

# New Participant Intake Form

Each individual of your family (12 and older) who is participating should complete a separate Participant Intake Form.



Intake \_\_\_\_\_ Workshop, Service or \_\_\_\_\_  
 Date: \_\_\_\_\_ Assistance received today: \_\_\_\_\_ Location: \_\_\_\_\_

## 1. Identifying Information

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Gender:** Male Female LGBTQ  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **OR or WA** **Zip Code:** \_\_\_\_\_ **County:** \_\_\_\_\_  
**Phone #:** Home \_\_\_\_\_ Cell \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
 Please check this box if you want to be notified via e-mail or text about classes or events that may be of interest to you.  
**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**How were you referred:**  Faith Org/Church  Community Org.  Child Support  Radio/TV   School  
 Outside sign  NWFS Website  Other: \_\_\_\_\_  
**Your Education:** Highest Level \_\_\_\_\_ **Currently in school/training:** YES NO  
**Current or Most Recent Occupation:** \_\_\_\_\_ **Have Medical Insurance?** Yes No  
**Do you have a mental health/medical condition that we should know about?** \_\_\_\_\_  
**What is your current housing situation?**  Rent/own house/apartment  Homeless  Staying in a shelter  Transitional housing  
 Sharing house/apartment with family/friends  Other, Specify: \_\_\_\_\_

**Additional Information - In an ongoing effort to improve the quality of services you are provided, NWFS attempts to collect information to be used in research, grants and quality improvement studies that help identify how we can offer the best services possible. The information asked below is voluntary and has no effect on the services you receive at NWFS.**

<p>(Check all that apply)  <b>Race (Non-Hispanic):</b>  <input type="checkbox"/> American Indian/Alaskan Native  <input type="checkbox"/> Asian  <input type="checkbox"/> Black/ African American  <input type="checkbox"/> Native Hawaiian/Pacific Islander  <input type="checkbox"/> Caucasian  <b>Ethnicity:</b>  <input type="checkbox"/> Hispanic  <input type="checkbox"/> African  <input type="checkbox"/> Russian, Ukrainian, Armenian  <input type="checkbox"/> Vietnamese  <input type="checkbox"/> Filipino  <input type="checkbox"/> Other: _____                  Country of Origin: _____</p>	<p><b>Current Employment Status:</b>  <input type="checkbox"/> Full-Time  <input type="checkbox"/> Part-time  <input type="checkbox"/> Seasonal/Temp  <input type="checkbox"/> Retired  <input type="checkbox"/> Student  <input type="checkbox"/> Household Manager  <input type="checkbox"/> Unemployed  <input type="checkbox"/> Disabled  <b>Are you a Veteran?</b>                  YES NO</p>	<p><b>Individual Yearly Income:</b>  <input type="checkbox"/> Less than \$10,000  <input type="checkbox"/> \$10,000-\$19,999  <input type="checkbox"/> \$20,000-\$29,999  <input type="checkbox"/> \$30,000-\$39,999  <input type="checkbox"/> \$40,000-\$49,999  <input type="checkbox"/> \$50,000-\$59,999  <input type="checkbox"/> \$60,000-\$69,999  <input type="checkbox"/> \$70,000-\$79,999  <input type="checkbox"/> More than \$80,000  <b>Are you a TANF recipient?</b>                  (Temporary Assistance for Needy Families)                  YES NO</p>	<p><b>Marital Status:</b>  <input type="checkbox"/> Single – Never Married  <input type="checkbox"/> Committed Relationship  <input type="checkbox"/> Engaged  <input type="checkbox"/> Married  <input type="checkbox"/> Separated  <input type="checkbox"/> Divorced  <input type="checkbox"/> Widowed  <b>Do you, or any of your children receive Free/Reduced Lunch at school?</b>                  YES NO</p>	<p><b>Do you regularly use the bus or MAX?</b>                  YES NO  <b>Preferred language of services offered:</b>                  (circle)                  English Spanish Russian                  Native Language _____  <b>Do you receive Food Stamps? Oregon Trail?</b>                  YES NO</p>
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## 2. Family Information (Your children, biological or living in your household)

How many **ADULTS** are currently living in your household? (please put 1 if only you): \_\_\_\_\_  
 How many **CHILDREN** are currently living in your household for more than 2 days/week? \_\_\_\_\_

<u>Child First Name</u>	<u>Gender</u>	<u>Age</u>
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____

**Household Yearly Income:**  
 Less than \$22,000  
 \$22,000-\$31,000  
 \$31,000-\$39,000  
 \$39,000-\$47,000  
 \$47,000-\$55,000  
 \$55,000-\$63,000  
 \$63,000-\$71,000  
 \$71,000-\$79,000  
 More than \$79,000

**Do you and/or your children feel personally safe at home?** YES NO

## 3. Additional Resources - For Information visit [www.NWFS.org](http://www.NWFS.org)

**Other Services from NWFS (circle all that interest you) visit our website or ask our staff about the resource you are interested**  
 Job Readiness Workshops    Mental Health Support Connections    Tax Preparation    Individual Counseling    Couples Counseling  
 Therapy Groups    Marriage Preparation    Family Resources Coordination    IDA Matching Savings (for Education)

**The Extent and Limits of Confidentiality**

Any information you give to your presenter will be kept private, unless you have given permission for it to be shared. You and your presenter may come to an agreement about how information may or may not be shared. Your presenter will respect this agreement. Some exceptions to confidentiality do exist. For example, your presenter may discuss your situation with an agency supervisor to make sure he or she is providing the best service possible. By law, the following must be reported: Information that harm has been done to a child or elderly person, information that someone may be seriously harmed in the future (including the intent to commit suicide or acts of violence), or information required by a court subpoena.

