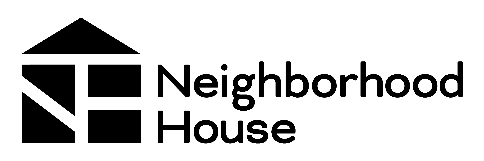
**NEIGHBORHOOD HOUSE ENROLLMENT FORM**

To receive Neighborhood House Services, we require the following client documentation and a completed enrollment form for our records. Bring your original documents with you to the main office. When you complete the Enrollment form, we will make copies of each document and return the originals to you. Enrollment Walk-In Hours are Monday through Thursday from 10:00 am – 2:00 pm.

***Please contact the main office with any questions or concerns at 248-651-5836.***

**Required Client Documentation for Enrollment**

|  |  |  |
| --- | --- | --- |
| **Document Type** |  | **Notes** |
| * Current Michigan Picture ID for each adult (18 and older) living in the household showing your address in our service area. |  |  |
| * Current Utility Bill showing your name and current address. |  |  |
| * Proof of all Household Income   (Employment, Unemployment, Social Security, DHHS assistance, etc.) |  |  |
| * Official documentation for all children (17 and under) living in the household.   + Birth certificates or guardianship papers   + If birth certificates are not available, we will except last year’s tax return with the dependent(s) name on it or a DHS benefits letter showing dependent(s) in the household. |  |  |
| * Previous Year Federal Tax Return (1040) |  |  |

****

**Consent for Release of Information**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize The Neighborhood House to obtain, release and share any pertinent information about myself and others living in my household as necessary to allow me and others in my household to benefit from any services requested. These services may include but are not limited to: NH Financial Grant Request, DHS, DTE, Consumers, THAW, EFSP (and its partners), OLHSA, Salvation Army, Lighthouse, St. Vincent DePaul, Gleaners, Forgotten Harvest and as specified below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rochester Area Neighborhood House respects your privacy. We have established policies for client confidentiality and protection of client information. Communication and records may be disclosed when staff or volunteers determine there is substantial risk of imminent physical injury by the client to themselves or others.

I release Neighborhood House and its staff from legal liability for disclosing or acquiring information that I have permitted by signing this form. The information provided by me on this form is true, correct and complete to the best of my knowledge. Neighborhood House serves clients without regard to age, race, creed, religion, sex, sexual orientation or national origin.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intake Volunteer / Case Manager Date

**Client Service Enrollment Application**

***Household Primary Contact Information***

**Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What brings you here today? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**First, Middle and Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_**

