



Confidential Client Intake form

All information is confidential and is used in applying for grants to fund this program. *Please write legibly.*

Today's Date: _____

Total Family Members _____

Date of Birth: _____ Gender

Your Name: _____
Last First MI _____ M F T

Other Adult: _____
Relation: _____ M F T

All children in household: _____ Date of Birth: _____ Gender _____ Grade _____

_____ M F T
Last First MI

_____ M F T
Last First MI

_____ M F T
Last First MI

_____ M F T
Last First MI

Contact Information: _____
Physical Address _____ Mailing Address (If different from Physical) _____

City, State Zip Code _____ Occupation _____ Rent Own

Phone # _____ Email address _____ Text Newsletter

What brings you to The Cornerstone Resource Center today?

Consent for Release of Information: I understand that The Cornerstone Resource Center, Omni Institute (a non-profit evaluation firm based in Denver), and the Family Resource Center Association (a non-profit membership association of Family Resource Centers in Colorado) will have access to the above information for the purposes of overall program evaluation and program improvement. TCRC, OMNI, PSSF, and FRCA will never appear in any reports. If I decline to share my information, I will not be denied services offered by the Family Resource Center or any other agency affiliated with the Family Resource Center.

Print Name _____ Signature _____ Date _____

Emergency Contact _____ Relationship _____

Phone # _____

Have you been to our Center before? Yes No
How did you hear about us?

Monthly Family Income (before taxes)

- **Are you or is another adult in your household employed full time?** Yes No **Part-time?** Yes No
- **Do you have stable housing?** Yes No **If No, explain why?**
- **Are you generally able to get where you need to go using a personal vehicle, friend, or public transportation?** Yes No
 - Do you use Medride for medical appointments? Yes No
- **Are you able to access enough food to feed yourself and your family?** Yes No
 - If Yes, do you currently get SNAP? Yes No
 - If No, would you like to apply? Yes No
- **Have you finished high school or obtained your GED?** Yes No
 - If No, would you like help to get it? Yes No
- **Does everyone in your family have health insurance?** Yes No
 - If No, would you like to apply for Medicaid? Yes No
- **Are you or a member of your household currently pregnant?** Yes No
 - Who?
 - Due Date?
- **Do you visit a dentist regularly?** Yes No
 - When was you last check-up?
- **Do you have quality childcare if needed?** Yes No No Children N/A
 - Do you struggle to pay for childcare? Yes No
- **Are all of your school-aged children enrolled in the current school year?**
 Yes No Homeschool N/A
- **Does anyone in your immediate family engage in migrant agricultural work?** Yes No
- **Race/Ethnicity (Check all that apply)**
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Hispanic or Latino
 - White
 - Native Hawaiian or Other Pacific Islander
 - Declined to answer