Getting to Know You

Family Service Universal Enrollment Tool

This intake form is meant to get to know the client and their family. The information shared will help us connect the client and their family to beneficial resources, services, and programs. ***Everything shared on this form is kept strictly confidential.*** Please enter the information of the **PRIMARY** client that is receiving services. If the primary client is a minor (under 18 years old), enter the caregiver's information where indicated. The Household refers to the household where the Primary Client lives.

FS Program: _____ FS Location:_____ Enrollment Date: ____/____/____

Primary Client's Account Information

Salutation: ☐ Mr. ☐Ms. ☐ Mrs. ☐Dr. ☐ Prof.

First Name: _____ Middle Initial:_____

Last Name: _____ Date of Birth: ____/____/____

Social Security Number: _____ ☐ Decline to share

What brings the Client to Family Service (FS)? _____

Primary Client's Living Address

Street Address: _____Apt./Unit: _____

City: _____State: _____Zip Code: _____

GEO Codes based on Primary Client's Living Address

School District:											
City Council District:	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☐ 10
Congressional District:	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☐ 10	
☐11 ☐12 ☐13 ☐14	☐ 15	☐ 16	☐17	☐ 18	☐ 19	☐ 20	☐ 21	☐ 22	☐ 23	☐ 24	
☐25 ☐26 ☐27 ☐28	☐ 29	☐ 30	☐ 31	☐ 32	☐ 33	☐ 34	☐ 35	☐ 36	☐ 37	☐ 38	
County Precinct:	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4						
State Senate:	☐ 19	☐ 21	☐ 25	☐ 26							
State Representative:	☐ 116	☐ 117	☐ 118	☐ 119	☐ 120	☐ 121	☐ 122	☐ 123	☐ 124	☐ 125	

Primary Client's Contact Information If client is a minor and/or has no phone, please include caregiver's contact information

Mobile Phone: _____Home Phone:_____Work Phone: _____

Email: _____Communication Preference: ☐ Text ☐ Phone ☐Email

Emergency Contact Information for Client

Emergency Contact Name:_____ Emergency Contact Relationship:_____

Emergency Contact Mobile:_____ Best Way to Reach:_____

Emergency Contact Office Phone: _____

Primary Client's Education

Is the client currently in school? ☐ Yes ☐No

If yes, where: _____ District:_____ Grade/Level:_____

If no, what is the highest level of education they completed?

☐ 9th grade or below ☐ High School or Equivalent (GED) ☐ Some College ☐ Trade or Technical Training ☐ Associate Degree ☐ Bachelor's Degree ☐ Master's Degree ☐ Other Advanced Degree

Primary Client's Involvement with Family Service

Initial Source of Family Service Awareness?_____
In the last six months, has the client or their family participated in a Family Service program? ☐ Yes ☐No
Previous participation with Family Service for client or their family members:
Name:_____ Service Received:_____Length of Service: _____
Name: _____Service Received:_____ Length of Service:_____

Demographic Information

Client's Gender			
☐ Male	☐ Woman	☐	
Client's Race/Ethnicity			
☐ Multiracial	☐ Native Hawaiian or Pacific Islander	☐ White	☐ Middle Eastern or North African
☐ American Indian or Alaska Native	☐ Asian	☐ Black or African American	☐ Hispanic or Latino
Client's Hispanic, Latino, or Spanish Origin			
☐ Mexican/Mexican American	☐ Cuban	☐ Puerto Rican	
☐ Hispanic or Latino	☐ Not Hispanic or Latino	☐ Other	
Client's English Proficiency Level			
☐ Very Well	☐ Well	☐ Not Well	☐ Not at all
Does the Client or Family Speak a Language Other English at Home?		**Languages Spoken at Home**	
☐ Yes	☐ No		
Household Unit Description			
☐ Single Parent - Female	☐ Single Parent - Male	☐ Two Parent	
☐ No Children	☐ Caregiver (ex: Grand-, foster-parent)		
Client's Marital Status If Client is a minor, select "N/A"			
☐ Single	☐ Married	☐ Divorced	☐ Separated
☐ Widowed	☐ Domestic Partnership	☐ N/A	
Veteran Status			
Is the client on Active Duty or a Veteran? ☐ Active Duty ☐ Veteran ☐ Not Connected to Military	Branch of service:		
Household Poverty Level			
☐ Below 100%	☐ Above 100%		
☐ Above 150%	☐ Above 250%		

HOUSEHOLD ROSTER

Name	Relationship	DOB	Gender (M/F)	Race/ Ethnicity	School	Grade Level

SOCIAL DETERMINANTS OF HEALTH SURVEY

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. Based on the information shared, we may recommend participation in one or more of these programs. If the client is a minor, there are certain questions in this section that should be completed from the perspective of their adult caregiver; for these questions, answer for the caregiver where you see "client/caregiver."

