Getting to Know You

Family Service Universal Enrollment Tool

This intake form is meant to get to know you. The information you share will help us connect you to resources, services, and programs that can benefit you and your family.

Everything you share on this form is kept strictly confidential. Thank you for allowing us to take this journey with you!

(Please enter the information of the **PRIMARY** client or recipient of services)

Demographic Information

What brings you to Family Service? ________________________________ ☐ Decline to share

Funder ID: __________ Family Service Location:________________ Enrollment Date:____/____/____

First Name: __________________________ Last Name:____

Middle Initial: ______________________________ Date of Birth: __________/__________/__________

Gender				
☐ Woman	☐ Man	☐ Culturally Specific Identity (e.g. Two-Spirit)	☐ Transgender	☐ Non-Binary
☐ Questioning	☐ Different Identity	☐ Don't know	☐ Decline to Share	

Sex Orientation: ____

Social Security Number: ____________________ ☐ Don't know or Don't have ☐ Decline to share

How did you learn about Family Service? ____

In the last six months, have you or your minor child/ren participated in a Family Service program? ☐ Yes ☐ No

Previous participation with Family Service for you or your minor child/ren:

Name: ______________________ Service:______________________For how long: ________________

Name: ______________________ Service:______________________For how long: ________________

Marital Status			
☐ Single	☐ Divorced	☐ Married	☐ Separated
☐ Widowed	☐ Common Law	☐ Partner	☐ Decline to share

Race/Ethnicity		
☐ American Indian, Alaska Native, or Indigenous	☐ Asian or Asian American	☐ Black, African American, or African
☐ Hispanic/Latina/e/o	☐ Middle Eastern or North African	☐ Native Hawaiian or Pacific Islander
☐ White	☐ Don't know	☐ Decline to share

So we may best serve you, how well do you speak English? (5 years or older):

☐ Very Well ☐ Well ☐ Not Well ☐ Not at all

Which language do you speak at home? ______________________________

Do you speak a language other than English at home? ☐ Yes ☐ No ☐ Decline to share

How would you describe your household unit?

☐ Single Parent – Female ☐ Single Parent – Male ☐ Two Parent ☐ No Children

☐ Caregiver (ex: Grand-, foster-parent) ☐ Decline to share

Do you need help with day-to-day activities such as bathing, preparing meals, etc.?

☐ I don't need any help ☐ I get all the help I need ☐ I could use a little more help

☐ I need a lot more help ☐ Decline to share

Family Service has special services and resources available to certain populations such as military/veterans, migrant farmworkers, and refugees.

Are you or any member of your family on Active Duty or a Veteran? ☐ Yes ☐ No

Please list below if you, your spouse, your parents, or your children are/were in the military:

Name	Relationship to You	Active Duty or Veteran	Branch of Service

In the past year, have you been employed as a seasonal or migrant farmworker?

☐ Yes ☐ No ☐ Decline to share

Contact Information

Street Address: ______________________________ Apt./Unit #:______________

Zip Code: ______________ City:______________ State: ______________

Email:______________________________ Mobile Phone: ______________

Home Phone:______________________________ Work Phone: ______________

Communication Preference: ☐ Text ☐ Email ☐ Phone

Do you have access to the Internet? ☐ Yes ☐ No

Emergency Contact

Relationship to you: ______________________ Name:______________________

Office Phone: ______________________ Mobile/Home Phone:______________________

Best way for us to reach them: ______________________________

Education

Are you currently in school? ☐ Yes ☐ No If so where? ______________________________________

In which school district do you live? ____

What is the highest educational level you completed?									
☐	9th grade or below	☐	High School	☐	GED	☐	Some College	☐	Trade or Technical Training
☐	Associate Degree	☐	Bachelor's Degree	☐	Master's degree	☐	Other advance degree	☐	N/A

And for the second parent, if applicable?									
☐	9th grade or below	☐	High School	☐	GED	☐	Some College	☐	Trade or Technical Training
☐	Associate Degree	☐	Bachelor's Degree	☐	Master's degree	☐	Other advance degree	☐	N/A

Comments? ____

How many people live with you in your home?____

Name	Relationship	DOB	Gender	School	Grade Level

Health and Healthcare

Do you have health insurance? ☐ Yes ☐ No ☐ Decline to share

Does the enrolled child/children have health insurance? ☐ Yes ☐ No ☐ Decline to share

Where do you go for medical needs/care? ____

Do you or your children have life threatening allergies? ☐ Yes ☐ No ☐ Decline to share

If yes, please provide the name and the allergy/ies: ______________________________________

Are there any other health concerns we should know about for you or your family's participation?

☐ Yes ☐ No ☐ Decline to share

If yes, please explain: ____

How often do you feel the type of stress that makes you feel tense, restless, anxious, or unable to sleep because your mind is troubled? ☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very Much ☐ Decline to share

Family Economic Strength

How would you describe your employment status?

