


# Add New Families

Selecting “Households & Members” from the left side column brings you to an overview of the individual family members that are benefiting from a service your program offers.

## Family Intake Information

FAMILY INFORMATION		
GEMS Defined Family ID:		Alternate Program Defined Family ID:
Family Last Name:		Phone Number:
Family Street Address:		City:
		County:
Email Address:		Zip:
Intake Date	Exit Date	Is there an expectant mother in the family? <input type="checkbox"/> Yes <input type="checkbox"/> No
Income Range		Military family? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Less than \$10,000 <input type="checkbox"/> \$10,000 – less than \$15,000 <input type="checkbox"/> \$15,000 – less than \$20,000 <input type="checkbox"/> \$20,000 – less than \$25,000 <input type="checkbox"/> \$25,000 – less than \$30,000 <input type="checkbox"/> \$30,000 – less than \$35,000	<input type="checkbox"/> \$35,000 – less than \$40,000 <input type="checkbox"/> \$40,000 – less than \$50,000 <input type="checkbox"/> \$50,000 – less than \$60,000 <input type="checkbox"/> \$60,000 – less than \$75,000 <input type="checkbox"/> More than \$75,000 <input type="checkbox"/> Don't know/declined	How many children are there in your household between the ages of 0-5 years old (not in kindergarten)? ____
		How many family members are there in your household, including you? ____

## Adding New Families

To add a new family, click the icon . All information that is highlighted in yellow is required. If the required information is not completed you will be unable to save.

There are 19 fields on family record. At a minimum you must provide the required fields highlighted in yellow. Remember, the more data you provide upfront the lesser the administrative burden down the road and more importantly the richer the data set.

1. GEMS Defined Family Id
2. Alternate Program Defined Family Id
3. Family Last Name (Required Field)
4. County (Required Field)
5. City (Required Field)
6. Zip Code (Required Field)
7. Primary Phone
8. Number Type
9. Intake Date (Required Field)
10. Exit Date
11. Income Level
12. Military Family?
  - a. Yes
  - b. No
  - c. Data Not Available
13. Expectant mom in the family?
  - a. Yes
  - b. No
  - c. Data Not Available
14. Total # of children in house between 0-5
15. Which best describes your household?

- a. Single Parent (Female head of household)
  - b. Single Parent (Male head of household)
  - c. Married or two parent household
  - d. Grandparent raising children's child/children
  - e. Foster parent or other relative raising children
  - f. Ward of the state
  - g. Data Not Available
16. Tags Attached to the Record
  17. Total Household Income
  18. Federal Poverty Level
  19. Family email

### **Editing Family Information**

**To change or update information for a current family, click the "Edit" link. When a family, parent or child exit the program, please exit all that is applicable within the family unit.** For example, if the entire family has exited the program, exit the child(ren), parent and family.