

Lakes Center for Youth & Families General Intake Form



Client Information:

First Name _____ Last Name _____ Birthdate _____ Age _____

Cell Phone _____ Home Phone _____

Email address _____

Name of school building _____ Grade (or last completed) _____

Biological Sex (circle one): Male Female Prefer not to disclose Preferred pronoun (optional): _____

Gender Identity (circle one): Male Female Cisgender Transgender Non-binary Prefer not to disclose

Race (circle at least one): Black/African American White/Caucasian American Indian/Alaskan Native Asian
Native Hawaiian/Pacific Islander Multiracial Prefer not to disclose

Are you of Hispanic/Latino origin? (circle one): Yes No

Are there any special health concerns or accommodations we should be aware of? If yes, please list details:

Parent/Guardian and Household Information:

If there are custody rights we should be aware of, please provide us with the documentation as needed

Parent/Guardian and relationship at appointment today: _____

Cell _____ Email Address _____

PRIMARY Parent/Guardian names _____

Single parent head of household? (please circle one) Yes No

Primary Household Address _____

City _____ State _____ Zip _____ County _____

SECONDARY Parent/Guardian names _____

Secondary Household Address _____

City _____ State _____ Zip _____ County _____

The information in this box is for statistical purposes only and helps us continue providing low cost services as funders/grants require this data from nonprofits. Your participation is appreciated.

Number in household _____

Does your family qualify for free/reduced lunches? Yes No

Does your family receive government assistance (social security, food stamps, disability, etc) Yes No

Total yearly household income (please write approximate amount or circle a range below) _____

Under \$10,000 | \$10,000-\$20,000 | \$20,000-\$30,000 | \$30,000-\$40,000 | \$40,000-\$50,000

\$50,000-\$60,000 | \$60,000-\$70,000 | \$70,000-\$80,000 | \$80,000-\$90,000 | Over \$90,000

Are you interested in financial assistance/sliding scale fees?: Yes No

If you circle yes, a direct staff member will provide you with more information.

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OFFICE USE ONLY

Intake Date _____ **Referral Date** _____ **Staff Member** _____

Referral Source (circle only one): Agency County Court Family Law Enforcement School Building Self

Specific Referral Source _____

Referral Reason (circle only one): Personal Family Chemical Educational Delinquent Status

Offense (Intervention only) _____

Victim (Intervention only, circle only one): Individual Family Corporate/Business/Organization

Term Date _____ **Termed By** _____

Term Reason (circle only one and provide explanation if needed)

Completed _____

Did Not Complete _____

Refused Services _____

Referred to _____