

Date: _____

Family ID # _____

PARENT/GUARDIAN 1

Parent/Guardian Name: _____

Male

Female

Parent/Guardian Disability: _____ or N/A Date of Birth: _____

Address: _____
City State Zip

Email _____ Cell # _____

Marital Status

Married
Separated
Divorced
Single

Race (Definition; a group of persons related by common descent or heredity)

Asian (A)
Black or African American (B)
White (W)
Native Hawaiian or Pacific Islander (P)
American Indian or Alaskan Native (I)
Other/Multi-racial (O)

Religious affiliation: _____

Relationship to Children:

Biological Mother Biological Father
Adoptive Mother Adoptive Father
Stepmother Stepfather
Grandmother Grandfather
Foster Mother Foster Father

Level of Education:

High School/GED
Some college
B.S./B.A.
Master's, Ph. D etc.

Ethnicity (Ethnic traits, background allegiance or association)

Hispanic or Latino (H)
Non-Hispanic or Latino (N)

Other please specify: _____

Housing:

Rent
Own
Homeless
Transitional
(shelter, family/friends)

Work Status:

Full-time Part-time Homemaker Student Retired/Disabled Unemployed

PARENT/GUARDIAN 2

N/A

Parent/Guardian Name: _____

Male

Female

Parent/Guardian Disability: _____ or N/A Date of Birth: _____

Address: _____
City State Zip

Email _____ Cell # _____

Marital Status

Married
Separated
Divorced
Single

Race (Definition; a group of persons related by common descent or heredity)

Asian (A)
Black or African American (B)
White (W)
Native Hawaiian or Pacific Islander (P)
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Other/Multi-racial (O)

Religious affiliation: _____

Relationship to Children:

Biological Mother Biological Father
Adoptive Mother Adoptive Father
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Level of Education:

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B.S./B.A.
Master's, Ph. D etc.

Ethnicity (Ethnic traits, background allegiance or association)

Hispanic or Latino (H)
Non-Hispanic or Latino (N)

Other please specify: _____

Work Status:

Full-time Part-time Homemaker Student Retired/Disabled Unemployed

Please list children under the age of 12 who will be attending the center

Childs Name	Date of Birth	Gender		Ethnicity		Race					
		M	F	N	H	A	B	W	P	I	O

Please select the box below that best represents your family's income, based on family size:

1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons	9 persons	10 persons
\$15,600 or less	\$17,800 or less	\$20,050 or less	\$22,250 or less	\$24,050 or less	\$25,850 or less	\$27,600 or less	\$29,400 or less	\$31,200 or less	\$33,000 or less
\$25,950 or less	\$29,650 or less	\$33,350 or less	\$37,050 or less	\$40,050 or less	\$43,000 or less	\$45,950 or less	\$48,950 or less	\$51,950 or less	\$54,950 or less
\$41,550 or less	\$47,450 or less	\$53,400 or less	\$59,300 or less	\$64,050 or less	\$68,800 or less	\$73,550 or less	\$78,300 or less	\$83,050 or less	\$87,800 or less
\$48,551 or above	\$47,451 or above	\$53,401 or above	\$59,301 or above	\$64,051 or above	\$68,801 or above	\$73,551 or above	\$78,301 or above	\$83,051 or above	\$87,801 or above

Referred to FSC by: _____

Have you or are you currently experiencing Domestic Violence?

Are you fleeing from Domestic Violence? (If yes, please refer to DOVE center 435-628-0458)
