"/> Biological Daughter</td> <td><input type="checkbox"/> Ex-Wife</td> <td><input type="checkbox"/> Grandniece</td> <td><input type="checkbox"/> Partner</td> <td><input type="checkbox"/> Temporary Guardian</td> </tr> <tr> <td><input type="checkbox"/> Biological Son</td> <td><input type="checkbox"/> Family Friend</td> <td><input type="checkbox"/> Great Niece</td> <td><input type="checkbox"/> Self</td> <td><input type="checkbox"/> Uncle</td> </tr> <tr> <td><input type="checkbox"/> Birth Parent</td> <td><input type="checkbox"/> Father</td> <td><input type="checkbox"/> Half-Sibling</td> <td><input type="checkbox"/> Sibling</td> <td><input type="checkbox"/> Wife</td> </tr> <tr> <td><input type="checkbox"/> Boyfriend/Girlfriend</td> <td><input type="checkbox"/> Fiancé</td> <td><input type="checkbox"/> Husband</td> <td><input type="checkbox"/> Sister</td> <td><input type="checkbox"/> Something else?</td> </tr> <tr> <td><input type="checkbox"/> Brother</td> <td><input type="checkbox"/> Foster Child/Youth</td> <td><input type="checkbox"/> Kinship Caregiver</td> <td><input type="checkbox"/> Son</td> <td>_____</td> </tr> </table>						<input type="checkbox"/> Adopted Child/Youth	<input type="checkbox"/> Child / Youth	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Step-child	<input type="checkbox"/> Adopted Daughter	<input type="checkbox"/> Co-Parent	<input type="checkbox"/> Friend	<input type="checkbox"/> Mother	<input type="checkbox"/> Step grandparent	<input type="checkbox"/> Adopted Son	<input type="checkbox"/> Cousin	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Mother-in-Law	<input type="checkbox"/> Step-parent	<input type="checkbox"/> Adoptive Parent	<input type="checkbox"/> Daughter	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Nephew	<input type="checkbox"/> Step-sibling	<input type="checkbox"/> Aunt	<input type="checkbox"/> Ex-Husband	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Niece	<input type="checkbox"/> Teen Parent (under age 19)	<input type="checkbox"/> Biological Daughter	<input type="checkbox"/> Ex-Wife	<input type="checkbox"/> Grandniece	<input type="checkbox"/> Partner	<input type="checkbox"/> Temporary Guardian	<input type="checkbox"/> Biological Son	<input type="checkbox"/> Family Friend	<input type="checkbox"/> Great Niece	<input type="checkbox"/> Self	<input type="checkbox"/> Uncle	<input type="checkbox"/> Birth Parent	<input type="checkbox"/> Father	<input type="checkbox"/> Half-Sibling	<input type="checkbox"/> Sibling	<input type="checkbox"/> Wife	<input type="checkbox"/> Boyfriend/Girlfriend	<input type="checkbox"/> Fiancé	<input type="checkbox"/> Husband	<input type="checkbox"/> Sister	<input type="checkbox"/> Something else?	<input type="checkbox"/> Brother	<input type="checkbox"/> Foster Child/Youth	<input type="checkbox"/> Kinship Caregiver	<input type="checkbox"/> Son	_____
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<b>Marital Status:</b>																																																							
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> N/A <input type="checkbox"/> Widowed <input type="checkbox"/> Partnered <input type="checkbox"/> Separated <input type="checkbox"/> Divorced																																																							
<b>Race and/or Ethnicity:</b>																																																							
<b>What is the Family Member's Ethnicity? (Check all that apply)</b> <input type="checkbox"/> No, Not Hispanic <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Brazilian			<input type="checkbox"/> Yes, Another Hispanic, Latino, or Spanish Origin- Write in origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on):  _____ <input type="checkbox"/> Did Not Answer																																																				

## What is the Family Member's Race? (Check all that apply)

☐ Did Not Answer

- ☐ White  
☐ Black / African American  
☐ American Indian or Alaska Native- Write in name of enrolled or principal tribe. \_\_\_\_\_  
☐ Asian Indian ☐ Japanese ☐ Native Hawaiian ☐ Chinese ☐ Korean  
☐ Guamanian or Chamorro ☐ Filipino ☐ Vietnamese ☐ Samoan  
☐ Other Pacific Islander- Write in race, for examples, Fijian, Tongan, and so on. \_\_\_\_\_  
☐ Other Asian- Write in race - For example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. \_\_\_\_\_  
☐ Tell us in your own words - Write in race \_\_\_\_\_

