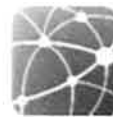




Tri-County Family Care Center  
 512 1/2 N. Main Street  
 Rocky Ford, CO 81067  
 Ph: 719-254-7776 Fax: 719-254-7778  
[sarah.tricountyfcc@gmail.com](mailto:sarah.tricountyfcc@gmail.com)  
[www.tricountyfamilycarecenter.org](http://www.tricountyfamilycarecenter.org)



Family Resource  
 Center Association

**Intake and Referral**

Date of Initial Contact: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Referred by: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Individual or Agency)

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

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

1. Are you or is another adult in your household employed full time? Yes No
2. Do you have stable housing? Yes No
3. Are you generally able to get where you need to go using a personal vehicle or public transportation? Yes No
4. Are you able to access enough food to feed yourself and your family? Yes No
5. Have you finished high school or obtained your GED? Yes No
6. Does everyone in your family have health insurance? Yes No
7. If you are caring for a child, do you have quality child care, if needed? Yes No
8. Are all of your school-aged children enrolled in school? Yes No
9. Are you receiving TANF? Yes No
10. Are you receiving WIC (Women, Infant & Children)? Yes No
11. Are you receiving SNAP (Food Stamps)? Yes No

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
1. _____	_____	_____	_____	_____	Yes No
2. _____	_____	_____	_____	_____	Yes No
3. _____	_____	_____	_____	_____	Yes No
4. _____	_____	_____	_____	_____	Yes No
5. _____	_____	_____	_____	_____	Yes No
6. _____	_____	_____	_____	_____	Yes No
7. _____	_____	_____	_____	_____	Yes No
8. _____	_____	_____	_____	_____	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)

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. The applicant and family's identity shall remain protected. ***I, the applicant, also give my permission for information listed here to be released to appropriate agencies or individuals for referral and/or follow-up.*** My signature below indicates that I understand and agree.

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.tricountyfamilycarecenter.org](http://www.tricountyfamilycarecenter.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: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

(Signature and Date)