☐ Full-time ☐ Part-time ☐ Occasionally employed ☐ Not employed ☐ Retired ☐ Decline to Share

What is your living situation today? ☐ I have a steady place to live

☐ I have a place to live today, but I am worried about losing in the future

☐ I don't have a steady place to live (I am temporarily staying with others, in a hotel, etc.)

☐ Decline to share.

Please tell us more specifically about your living situation? ☐ Own ☐ Rent ☐ Public housing

☐ Shared housing with family/friends ☐ Temporary (shelter, staying with others) ☐ Homeless

Do you have internet access in your home? ☐Yes ☐ No ☐ Sometimes ☐ Decline to share

If no, how do you access the internet? ____

How do you and your family get to where you need to go? If using public transportation, please list number of transfers. ☐ My own vehicle ☐ Public Transportation(bus) # of transfers __________

☐ Other ☐ Decline to share

In the past 12 months, has lack of reliable transportation kept you from medical appts, meetings, work, or from getting things needed for daily living?

☐ Never ☐ Sometimes ☐ Often ☐ Decline to share

Knowing your household income will help us determine possible services you may be eligible for. Please circle the number of people living in your home and circle the closest figure to your total annual household income level:

Household Size (circle)	Total Annual Household Income (circle)			
	Under $5,000	Under $9,999		
1	$12,760	$17,609	$19,140	$25,520
2	$17,240	$23,791	$25,860	$34,480
3	$21,720	$29,974	$32,860	$43,440
4	$26,200	$36,156	$39,300	$52,400
5	$30,680	$42,338	$46,020	$61,360
6	$35,160	$48,521	$52,740	$70,320
7	$39,640	$54,703	$59,460	$79,280
8+	$44,120	$60,886	$66,180	$88,240

Do you currently participate in any of the following?					
☐ SNAP – Supplemental Nutrition Assistance Program (food stamps)	☐ TANF - Texas Temporary Assistance for Needy Families	☐ CHIP – Children's Health Insurance Program	☐ WIC – Women, Infants, and Children	☐ Earned Income Tax Credit	☐ Medicaid
☐ Head Start Services	☐ Parenting Education	☐ Affordable Health Care	☐ CCA – Child Care Assistance	☐ Decline to share	

Neighborhood Supports

If you have a phone, does your phone number change frequently?

☐ Yes ☐ No ☐ Decline to share

Would you be willing to keep us updated about your phone status?

☐ Yes ☐ No ☐ Decline to share

Per our agency protocol, we are required to ask: Are you a registered sexual offender? ☐ Yes ☐ No

SOCIAL DETERMINANTS OF HEALTH SURVEY

Social & Community Engagement - As we learn more about you, it is important for us to know about your social life and support systems. This will help us better understand the connections you already have in place as well as those that may be helpful to you in the future.

Are you blind or have serious difficulty seeing, even with glasses?

☐ Yes ☐ No ☐ Decline to share

Are you deaf or have serious difficulty hearing?

☐ Yes ☐ No ☐ Decline to share

How often do you feel lonely or isolated from those around you?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Decline to share

Are you a refugee? ☐ Yes ☐ No ☐ Decline to share

If so, country of origin? ______________________________

Would you like resources designated for refugees, migrant farmworkers, or military/veterans?

☐ Yes ☐ No

Health & Healthcare - Understanding your health and well-being status will better help us understand your situation. Health and well-being are the foundation from which positive experiences grow.

How do you take care of your health? ____

Would you like help enrolling in health insurance? ☐ Yes ☐ No

Do you need help communicating your concerns with your doctor?

☐ Yes ☐ No ☐ Decline to share

Have you and/or your child/ren had the flu shot this season (October-March)?

☐ Yes ☐ No ☐ Decline to share

As a mother and/or father, what was your age when giving birth to first child?

Mother _______ Father _______ ☐ N/A ☐ Decline to share

In the last 30 days, how many days a week did you engage in moderate exercise like walking quickly, running, riding a bike, swimming, and/or strength training (e.g. lifting weights)? _____________days

Do you use tobacco/vaping products? ☐ Yes ☐ No ☐ Decline to share

Is there a family history of alcoholism and/or substance abuse?

☐ No ☐ Substance Abuse ☐ Alcoholism ☐ Decline to share

Education - Through this section we hope to learn about your educational experiences and help you target the next steps, whether it be for you or for your family.

If you or your child/ren (who is/are enrolled in the program) has/have a developmental delay, disability affecting education (e.g., attentional, learning differences, etc.), and/or an Individualized Family Service Plan (IFSP), and/or an Individualized Education Plan (IEP), please tell us more.

