



**BRIDGES FOR KIDS PROGRAM
FAMILY INTAKE FORM**



DATE: _____ Who referred you to the program? _____

Child's Name	Birthday	Sex	School	Grade	Race/Ethnicity
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

FAMILY ADDRESS:

Street _____ City/Town/zip _____

Telephone # _____ EMAIL _____

MOTHER / GUARDIAN _____ Date of birth _____

Occupation _____ Employer _____

Contact at work? Yes ___ No ___ Work phone _____ Hours per week _____

FATHER / GUARDIAN _____ Date of birth _____

Occupation _____ Employer _____

Contact at work? Yes ___ No ___ Work phone _____ Hours per week _____

WHO HAS LEGAL CUSTODY OF THE CHILD / CHILDREN? _____

EMERGENCY CONTACT (other than numbers listed above) :

NAME _____ PHONE # _____

ADDRESS _____

RELATIONSHIP to child _____

FAMILY DYNAMICS

Tell us about your family so we can better help you and your child.

Is there or has there been.....

_____ Family Conflict/domestic Violence Please explain _____

_____ Child Abuse (suspected or reported) Please explain _____

_____ Economic Hardship

_____ Health Problems / illness of family members Who? _____

_____ Alcohol or Substance Abuse Who? _____

_____ No female / male role model for the child

_____ Incarcerated parent (now or previously in jail)

_____ Other Family Stress (please explain)

What would you like your child to gain from the program/ why are you enrolling your child?

PARENT / GUARDIAN DESCRIPTION OF THE CHILD - please list each child

Personality:

Interests, favorite activities:

Socialization Skills, relationship with friends:

Academics (favorite subjects, how is she/he doing?)

HOUSEHOLD COMPOSITION

(this information is used when applying for grants to support the program)

OTHER PEOPLE LIVING IN THE HOME:

NAME	Date of birth	Relationship to child
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are there any siblings in foster care? _____

YWCA Bridges for Kids

Confidentiality and Release of Information

I understand that the information in my record is confidential and will be protected from public disclosure. I also understand that I have the right to cancel my permission to release information at any time.

I give permission to the YWCA Bridges for Kids program to share information with my child’s mentor, my child’s school, and other YWCA programs as needed.

Signature _____ **Date** _____

MEDIA RELEASE FORM

I, _____ (**PRINT** self or parent/guardian name), hereby authorize YWCA Cortland to photograph, videotape and/or interview me and my child(ren) and I permit use of this material on the YWCA website, display boards, brochures, newsletters and other promotional/educational materials.

Print Name

Children's Names _____

Signature _____ **Date** _____