



# TREEHOUSE

ENDING HOPELESSNESS AMONG TEENS

## Welcome to TreeHouse

Today's Date:    /    /

### What is your name?

First Name:

Middle Initial:

Last Name:

### Where do you live most of the time?

Street Address:

City:

State:

Zip:

Home Phone:

Your Cell Phone:

Your email address

Date of Birth:

Age:

Gender:

Male

Female

Grade:

Your Middle School:

Year Started 9<sup>th</sup> Grade:

Your High School:

Parent/Guardian's Name: *First:*

*Last:*

Parent Work Phone:

Parent Cell Phone:

### Who do you live with most of the time?

One Parent

Both Parent

Foster/Group Home

Other

Do you receive free or reduced lunch at school?  Yes  No

### What is your race/ethnicity? (Check all that apply)

American Indian/Alaska Native

Black/African American

Asian

Hispanic

Native Hawaiian/Pacific Islander

White

Other

### How did you find out about TreeHouse? (Check all that apply)

Other teen/friend

Teacher/School Counselor/School Staff

Probation Officer

Pastor/Minister/Church Staff

Parent/Other Family Member

Therapist/Social Worker

TreeHouse Staff

Other