



*Insert Program Name Here – a part of The Family Collective

INTAKE FORM

Last Name (head of household): _____ **First Name:** _____ **Date:** _____

Phone: C/H _____ W _____ **Email:** _____

Household Members (including yourself)

Last, First Names (note relationship to head of household)	Race (family self-identifies)	Ethnicity (family self-identifies)	Gender (family self-identifies)	Disability of long duration? (page 3)	Date of Birth	Social Security Number
	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgendered (M to F) <input type="checkbox"/> Transgendered (F to M) <input type="checkbox"/> Other <input type="checkbox"/> Declined	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgendered (M to F) <input type="checkbox"/> Transgendered (F to M) <input type="checkbox"/> Other <input type="checkbox"/> Declined	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgendered (M to F) <input type="checkbox"/> Transgendered (F to M) <input type="checkbox"/> Other <input type="checkbox"/> Declined	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgendered (M to F) <input type="checkbox"/> Transgendered (F to M) <input type="checkbox"/> Other <input type="checkbox"/> Declined	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgendered (M to F) <input type="checkbox"/> Transgendered (F to M) <input type="checkbox"/> Other <input type="checkbox"/> Declined	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgendered (M to F) <input type="checkbox"/> Transgendered (F to M) <input type="checkbox"/> Other <input type="checkbox"/> Declined	<input type="checkbox"/> Yes <input type="checkbox"/> No		

This information is confidential and is used for program evaluation and funding purposes only. Your name and other identification information will not be released, and this information will not be used to discriminate your participation in our program.

Income Eligibility

**Income verification needs to be on file as required by DHS and United Way of Greater Nashville. Please upload this verification to your database.*

- At or below 185% of FPL (income is verified)
- Between 185% FPL and 250% FPL, but is eligible due to one or more of the following conditions:
 - Homeless: in shelter, staying in a vehicle, on the street, doubled-up with family or friends, in a motel/hotel, or in a place not meant for human habitation.
 - At-Risk of Homelessness: ten (10) or more days behind on rent/mortgage or utility payments; at risk or eviction/foreclosure; unemployed, underemployed or experiencing a job loss; and/or accessing the Coordinated Entry System (CES) due to a housing crisis.

**The FPL Guidelines will be listed at the end of this intake form. If your client has no income, please fill out and upload the Zero Income Certification form to your database.*

Child Educational History

Child Family Member Names	Childcare Status (select one)	Current grade level at entry (Pre-k – 12)
	<input type="checkbox"/> TFC Early Learning Center Partner (enter name of center) <input type="checkbox"/> Other Childcare (enter name of center) <input type="checkbox"/> No Childcare Center:	
	<input type="checkbox"/> TFC Early Learning Center Partner (enter name of center) <input type="checkbox"/> Other Childcare (enter name of center) <input type="checkbox"/> No Childcare Center:	
	<input type="checkbox"/> TFC Early Learning Center Partner (enter name of center) <input type="checkbox"/> Other Childcare (enter name of center) <input type="checkbox"/> No Childcare Center:	
	<input type="checkbox"/> TFC Early Learning Center Partner (enter name of center) <input type="checkbox"/> Other Childcare (enter name of center) <input type="checkbox"/> No Childcare Center:	

Adult Educational History

Education Types key: #1-Not yet completed HS Diploma/GED, #2-HS Diploma/GED or attending ELL/ESL Classes, #3-Vocational Education Certificate, #4-2 yr. Postsecondary Program (Associate’s), #5-4 yr. Postsecondary Program (Bachelor’s), #6-Masters Postsecondary Program, #7-PhD Postsecondary Program

Adult Family Member Names	Name of Educational Institution	Date of enrollment	Date of completion	Education Type (enter # from key above)

This information is confidential and is used for program evaluation and funding purposes only. Your name and other identification information will not be released, and this information will not be used to discriminate your participation in our program.

Current Employment

Employer	Start Date	Occupation/Position Held	# Hours Worked	Wages (choose hourly or monthly and enter \$ amount)
				<input type="checkbox"/> Hourly \$ <input type="checkbox"/> Monthly \$
				<input type="checkbox"/> Hourly \$ <input type="checkbox"/> Monthly \$

Housing Information

Current Address: _____

What date did you move into this address? _____

Rental Amount: _____

Survivor of Domestic Violence? (choose one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, was it in the...? (choose one)	<input type="checkbox"/> Past few months <input type="checkbox"/> Past 3-6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> Over a year	

Emergency Contact Information

Name: _____ Relationship to applicant: _____

Address: _____

Phone: _____

This information is confidential and is used for program evaluation and funding purposes only. Your name and other identification information will not be released, and this information will not be used to discriminate your participation in our program.

Health Information

This section is used primarily for families being entered into HMIS. If your client is NOT being entered into HMIS, this section is not required. You can still enter any of this information as it applies but it will not be required in the system to continue.

Do you have any medical issues that may affect your ability to sustain a job? If yes, explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your family connected to a Medical Provider? If so, where?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is anyone in your family including yourself currently receiving disability benefits (SSI/SSDI)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Does anyone in your family have a disability of long duration? If so, what type?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
List family members receiving TennCare, including start/end dates.		
List family members receiving other types of insurance and the type.		
List family members receiving Medicare.		
List family members with no insurance.		
Have you experienced homelessness in the past? If so, please indicate how many times, when and for how long.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or anyone in your family received coaching or case-management services? If so, what providers? Note if these services ongoing.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Applicant Verification of Information Clause:

I hereby verify that all of the above information is valid and accurate to the best of my knowledge. I understand that any withheld or faulty information could affect whether I am accepted into the program and is grounds for immediate termination from the program if information is later found to be withheld or faulty.

Participant Signature

Date

Staff Signature

Date

Note: Federal Poverty Guidelines 2021 on next page.

This information is confidential and is used for program evaluation and funding purposes only. Your name and other identification information will not be released, and this information will not be used to discriminate your participation in our program.

Federal Poverty Guidelines 2021:

185%

<u>Persons in Family/Household</u>	<u>Monthly Gross</u>	<u>Annual Gross Income</u>
2	\$2,686	\$32,227
3	\$3,386	\$40,626
4	\$4,085	\$49,025
5	\$4,785	\$57,424
6	\$5,485	\$65,823
7	\$6,185	\$74,222
8	\$6,885	\$82,621

250%

<u>Persons in Family/Household</u>	<u>Monthly Gross Income</u>	<u>Annual Gross Income</u>
2	\$3,629	\$43,550

3	\$4,575	\$54,900
4	\$5,521	\$66,250
5	\$6,467	\$77,600
6	\$7,413	\$88,950
7	\$8,358	\$100,300
8	\$9,304	\$111,650