

Forest Grove FRC Intake Form

Name: _____ Telephone: _____

Address: _____

Family Members living in household: Mark an for each member

| Age | Female | Male | Name of attending school |
|-------------|--------|------|--------------------------|
| 0-2 years | | | |
| 3-5 years | | | |
| 6-8 years | | | |
| 9-12 years | | | |
| 13-15 years | | | |
| 16-18 years | | | |
| 19 and up | | | |

Cultural Background: Mark a for head of household

| | | | |
|------------------------------------------|---------------------------------------|----------------------------------------------------|---------------------------------------|
| Native American <input type="checkbox"/> | Asian/Indian <input type="checkbox"/> | Hawaiian/Pacific Islander <input type="checkbox"/> | Multi-Racial <input type="checkbox"/> |
| Caucasian <input type="checkbox"/> | Latino <input type="checkbox"/> | African American <input type="checkbox"/> | Other <input type="checkbox"/> |

| | |
|---------------------------------------------------------------|-----------------|
| Change of information: Ex. New Address, Phone, Family Members | Date of Change: |
| Updated Address: | |
| Updated Phone: | |
| Updated Family Members: | |
| | |
| Signature: | Date: |