

F.A.I.T.H. CONNECTION CENTER
Faithfully Assisting Individuals Through Healing
BUILDING STRONG FAMILIES THROUGH FAITH

Resource Intake Form:

DEMOGRAPHIC INFORMATION:

1. Parent/Guardian Name: _____

2. Family Unit: Single Parent, Grandparents Raising Grandchildren, Kinship (Caregiver Relatives)

3. Family Size (total): _____

4. Parent/Guardian Age Range: 10-17, 18-55, 55 plus

5. Age(s) of Child(ren): _____

6. Gender(s) of Child(ren): _____

7. Domestic Violence Victim: Yes or No

8. Veteran or Military: Yes or No

9. Current/Former: Foster Youth or Group Home participant

10. Homeless: Yes or No

11. Circle Resources Provided: Diapers, Wipes, Bottles, Children's Clothing, Women's Clothing, Other

12. Email Address: _____

13. Phone Number (optional): _____

Do you give permission to receive texts, calls, or emails for follow ups?

Yes

No

Join The Healing Within newsletter for updates on books, events, services and resources?

Yes

No

Note: Giving permission to receive texts, calls or emails for follow-up is optional and does not affect your eligibility for services. All information collected is confidential and used for internal purposes only. These resources are provided free of charge to families and individuals in need, regardless of income or background.

Submit form via email: ajackson@faithconnectioncenter.org

Date of Intake: _____ **Date of Service:** _____ **Staff Initials:** _____

Referred by: _____ **Contact Person:** _____

Contact Email: _____