## Primary & Secondary Language: (Please identify preferred language (1<sup>st</sup>) and secondary language (2<sup>nd</sup>) (if applicable) and rate as either 1<sup>st</sup> or 2<sup>nd</sup>)

- |   |   |   |                                       |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> English                | <input type="checkbox"/> Brazilian Portuguese | <input type="checkbox"/> Haitian Creole   | <input type="checkbox"/> Pashto       |
| <input type="checkbox"/> African Dialects       | <input type="checkbox"/> Burmese Dialects     | <input type="checkbox"/> Hmong            | <input type="checkbox"/> Portuguese   |
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Cantonese            | <input type="checkbox"/> Italian          | <input type="checkbox"/> Russian      |
| <input type="checkbox"/> Amharic                | <input type="checkbox"/> Cape Verdean Creole  | <input type="checkbox"/> Khmer/Cambodian  | <input type="checkbox"/> Spanish      |
| <input type="checkbox"/> Arabic                 | <input type="checkbox"/> Dari                 | <input type="checkbox"/> Mandarin Chinese | <input type="checkbox"/> Vietnamese   |
| <input type="checkbox"/> Armenian               | <input type="checkbox"/> French               | <input type="checkbox"/> Moldovan         | <input type="checkbox"/> Unknown      |
|   |   |   | <input type="checkbox"/> Other: _____ |

**Military Service:** Service: ☐ Y ☐ N ☐ Did not answer

Service Type: ☐ Active ☐ National Guard ☐ Reserve ☐ Veteran Last Date of Deployment: \_\_\_\_\_

## Section 2. CRA-Related Question: Are you here because your child is a CRA or at risk of becoming a CRA?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> A CRA Application has been filed for this child.<br><input type="checkbox"/> This child meets CRA at risk guidelines.<br><input type="checkbox"/> Not applicable (Not a CRA and not at risk). | <b>Application was filed by:</b><br><input type="checkbox"/> The Parent<br><input type="checkbox"/> The School<br><input type="checkbox"/> DCF | <input type="checkbox"/> Law Enforcement (SEC Only)<br><input type="checkbox"/> Another Agency: _____<br><input type="checkbox"/> Don't know |
|--|--|--|

## Section 3. Reason for Visit What brought you here today?

- |  |  |
|--|--|
| <input type="checkbox"/> Seeking Information on Parenting / Parenting Education<br><input type="checkbox"/> School Issue / School Info<br><input type="checkbox"/> Child Care Info<br><input type="checkbox"/> Afterschool Info<br><input type="checkbox"/> Substance Use Concerns<br><input type="checkbox"/> Health / Mental Health Concerns<br><input type="checkbox"/> Family Hardship / Financial Issues<br><input type="checkbox"/> Housing / Rent<br><input type="checkbox"/> Transportation<br><input type="checkbox"/> Job Issues<br><input type="checkbox"/> Support Group | <input type="checkbox"/> Play Group<br><input type="checkbox"/> LGBTQIA+ Support<br><input type="checkbox"/> Continuing Education for Caregiver<br><input type="checkbox"/> Immigration/Legal Issues<br><input type="checkbox"/> Domestic Violence Services<br><input type="checkbox"/> DCF Involvement / Support<br><input type="checkbox"/> Families Displaced by Natural Forces<br><input type="checkbox"/> Food/Nutrition<br><input type="checkbox"/> SNAP Application / Benefit Assistance<br><input type="checkbox"/> Teen/Young Adult Activities<br><input type="checkbox"/> Other: _____ |
|--|--|

## Section 4. Disposition For Office Use Only

Release to:	Expiration Date:	Name of Child/Youth
Release of Information Signed: <input type="checkbox"/> Y <input type="checkbox"/> N _____	_____ <input type="checkbox"/> Full Consent <input type="checkbox"/> Partial <input type="checkbox"/> Declined	_____
Release of Information Signed: <input type="checkbox"/> Y <input type="checkbox"/> N _____	_____ <input type="checkbox"/> Full Consent <input type="checkbox"/> Partial <input type="checkbox"/> Declined	_____
Release of Information Signed: <input type="checkbox"/> Y <input type="checkbox"/> N _____	_____ <input type="checkbox"/> Full Consent <input type="checkbox"/> Partial <input type="checkbox"/> Declined	_____
Release of Information Signed: <input type="checkbox"/> Y <input type="checkbox"/> N _____	_____ <input type="checkbox"/> Full Consent <input type="checkbox"/> Partial <input type="checkbox"/> Declined	_____
Release of Information Signed: <input type="checkbox"/> Y <input type="checkbox"/> N _____	_____ <input type="checkbox"/> Full Consent <input type="checkbox"/> Partial <input type="checkbox"/> Declined	_____

**Notes:**