What is the client's employment status? If Client is a minor, select "N/A"
☐ Full-time ☐ Part-time ☐ Occasionally employed ☐ Unemployed ☐ Retired ☐ Student ☐ N/A

What is the client's living situation today?
☐ They have a steady place to live ☐ They do not have a steady place to stay (temporary staying with others, in a hotel, etc.) ☐ They have a place to live today but they're worried about losing it in the future ☐ Decline to Share

Specifically, what is the client's living situation? ☐ Own ☐ Rent ☐ Public Housing ☐ Shared housing with family/friends ☐ Temporary (shelter, "couch surfing") ☐ Homeless and living on the street ☐ Decline to Share

How does the client and their family get to where they need to go? If using public transportation, please list number of transfers.
☐ Their own vehicle ☐ Public Transportation (bus) # of transfers: _____ ☐ Other:_____

In the past 12 months, how often was the client/caregiver worried that they would run out of food?
☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Decline to Share

In the past 12 months, did the electric, gas, oil, or water company threaten to shut off the services in the client's home?
☐ Yes ☐ No ☐ It's already shut off ☐ Decline to Share

Knowing the household income will help us determine possible services the client may be eligible for.
What is current household income of the client's household? $_____

Which of the following does the client/caregiver currently participate in?				
☐ 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	☐ Affordable Health Insurance (Healthcare.gov)	☐ CCA - Child Care Assistance	☐ None of these ☐ Decline to Share

Education - Through this section we hope to learn about the client's educational experiences to help target the next steps for the client or their family.

If the client and/or their family member(s) 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

Name	Disability Description

Health & Healthcare - Understanding the client's health and well-being status will better help us understand their situation. Health and well-being are the foundation from which positive experiences grow. If the client is a minor, there are certain questions in this section that should be completed about the adult caregiver; for these questions, answer for the caregiver where you see "client/caregiver."

Does the client have health insurance? ☐ Yes ☐ No

Where does the client go for medical needs/care? _____

Does the client or any family members have life threatening allergies? ☐ Yes ☐ No

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

Is the client blind or have serious difficulty seeing, even with glasses? ☐ Yes ☐ No

Is the client deaf or have serious difficulty hearing? ☐ Yes ☐ No

Are there any other health concerns we should know about for the client or their family's participation?
☐ Yes ☐ No If yes, please explain: _____

How often does the client feel the type of stress that makes them feel tense, restless, anxious, or unable to sleep because their mind is troubled (if 15 years or older)? ☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Under 15

Because of physical, mental, and/or emotional condition, does the client have serious difficulty concentrating, remembering, or making decisions (if 15 years or older)? ☐ Yes ☐ No ☐ Under 15

How does the client take care of their health?_____

Does the client need help communicating their concerns with their doctor? ☐ Yes ☐ No

Has the client and their family members had the flu shot this season (October – March)? ☐ Yes ☐ No

If the client is a mother or father, how old were they when their first child was born?
Mother _____ Father _____☐ N/A

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

Does the client/caregiver use tobacco/vaping products? ☐ Yes ☐ No

Is there a family history of alcoholism and/or substance abuse? ☐ No ☐ Substance Abuse ☐ Alcoholism ☐ Both

Social & Community Engagement - As we learn more about the client, it is important for us to know about their social life and support systems. This will help us better understand the connections they already have in place as well as those that may be helpful in the future. If the client is a minor, there are certain questions in this section that should be completed about the adult caregiver; for these questions, answer for the caregiver where you see "client/caregiver."

