



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](mailto:sarah.tricountyfcc@gmail.com)  
[www.tricountyfamilycenter.org](http://www.tricountyfamilycenter.org)



Family Resource  
 Center Association

**APPLICATION CANNOT BE CONSIDERED UNLESS  
ALL INFORMATION IS COMPLETED**

**Intake and Referral**

REFERRED BY: \_\_\_\_\_ Date of Initial Contact: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Individual or Agency)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

1. Have you been to our Center before? Yes No
2. Are you or is another adult in your household employed full time? Yes No
3. Do you have stable housing? Yes No
4. Are you generally able to get where you need to go using a personal vehicle or public transportation? Yes No
5. Are you able to access enough food to feed yourself and your family? Yes No
6. Have you finished high school or obtained your GED? Yes No
7. Does everyone in your household have health and/or dental insurance? Health: Yes No Dental: Yes No
8. Does everyone in the household have a dental provider? Yes No Dental provider referral needed? Yes No
9. Type of dental coverage? \_\_\_\_\_ Date of most recent dental visit? \_\_\_\_/\_\_\_\_/\_\_\_\_
10. Have you faced any obstacles while attempting to access dental/health care? Yes No What are they? \_\_\_\_\_
11. Is anyone in the household pregnant? Yes No
12. If you are caring for a child, do you have quality childcare, if needed? Yes No
13. Are all of your school-aged children enrolled in school? Yes No
14. Are all the children's immunizations up to date? Yes No
15. Are you receiving TANF? Yes No
16. Are you receiving WIC (Women, Infant & Children)? Yes No
17. Are you receiving SNAP (Food Stamps)? Yes No

Gender: Male, Female, Transgender, **Self-identify**

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

Marital Status: Single, Married, Widowed, Divorced, Separated, Significant Other

List All Household Members

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

Please list all living in the household who have money coming in:

Adult #1: \$ \_\_\_\_\_ Per/ \_\_\_\_\_ (Source of Income)

Adult #2: \$ \_\_\_\_\_ Per/ \_\_\_\_\_ (Source of Income)

Adult #3: \$ \_\_\_\_\_ Per/ \_\_\_\_\_ (Source of Income)

Other #4: \$ \_\_\_\_\_ Per/ \_\_\_\_\_ (Source of Income)

Are you a legal resident of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you interested in family development services? Yes \_\_\_\_\_ No \_\_\_\_\_

**How can we best follow up with you?**

Phone \_\_\_\_\_ Text \_\_\_\_\_

Email \_\_\_\_\_ Other \_\_\_\_\_

**Confidentiality & Release of Information:**

All information here will be maintained in confidence. Information will be used internally for statistics and data purposes 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 purposes, referral and/or follow-up.*** My signature below indicates that I understand and agree to this statement.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Photo Release**

From time to time, Tri-County Family Care Center takes pictures of our activities and events. These pictures may sometimes appear in our brochures, trainings, newspapers, promotional materials and on our website ([www.tricountyfamilycenter.org](http://www.tricountyfamilycenter.org)) Please sign below to give us written consent for our staff to photograph you and/or your family to be used by TCFCC for any of the previously mentioned reasons.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**REASON HELP IS REQUESTED:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Action Taken Today:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TCFCC Staff Intake Completed by: \_\_\_\_\_

(Signature and Date)