



Tri-County Family Care Center
 512 1/2 N. Main Street
 Rocky Ford, CO 81067
 Ph: 719-254-7776 Fax: 719-254-7778
sarah.tricountyfcc@gmail.com
www.tricountyfamilycenter.org



Family Resource
 Center Association

CATCH PROGRAM

Intake and Referral

Date of Initial Contact: ____/____/____ Referred by: _____

(Individual or Agency)

Name: _____ Date of Birth: _____

Address: _____ City: _____ County: ____ Zip: _____

Telephone (home): _____ (cell) _____ (work) _____

Ethnicity (race): Anglo (Caucasian), Hispanic, African American, American Indian or Native Alaskan, Asian, Native Hawaiian/Other Pacific Islander Other _____

List All Household Members

	Name	Relation	Date of Birth	Ethnicity	Gender	Disability
1.	_____	_____	_____	_____	_____	Yes No
2.	_____	_____	_____	_____	_____	Yes No
3.	_____	_____	_____	_____	_____	Yes No
4.	_____	_____	_____	_____	_____	Yes No
5.	_____	_____	_____	_____	_____	Yes No
6.	_____	_____	_____	_____	_____	Yes No
7.	_____	_____	_____	_____	_____	Yes No

Confidentiality & Release of Information:

All information here will be maintained in confidence. Information will be used internally for statistics and data purpose only. The applicant and family's identity shall remain protected. ***I, the applicant, give my permission for information listed here to be released to appropriate agencies or individuals for data purpose, referral and/or follow-up.*** My signature below indicates that I understand and agree to this statement.

Signature: _____ Date: _____