Does the client have internet access in their home? ☐ Yes ☐ No ☐ Sometimes

In the past 12 months, how often has a lack of reliable transportation kept the client/caregiver from medical appts, meetings, work, or from getting things needed for daily living? ☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

Is the client registered to vote? If Client is a minor, select "N/A." ☐ Yes ☐ No ☐ N/A

Would the client/caregiver like information on how to register to vote? ☐ Yes ☐ No

If the client/caregiver has a phone, does their phone number change frequently? ☐ Yes ☐ No

Would the client/caregiver be willing to keep us updated about their phone status? ☐ Yes ☐ No

Does the client need help with day-to-day activities such as bathing, preparing meals, etc.?
☐ They don't need any help ☐ They get all the help they need ☐ They could use a little more help ☐ They need a lot more help

Within the last 12 months, how often did the client feel lonely or isolated from those around them (if 15 years old older)? ☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Under 15

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

Does the client have family member(s) who are on Active Duty or Veterans? ☐ Yes ☐ No
Please list below if the client's spouse, their parents, or their children are/were in the military:

Name	Relationship to You	Active Duty or Veteran	Branch of Service

In the past year, has the client been employed as a seasonal or migrant farmworker? If Client is a minor, select "N/A."
☐ Yes ☐ No ☐ N/A

Is the client/caregiver a refugee? ☐ Yes ☐ No ☐ Decline to Share If so, country of origin? _____

Would the client/caregiver like resources designated for refugees, migrant farmworkers, or military/veterans?
☐ Yes ☐ No

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. If the client is a minor, there are certain questions in this section that should be completed about the adult caregiver; for these questions, answer for the caregiver where you see "client/caregiver."

Does the client live on a federally recognized tribal reservation in Texas? ☐ Yes ☐ No ☐ Decline to Share

Does the client 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 the client/caregiver is accessing? (ex: YMCA/Food Bank/Library/Public Parks)? ☐ Yes ☐ No

In the last year how often has the client/caregiver seen or experienced violence where the client lives?
☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

Per our agency protocol, we are required to ask: Is the client/caregiver a registered sex offender? ☐ Yes ☐ No

Can we help link the client/caregiver to resources/services for any of the following topics or issues

☐ 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	☐ Public Benefits Application	☐ Youth Development/Education
☐ Family Violence	☐ Job Training	☐ Reading	☐ Finding/Keeping Employment
☐ Financial/Money Management	☐ Legal Issues	☐ Sexual Abuse	

For Primary Clients 18+: 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. Were you ever physically abused?	☐	☐
16. Were you ever sexually abused?	☐	☐

For Primary Clients Under 18: Adverse Childhood Experiences Survey (ACEs)

In your life so far...	Yes	No
1. Have you ever lived with a parent/caregiver who went to jail/prison?	☐	☐
2. Have you ever felt unsupported, unloved, or unprotected?	☐	☐
3. Have you ever lived with a parent/caregiver who had mental health issues?	☐	☐
4. Has a parent/caregiver ever insulted, humiliated, or put you down?	☐	☐
5. Has any caregiver ever had a problem with too much alcohol, street drugs or prescription medication use?	☐	☐
6. Have you ever lacked appropriate care by any caregiver?	☐	☐
7. Has any adult in the household often or very often pushed, grabbed, slapped or thrown something at you?	☐	☐
8. Have you ever experienced sexual abuse?	☐	☐
9. Have there ever been significant changes in the relationship status of your caregiver(s)? E*xample: a parent got divorced or caregiver moved out*	☐	☐
10. Have you ever seen, heard, or been a victim of violence in your neighborhood, community or school?	☐	☐
11. Have you experienced discrimination? *Example: excluded because of your race, ethnicity, gender, sexual orientation, disability, religion, or other identity?*	☐	☐
12. Have you ever had problems with housing? *Example: not having a stable place to live*	☐	☐
13. Have you ever been separated from your parent/caregiver due to foster care, or immigration?	☐	☐
14. Have you ever lived with a parent/caregiver who had a serious physical illness or disability?	☐	☐
15. Have you ever lived with a parent or caregiver who died?	☐	☐
16. Have you ever been detained, arrested, or incarcerated?	☐	☐

Brief Resilience Scale (BRS)

This should be answered from the perspective of the client, including minors and adults.

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 tend to take a long time to get over setbacks in my life.	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
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

Notes/Continuation Page: