

INTAKE FORM - ADULT FAMILY MEMBER (CORE PARTICIPANT) INFORMATION

Organization Name:		Program Name:	
FAMILY INFORMATION			
GEMS Defined Family ID:		Alternate Program Defined Family ID:	
Family Last Name:		Phone Number:	
Family Street Address:		City:	
		County:	
Email Address:		Zip:	
We don't need to know exactly, but which of the following categories best describes your total family income in the last 12 months?		Is there an expectant mother in the 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	
		Military family? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		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? ____	
Which best describes your household?			
<input type="checkbox"/> Single Parent (Female Head of Household) <input type="checkbox"/> Single Parent (Male Head of Household)			
<input type="checkbox"/> Married or 2 parent household <input type="checkbox"/> Grandparent Raising Grandchildren <input type="checkbox"/> Foster Parent or Other Relative Raising Children <input type="checkbox"/> Ward of State			
PARENT/GUARDIAN INFORMATION			
Family Member type:			
<input type="checkbox"/> Biological parent <input type="checkbox"/> Adoptive parent <input type="checkbox"/> Step Parent			
<input type="checkbox"/> Foster parent <input type="checkbox"/> Domestic partner <input type="checkbox"/> Grandparent			
<input type="checkbox"/> Other relative of child 0-5 <input type="checkbox"/> First Time Expecting parent <input type="checkbox"/> Other Legal Guardian			
UNIQUE ID INFORMATION			
Participant's First Name:		Middle Initial	Participant's Last Name:
Participant's date of birth: ____ / ____ / ____ (mm/dd/yyyy)		Participant's Mother's Maiden Name:	Participant gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
CONSENT & RELEASE AUTHORIZATION			
Consent form signed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date consent form signed: ____ / ____ / ____ (mm/dd/yyyy)	Program Intake Date: ____ / ____ / ____ (mm/dd/yyyy)
AT RISK CHARACTERISTICS			
<i>Health Insurance</i>		<i>Ethnicity</i>	
<input type="checkbox"/> Employer Sponsored <input type="checkbox"/> Health Choice/Health Check <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Military/Tricare/Champus <input type="checkbox"/> Self pay/Self insured <input type="checkbox"/> Uninsured <input type="checkbox"/> Underinsured <input type="checkbox"/> Other <input type="checkbox"/> Not Reported		<input type="checkbox"/> Alaska Native/ American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White/European American <input type="checkbox"/> Pacific Islander/Native Hawaiian <input type="checkbox"/> Multi-racial <input type="checkbox"/> Not Reported	
		<i>Primary Language Spoken At Home</i>	
		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> English & Spanish <input type="checkbox"/> Unknown <input type="checkbox"/> No answer/prefer not to say	
		<i>Secondary Language</i>	
		<input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> Some other language <input type="checkbox"/> Not applicable	
		<i>English Language Learner</i>	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Answer/Prefer Not to Say	
<i>Current Employment Status</i>		<i>Education Level</i>	
<input type="checkbox"/> Unemployed <input type="checkbox"/> Employed part-time <input type="checkbox"/> Employed full-time <input type="checkbox"/> Seasonal worker <input type="checkbox"/> Temporary employment <input type="checkbox"/> No answer/prefer not to say		<input type="checkbox"/> Less than high school <input type="checkbox"/> High school graduate/GED <input type="checkbox"/> Some college <input type="checkbox"/> 2-year college graduate/AA <input type="checkbox"/> 4-year college graduate/BA <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Not Applicable <input type="checkbox"/> No answer/Prefer not to say	
		<i>Marital Status</i>	
		<input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
		<i>Teen Parent?</i>	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Available	