



# Pinnacle Family Services

Building Relationships, Enhancing Lives, and Supporting Healthy Families

REFERRED BY: \_\_\_\_\_

## Caregiver Registration Form

PROSPECTIVE CAREGIVER'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ RACE: \_\_\_\_\_

PROSPECTIVE CAREGIVER'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ RACE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL NO.(S): (1) \_\_\_\_\_ (2) \_\_\_\_\_

### FAMILY COMPOSITION

NAMES OF CHILDREN:	SEX	AGE	ARE THEY LIVING AT HOME (Y/N)?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHERS IN THE HOUSEHOLD:	SEX	AGE	RELATIONSHIP TO FAMILY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### HOUSING

RENT: \_\_\_\_\_ OWN: \_\_\_\_\_ NUMBER OF BEDROOMS: \_\_\_\_\_ NUMBER OF BATHROOMS: \_\_\_\_\_

### I/WE WOULD BE INTERESTED IN PROVIDING CARE FOR THE FOLLOWING CHILDREN

FOSTER:  YES  NO ADOPT:  YES  NO

AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ #OF CHILDREN: \_\_\_\_\_

SIBLING GROUPS:  YES  NO TEEN MOM WITH BABIES:  YES  NO LGBTQ:  YES  NO

CHILD(REN) WITH MEDICAL OR EMOTIONAL PROBLEMS: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

SIGNATURE OF PROSPECTIVE CAREGIVER: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF PROSPECTIVE CAREGIVER: \_\_\_\_\_ DATE: \_\_\_\_\_