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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Household Members:** | | | | | | | | | |
| **Last Name** | **First Name** | **Middle Initial** | **Preferred Name** | **Gender** | | **DOB** | | **Age** | **Is this household**  **member seeking services?** |
|  |  |  |  |  M  F   * Non-binary | |  | |  | * Y * N |
|  |  |  |  |  M  F   * Non-binary | |  | |  | * Y * N |
|  |  |  |  |  M  F   * Non-binary | |  | |  | * Y * N |
|  |  |  |  |  M  F   * Non-binary | |  | |  | * Y * N |
|  |  |  |  |  M  F   * Non-binary | |  | |  | * Y * N |
|  |  |  |  |  M  F   * Non-binary | |  | |  | * Y * N |
|  |  |  |  |  M  F   * Non-binary | |  | |  | * Y * N |
|  |  |  |  |  M  F   * Non-binary | |  | |  | * Y * 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:  Allow  Do Not Allow | | | * Email  Phone   Phone:  Allow  Do Not Allow | | * Fax | | * Mail   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:** | | | | | | | | | |