



An Equal Opportunity Employer and Service Provider

PARENT EDUCATION SCREENING/INTAKE

Class Month _____ Waiting List Month _____

Date of Call: _____		
Name: _____	Phone: _____	E-mail: _____
Is client interested in learning more about parenting children? Yes _____ No _____ Is client court-mandated to take this class? Yes _____ No _____ Preferred class format? In-Person ___ Virtual ___ Doesn't matter ___		
<i>Indicate other community resources you provided to individual to meet needs (to be completed by Parent Educator)</i> _____ _____ _____		
Complete Demographic and Basic Information below if client is registering for class		
<u>Class Information (to be completed by Parent Educator)</u>		
Start Date: _____ Time: _____ Location: _____		
Referral Source: _____		
Client currently involved with DCFS? Yes _____ No _____		
Is client requesting a report be provided to caseworker, etc? Yes _____ No _____		
<i>**If YES, client will need to make arrangement to sign Release of Information form**</i>		
Name of caseworker: _____ Agency: _____		
Client Address: _____		
Date of Birth: _____	Gender: Male _____	Female _____
Marital Status: Single _____ Separated _____ Divorced _____ Married _____ Widow _____		

Additional questions on back



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Race: Native American _____ African American _____ Hispanic _____ Asian _____ Pacific Islander _____ Caucasian _____ Bi-Racial _____ Other: _____
Education: Less than HS _____ H.S./GED _____ Some College _____ College Degree _____
Housing: Own _____ Rent _____ Transitional _____ Homeless _____
Type of Caregiver: Not Yet a Parent _____ Foster Parent _____ Relative Parent _____ Biological Parent _____ Adoptive _____ Relative Adoptive _____ Subsidized Guardianship _____ Stepparent _____
Household Annual Income: <input type="checkbox"/> A. below-\$1,000 <input type="checkbox"/> B. \$1,001-\$2,000 <input type="checkbox"/> C. \$2,001-\$4,000 <input type="checkbox"/> D. \$4,001-\$6,000 <input type="checkbox"/> E. \$6,001-\$8,000 <input type="checkbox"/> F. \$8,001-\$10,000 <input type="checkbox"/> G. \$10,001-\$15,000 <input type="checkbox"/> H. 15,001-\$20,000 <input type="checkbox"/> I. \$20,001-\$30,000 <input type="checkbox"/> J. \$30,001-up
Do children live in the home (primary or shared responsibility)? Yes _____ No _____ If YES, how many children live in your home? _____
List Birthdates of Children: _____ Gender: _____ _____ _____ _____
Parent Educator Signature: _____ Date: _____