



Where young people grow, thrive and lead!

ATTENDANCE CASE MANAGEMENT INTAKE

Intake Date: _____

Child Information

First Name Middle Name Last Name Birth Date (MM/DD/YY)

Street Address City Zip Code

Grade Level School Name School ID Number Gender

1) Child is living with (Please check one, the primary caregiver):

- Both Parents Mother Only Father Only Grandparent(s)
- Foster Care Group Home Homeless Other: _____

2) Child's ethnicity (Check all that apply):

- African American/Black Burmese Chinese Eritrean Guatemalan
- Hmong Honduran Iraqi Khmer/Cambodian Laotian
- Mexican Mien Native American Nepali Pilipino/a
- Salvadoran Somali Tongan Vietnamese White/ Caucasian
- Yemeni Decline to state Other Latino/a: _____ Other: _____

Guardian Information

Primary Guardian (First and Last) Relationship Email Address

(_____) (_____) _____

Home Phone Cell Phone Birth Date (MM/DD/YY)

3) Primary Guardian's highest COMPLETED education level? (Please check one)

- None Less than High School High School/GED Trade School
- Associate Degree (Community College) Bachelor's Degree (Four-year College) Master's Degree or PhD

Secondary Guardian (First and Last) Relationship Email Address

(_____) (_____) _____

Home Phone Cell Phone Birth Date (MM/DD/YY)

4) Secondary Guardian's highest COMPLETED education level? (Please check one)

- None Less than High School High School/GED Trade School
- Associate Degree (Community College) Bachelor's Degree (Four-year College) Master's Degree or PhD

Household Information Survey

Thank you for completing the survey below. The confidential information you provide helps us better understand our community and is used to seek funding and resources necessary for providing high-quality services for your child. We appreciate your support and input.

1) How many people live in your household? _____

("Household" means all the people who live in the same home including the child, parent/guardian, step parent, domestic partner, siblings, other family members such as aunt, uncles, in-laws, cousins, grandparents, or other people who are not related to.)

2) What is your total annual household income? (Please check one)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$10,000 or less | <input type="checkbox"/> \$10,001 - \$20,000 | <input type="checkbox"/> \$20,001 - \$30,000 | <input type="checkbox"/> \$30,001 - \$40,000 |
| <input type="checkbox"/> \$40,001 - \$50,000 | <input type="checkbox"/> \$50,001 - \$60,000 | <input type="checkbox"/> \$60,001 - \$70,000 | <input type="checkbox"/> \$70,001 - \$80,000 |
| <input type="checkbox"/> \$80,001 - \$90,000 | <input type="checkbox"/> \$90,001 - \$100,000 | <input type="checkbox"/> \$100,001 - \$110,000 | <input type="checkbox"/> Over \$110,000 |

3) Do you participate in any public benefits programs? (Check all that apply)

- CalFRESH/SNAP CalWORKs General Assistance SSI Other: _____

4) What type of health insurance does your child have? (Please check one)

- No health insurance Private Coverage (e.g. Kaiser, BlueCross, etc.) CHIP
 Medi-Cal Health PAC Covered California/Obamacare
 Other: _____

Name of Child's Medical Insurance

Policy/Insurance ID Number

Policy Holder's Name

5) List sibling(s) enrolled in the program:

First Name

Last Name

Birth Date

Grade

First Name

Last Name

Birth Date

Grade