**Your Rights**

- 1. To be treated with respect and dignity.
- 2. To receive competent service.
- 3. To refuse service. All program participation is strictly voluntary.
- 4. To not be involved in any additional research without your knowledge or consent.

**Acknowledgement of Notice of Privacy Practices and Grievance Policy**

I have been offered a copy of the NWFS's Notice of Privacy Practices and Grievance policy.

**Consent and Release Form**

To: Northwest Family Services

In order for me to take part the programs sponsored by Northwest Family Services of Portland, Oregon, I hereby release Northwest Family Services, its employees, interns, and Board of Directors of all liability and claims of whatever kind or nature (including but not limited to, injuries and death) arising out of or resulting from my participation in activities including workshops, field trips, individual sessions, assemblies, clinics, events and/or classes hosted by Northwest Family Services. In case of emergency, I understand every effort will be made to help me. In the event that I'm unconscious, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization anesthesia, surgery, or injections of medication. Further, I will be solely responsible for the payment of those services.

I have read the above statement about confidential services, my rights, HIPAA & Grievance policies, and Consent & Release. I am fully familiar with the contents thereof. My signature below indicates that my consent has been freely given.

\_\_\_\_\_ **Both Participant's Signature and Parent/Guardian's signature is needed if less than 18 years old** \_\_\_\_\_ **Date**

**Permission to Photograph, Videotape or Audiotape**

• I, the undersigned, hereby consent to the use of my image by Northwest Family Services (NWFS) and the organization's donors, partners, and grantors. NWFS and its donors, partners, and grantors have the absolute right and permission to copyright and use, re-use, publish, and republish this image for educational programs, publicity, and non-commercial, nonprofit public service announcement purposes. The photographic portraits, pictures, videos, or audio-tapes of me may be included, in whole or in part of composite or distorted in character or form, may be used without restriction as to changes or alterations, from time to time, in conjunction with my own or a fictitious name, or reproductions thereof; in color or otherwise made through any media for the promotion and educational purposes of NWFS. The photos, videos, or audio-tapes will not be used in a manner which is degrading, libelous, unlawful, profane, obscene, pornographic, or tend to ridicule.

• I hereby waive any right I may have to inspect or approve the finished product or products or advertising copy or printed matter that may be used in connection therewith or the use to which it may be applied.

• I hereby release, discharge, and agree to hold harmless Northwest Family Services from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of pictures, videotape, or audiotape, or in any subsequent processing thereof, as well as any publication.

I have read the above authorization, release and agreement, and I am fully familiar with the contents thereof.

\_\_\_\_\_ **Both Participant's Signature and Parent/Guardian's signature is needed if less than 18 years old** \_\_\_\_\_ **Date**

**NWFS OFFICE USE ONLY** Staff Name: \_\_\_\_\_ Location: \_\_\_\_\_

**Please circle the program/service delivered:**

**HN:** CHW EarlyLearning FamilySupport&Conn STAR PSSCert MHFA FRC/GSD FRC/CLACK SPRF Komen  
NAV FSNA ISRS VDS Sunshine OHA Women'sHealth FRC Wilsonville Other: \_\_\_\_\_

**ADULT SKILLS:** RJS WSW OVRS NWPRM IDASavings ParentsEd PIO Counseling MarriagePrep Other: \_\_\_\_\_

**YOUTH SKILLS:** UnityClub Photovoice CIP Deceptions Life Saver CAE/It'sLegit Peer Court GangPrev SOS TruancyPrev  
Xmas Toys PrevProject PrevNetAfter PrevNetCases PrevNetGroups PrevNetSummer PrevNetEvent Other: \_\_\_\_\_

**TRANSITIONS A&D:** PreventNetA&D MultA&D Other: \_\_\_\_\_

**Childcare offered? Yes No If yes, how many sessions? # \_\_\_\_\_ Did we pay for childcare? Yes No**

**Transportation help provided to participant? Bus Tickets  Gas Card  Radio Cab  DV Resources Provided**

Program Start Date	Program End Date	Total # of Sessions Offered	# of Sessions Client Attended	Total Hours Attended	Extra Minutes Attended	Completed Yes/No	Success Yes/No

Information entered in *Leonor* by: \_\_\_\_\_ Date: \_\_\_\_\_ Client ID: \_\_\_\_\_