☐ Not Applicable ☐ Decline to share ☐ None

Name	Disability Description	Frequency

Because of a physical, mental, and/or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions (if 15 years or older)? ☐ Yes ☐ No ☐ Decline to share

Family Economic Strength - We have programs to help people target financial goals, like paying off a credit card, establishing a budget, and purchasing a home. Also tied to financial goals are employment opportunities – both play a role in economic stability. The information you share may suggest your participation in one or more of these programs.

Within the past 12 months, how often were you worried your food would run out before you got money to buy more?

☐ Never true ☐ Sometimes true ☐ Often true ☐ Decline to share

Within the past 12 months, has the electric, gas, oil, or water company threatened to shut off the services in your home?

☐ Yes ☐ No ☐ Its already shut off ☐ Decline to share

Do you or your spouse/partner want help with school/job training (e.g., completing high school diploma, child development assoc. credential)?

☐ Yes ☐ No ☐ Decline to share

Neighborhood Supports - The places and spaces in which you live, work, and enjoy time with your family and friends make up your neighborhood supports. This gives us a little more insight into how your services may be individualized.

Do you live in a federally recognized tribal reservation in Texas?

☐ Yes ☐ No ☐ Decline to share

Do you live in a Colonia (an unincorporated settlement near the U.S./Mexican border)?

☐ Yes ☐ No ☐ Decline to share

Are there other resources in the community that you are accessing?

(ex: YMCA/Foodbank/Library/Public parks)

☐ Yes ☐ No

In the last year have you seen or experienced violence where you live?

☐ Never ☐ Rarely ☐ Sometimes ☐ Fairly often ☐ Frequently ☐ Decline to share

Are you registered to vote?

☐ Yes ☐ No ☐ Decline to share

Would you like information on how to register to vote?

☐ Yes ☐ No ☐ Decline to share

Can we help link you to any of the following resources, programs, and services?

Alcoholism	Food/Nutrition	Marital/Couple help	Special Needs
Child Care/Early Childhood	GED & HSE	Parent-Child Counseling	Substance Abuse
College Readiness	Grief/Loss Counseling	Parenting help	Transportation
Divorce assistance or child custody	Health Insurance	Personal Care needs (hygiene, clothing, etc.)	Utilities
Enrichment Activities for children	Housing/Rent	Personal/Emotional help	Victim Assistance/Victim of a Crime
Family Issues	In-home Older Adult or Disabled Adult Care Services	Public Benefits Application	Youth Development/Education
Family Violence	Job Training	Reading	
Financial/Money Management	Legal Issues	Sexual Abuse	

Total Potential Linkages? __________________

Internal linkages to Family Service's resources, programs, and services: ______________________________

____

____

____

External linkage(s) to resources, programs, and services:______________________________________

____

____

____

Notes: ____

____

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Adverse Childhood Experiences Survey (ACEs)

Before your 18th birthday:	Yes	No
1. Did you ever experience a major disaster?	☐	☐
2. Were you ever bullied as a child?	☐	☐
3. Did you lose a parent or close caregiver through death or divorce?	☐	☐
4. Did a household member go to prison?	☐	☐
5. Did you ever experience any type of discrimination?	☐	☐
6. Did you feel neglected?	☐	☐
7. Did you feel that you were not loved?	☐	☐
8. Was anyone in your home mentally ill or attempted suicide?	☐	☐
9. Were you ever homeless?	☐	☐
10. Was anyone in your home an alcoholic or drug user?	☐	☐
11. Did you ever witness violence in your community?	☐	☐
12. Did you experience domestic violence in your home?	☐	☐
13. Did you ever witness a brother or sister being abused?	☐	☐
14. Were you ever emotionally abused?	☐	☐
15. Where you ever physically abused?	☐	☐
16. Were you ever sexually abused?	☐	☐

ACEs Total (number of Yes responses): ________________________

Brief Resilience Scale (BRS)

Please respond to each item by marking one box per row	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I tend to bounce back quickly after hard times.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
I have a hard time making it through stressful events.	5 ☐	4 ☐	3 ☐	2 ☐	1 ☐
It does not take me long to recover from a stressful event.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
It is hard for me to snap back when something bad happens.	5 ☐	4 ☐	3 ☐	2 ☐	1 ☐
I usually come through difficult times with little trouble.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
I tend to take a long time to get over set- backs in my life.	5 ☐	4 ☐	3 ☐	2 ☐	1 ☐

Scoring: Total the responses and divide by 6 (score will range from 1-5)

My score:

Continuation Page:

For Office Use Only

Sex Offender Status: Level 1 ☐ Level 2 ☐ Level 3 ☐

GEO Codes:

City Council District:	0	1	2	3	4	5	6	7	8	9	10
County Precinct:	0	1	2	3	4						
Congressional Districts:											
State Representative:											
State Senate:											
School District:											