



Tri-County Family Care Center
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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 family have health insurance? Yes No
8. Is anyone in the home pregnant? Yes No
9. If you are caring for a child, do you have quality child care, if needed? Yes No
10. Are all of your school-aged children enrolled in school? Yes No
11. Are all the children's immunizations up to date? Yes No
12. Are you receiving TANF? Yes No
13. Are you receiving WIC (Women, Infant & Children)? Yes No
14. 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 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:** _____

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) 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)