**City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For texting purposes, please provide your Cell Phone provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How Many In Household? Adult(s)\_\_\_\_ Kids\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Gender**  🞎Female  🞎Male  🞎Transgender  🞎Undisclosed  Are you a Veteran?  🞎Yes  🞎No | **Marital Status**  🞎Single  🞎Married  🞎Separated  🞎Common-law  🞎Divorced  🞎Widowed  🞎Domestic Partner  🞎Undisclosed | **Race**  🞎Alaska Native/Aleut/Eskimo  🞎American Indian/Native American  🞎Asian  🞎Black/African  🞎Hispanic/Latino  🞎Middle Eastern/North African  🞎Multi-Racial  🞎Pacific Islander  🞎 White/Anglo  🞎Other  🞎Undisclosed | **Primary Language**  🞎English  🞎Spanish  🞎Arabic  🞎Mandarin  🞎Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Secondary Language**  🞎English  🞎Spanish  🞎Arabic  🞎Mandarin  🞎Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Transportation Type**  🞎None  🞎Public Trans.  🞎Walking  🞎Biking  🞎Vehicle Owned  🞎Ride with Someone  🞎Cab/Taxi/Uber/Lyft | **Education**  🞎Currently in grade k-12  🞎Graduated High School  🞎GED  🞎Trade/Professional accreditation  🞎2-year degree  🞎4-year degree  🞎Masters  🞎PhD  🞎Undisclosed | **Employment Type**  🞎None  🞎Part-Time  🞎Full-Time  🞎Post-Secondary Student  🞎Seasonal  🞎Military  🞎Multiple Jobs  🞎Internship  🞎Retired  🞎Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Pet Profile**  🞎None  🞎Dog  🞎Multiple Dogs  🞎Cat  🞎Multiple Cats  🞎Other Pets  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Total # of Pets |
| **Household Monthly Income**  **Include Income From All Household Members**  🞎No Income  🞎Job/Employment Take Home $$\_\_\_\_\_\_\_\_\_\_\_\_\_  ***(Including unemployment and/or workers comp)***  🞎 All Social Security Income $$\_\_\_\_\_\_\_\_\_\_\_\_\_  ***(Including SSR,SSI,SSD,SSS)***  🞎Bridge Card $$\_\_\_\_\_\_\_\_\_\_\_\_\_  ***(Food, Child Care, Cash, Emergency Relief)***  🞎 USDA Programs  ***(SNAP and/or WIC)***  🞎Child Support/Alimony $$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎Family Gifts / Support $$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎Pension/401K/IRA $$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎Student Financial Aid $$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎VA Benefits $$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎 All Other $$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **Household Monthly Expenses**  🞎Rent/Mortgage/Lot Rent $$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎Rent/Home Insurance $$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎Auto Related $$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***(Loan/Lease, Monthly Insurance Amount)***  🞎Auto Gas $$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎Food $$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎Consumer Power $$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎 DTE $$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎Water $$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎Cell Phone $$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎Home Phone $$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎Cable / Internet $$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎 All Medical Expense $$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***(Premium, Co-Pay, Out of Pocket)***  🞎Credit Card/Loans/Garnishments $$\_\_\_\_\_\_\_\_\_\_\_  🞎Child Care/Child Support/Alimony $$\_\_\_\_\_\_\_\_\_\_\_  🞎 All Other $$\_\_\_\_\_\_\_\_\_\_\_ | |
| **Allergies/Sensitivities**  🞎Peanut  🞎Dairy  🞎Egg  🞎Gluten  🞎Seafood  🞎Citrus  🞎Tree Nut  🞎Cinnamon  🞎Sulfite  🞎Tomato | | | **Household Dietary Considerations**  🞎High Blood Pressure  🞎Low Blood Pressure  🞎Diabetic  🞎Vegetarian  🞎Vegan  🞎Heart Disease  🞎Celiac Disease  🞎No Refrigeration  🞎No/Limited Cooking Equipment  🞎Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

***Spouse or Partner Living in the Household***

**None**

**Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Secondary Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are You a Veteran? 🞎 Yes 🞎 No**

**Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Relationship**  🞎Spouse  🞎Partner  🞎Common-Law Partner | **Gender**  🞎Female  🞎Male  🞎Transgender  🞎Undisclosed | **Race**  🞎Alaska Native/Aleut/Eskimo  🞎American Indian/Native American  🞎Asian  🞎Black/African  🞎Hispanic/Latino  🞎Middle Eastern/North African  🞎Multi-Racial  🞎Pacific Islander  🞎 White/Anglo  🞎Other  🞎Undisclosed | **Primary Language**  🞎English  🞎Spanish  🞎Arabic  🞎Mandarin  🞎Other \_\_\_\_\_\_\_\_\_\_\_\_\_  **Secondary Language**  🞎English  🞎Spanish  🞎Arabic  🞎Mandarin  🞎Other \_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Transportation Type**  🞎None  🞎Public Trans.  🞎Walking  🞎Biking  🞎Vehicle Owned  🞎Ride with Someone  🞎Cab/Taxi/Uber/Lyft | **Education**  🞎Currently in Grades k-12  🞎Graduated High School  🞎GED  🞎Trade/Professional accreditation  🞎2 year degree  🞎4 year degree  🞎Masters  🞎PhD  🞎Undisclosed | **Employment Type**  🞎None  🞎Part-Time  🞎Full-Time  🞎Post-Secondary Student  🞎Seasonal  🞎Military  🞎Multiple Jobs  🞎Internship  🞎Retired  🞎Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

***Other Adult Living in the Household***

**Including Adult Children 18 or Over**

**Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Secondary Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are You a Veteran? 🞎 Yes 🞎 No**

**Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Relationship**  🞎Spouse  🞎Partner  🞎Common-Law Partner  🞎Child 18 or Over  🞎Other Adult | **Gender**  🞎Female  🞎Male  🞎Transgender  🞎Undisclosed | **Race**  🞎Alaska Native/Aleut/Eskimo  🞎American Indian/Native American  🞎Asian  🞎Black/African  🞎Hispanic/Latino  🞎Middle Eastern/North African  🞎Multi-Racial  🞎Pacific Islander  🞎 White/Anglo  🞎Other  🞎Undisclosed | **Primary Language**  🞎English  🞎Spanish  🞎Arabic  🞎Mandarin  🞎Other \_\_\_\_\_\_\_\_\_\_\_\_\_  **Secondary Language**  🞎English  🞎Spanish  🞎Arabic  🞎Mandarin  🞎Other \_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Transportation Type**  🞎None  🞎Public Trans.  🞎Walking  🞎Biking  🞎Vehicle Owned  🞎Ride with Someone  🞎Cab/Taxi/Uber/Lyft | **Education**  🞎Currently in Grades k-12  🞎Graduated High School  🞎GED  🞎Trade/Professional accreditation  🞎2-year degree  🞎4-year degree  🞎Masters  🞎PhD  🞎Undisclosed | **Employment Type**  🞎None  🞎Part-Time  🞎Full-Time  🞎Post-Secondary Student  🞎Seasonal  🞎Military  🞎Multiple Jobs  🞎Internship  🞎Retired  🞎Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

***Other Adult Living in the Household***

**Including Adult Children 18 or Over**

**Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Secondary Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are You a Veteran? 🞎 Yes 🞎 No**

**Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Relationship**  🞎Child 18 or Over  🞎Parent  🞎Friend | **Gender**  🞎Female  🞎Male  🞎Transgender  🞎Undisclosed | **Race**  🞎Alaska Native/Aleut/Eskimo  🞎American Indian/Native American  🞎Asian  🞎Black/African  🞎Hispanic/Latino  🞎Middle Eastern/North African  🞎Multi-Racial  🞎Pacific Islander  🞎 White/Anglo  🞎Other  🞎Undisclosed | **Primary Language**  🞎English  🞎Spanish  🞎Arabic  🞎Mandarin  🞎Other \_\_\_\_\_\_\_\_\_\_\_\_\_  **Secondary Language**  🞎English  🞎Spanish  🞎Arabic  🞎Mandarin  🞎Other \_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Transportation Type**  🞎None  🞎Public Trans.  🞎Walking  🞎Biking  🞎Vehicle Owned  🞎Ride with Someone  🞎Cab/Taxi/Uber/Lyft | **Education**  🞎Currently in Grades k-12  🞎Graduated High School  🞎GED  🞎Trade/Professional accreditation  🞎2-year degree  🞎4-year degree  🞎Masters  🞎PhD  🞎Undisclosed | **Employment Type**  🞎None  🞎Part-Time  🞎Full-Time  🞎Post-Secondary Student  🞎Seasonal  🞎Military  🞎Multiple Jobs  🞎Internship  🞎Retired  🞎Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

***Children 17 or Under Living in Household***

**Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Relationship**  🞎Child 17 or Under | **Gender**  🞎Female  🞎Male  🞎Transgender  🞎Undisclosed | **Race**  🞎Alaska Native/Aleut/Eskimo  🞎American Indian/Native American  🞎Asian  🞎Black/African  🞎Hispanic/Latino  🞎Middle Eastern/North African  🞎Multi-Racial  🞎Pacific Islander  🞎 White/Anglo  🞎Other  🞎Undisclosed | **Primary Language**  🞎English  🞎Spanish  🞎Arabic  🞎Mandarin  🞎Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Secondary Language**  🞎English  🞎Spanish  🞎Arabic  🞎Mandarin  🞎Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Education**  🞎Pre-K  🞎Currently in Grades k-12  🞎Graduated High School  🞎GED |

***Children 17 or Under Living in Household***

**Client #:\_\_\_\_\_\_\_**

**Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Relationship**  🞎Child 17 or Under | **Gender**  🞎Female  🞎Male  🞎Transgender  🞎Undisclosed | **Race**  🞎Alaska Native/Aleut/Eskimo  🞎American Indian/Native American  🞎Asian  🞎Black/African  🞎Hispanic/Latino  🞎Middle Eastern/North African  🞎Multi-Racial  🞎Pacific Islander  🞎 White/Anglo  🞎Other  🞎Undisclosed | **Primary Language**  🞎English  🞎Spanish  🞎Arabic  🞎Mandarin  🞎Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Secondary Language**  🞎English  🞎Spanish  🞎Arabic  🞎Mandarin  🞎Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Education**  🞎Pre-K  🞎Currently in Grades k-12  🞎Graduated High School  🞎GED |