

# INTAKE FORM

CHILD'S INFORMATION		
First Name	Middle Name	Last Name
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Address</b>	
<b>Date of Birth</b> (mm/dd/yyyy)		<b>Date of Intake</b> (mm/dd/yyyy)

**Program Name:**

FIRST TIME PARTICIPANT?	
Is this your first time receiving services from this program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CHILDREN 0-5	
Child's Age	
<input type="checkbox"/> 0 to 2 yrs old	<input type="checkbox"/> 3 yrs to 5 yrs old
Child's Ethnicity	
<b>ASIAN</b>  <input type="checkbox"/> Alaska Native or American Indian  <input type="checkbox"/> Hmong  <input type="checkbox"/> Other Southeast Asian (e.g. Mien, Lao, Khmer)  <input type="checkbox"/> Pacific Islander/Filipino  <input type="checkbox"/> Chinese  <input type="checkbox"/> Japanese  <input type="checkbox"/> Other Asian  <input type="checkbox"/> <b>BLACK/ AFRICAN AMERICAN</b>	<b>HISPANIC/LATINO</b>  <input type="checkbox"/> Mexican (e.g. Mestizo/Mexican-American)  <input type="checkbox"/> Indigenous people of Mexico (e.g. Mixteco)  <input type="checkbox"/> Other Latino/Hispanic  <b>WHITE</b>  <input type="checkbox"/> Portuguese  <input type="checkbox"/> Other White  <input type="checkbox"/> <b>MULTI-RACIAL-</b> (More than one ethnic Group)  <input type="checkbox"/> Other  <input type="checkbox"/> Unknown

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<b>ADULTS</b>		
Type of adult		
<input type="checkbox"/> Parents/Guardians	<input type="checkbox"/> Other Family Members	<input type="checkbox"/> Providers
Adult's Ethnicity		
<p><b>ASIAN:</b></p> <p><input type="checkbox"/> Alaska Native or American Indian</p> <p><input type="checkbox"/> Hmong</p> <p><input type="checkbox"/> Other Southeast Asian (e.g. Mien, Lao, Khmer)</p> <p><input type="checkbox"/> Pacific Islander/Filipino</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Japanese</p> <p><input type="checkbox"/> Other Asian</p> <p><input type="checkbox"/> <b>BLACK/ AFRICAN AMERICAN</b></p>	<p><b>HISPANIC/LATINO</b></p> <p><input type="checkbox"/> Mexican (e.g. Mestizo/Mexican-American)</p> <p><input type="checkbox"/> Indigenous people of Mexico (e.g. Mixteco)</p> <p><input type="checkbox"/> Other Latino/Hispanic</p> <p><b>WHITE</b></p> <p><input type="checkbox"/> Portuguese</p> <p><input type="checkbox"/> Other White</p> <p><input type="checkbox"/> <b>MULTI-RACIAL-</b> (More than one ethnic Group)</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Unknown</p>	
LANGUAGE SPOKEN AT HOME		
<p><input type="checkbox"/> American Sign Language (ASL)</p> <p><input type="checkbox"/> Cantonese (Chinese)</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Indian Languages (e.g. Punjabi/Hindi/Urdu/Other)</p>	<p><input type="checkbox"/> Indigenous Language of Mexico</p> <p><input type="checkbox"/> Tagalog</p> <p><input type="checkbox"/> Other Southeast Asian (Khmer/Lao/Mien)</p> <p><input type="checkbox"/> Portuguese</p>	<p><input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Unknown</p>