

# NEFWC Waitlist Initial Intake Form

Entered By: \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Social Security # \_\_\_\_\_ Gender \_\_\_\_\_

Spouse Name \_\_\_\_\_

Spouse Social Security # \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_

Monthly Household \_\_\_\_\_ Family Size \_\_\_\_\_

Income (Before Taxes)

Parent DOB \_\_\_\_\_

Spouse DOB \_\_\_\_\_

Service Need \_\_\_\_\_

Parent City of Birth \_\_\_\_\_

Spouse City of Birth \_\_\_\_\_

*Ex: Are you working, school etc.*

## Income Details:

Primary Language

Secondary Language

\_\_\_\_\_

\_\_\_\_\_

Ethnic Code \_\_\_\_\_

Details:

<input type="checkbox"/> Income from Employment ?	<input type="checkbox"/> Two Parents ?
<input type="checkbox"/> Income from Self-Employment ?	<input type="checkbox"/> Single Parent ?
<input type="checkbox"/> Income from TANF/TAFDC ?	<input type="checkbox"/> Grandparent ?
<input type="checkbox"/> Income from Food Stamps ?	<input type="checkbox"/> Foster Parent ?
<input type="checkbox"/> Other Fed Benefit Income ?	<input type="checkbox"/> Teen Parent ?
<input type="checkbox"/> Income from Child Support ?	<input type="checkbox"/> Income from SSA ?
<input type="checkbox"/> Income from Housing ?	

Race:

<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/Other Pacific
<input type="checkbox"/> White	<input type="checkbox"/> Black/African American

## Children

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security # \_\_\_\_\_ D.O.B \_\_\_\_\_ City of Birth \_\_\_\_\_ Child Care Setting \_\_\_\_\_

Gender \_\_\_\_\_ Primary Language \_\_\_\_\_ Secondary Language \_\_\_\_\_

Ethnic Code \_\_\_\_\_

Race:

<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/Other Pacific
<input type="checkbox"/> White	<input type="checkbox"/> Black/African American

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security # \_\_\_\_\_ D.O.B \_\_\_\_\_ City of Birth \_\_\_\_\_ Child Care Setting \_\_\_\_\_

Gender \_\_\_\_\_ Primary Language \_\_\_\_\_ Secondary Language \_\_\_\_\_

Ethnic Code \_\_\_\_\_

Race:

<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/Other Pacific
<input type="checkbox"/> White	<input type="checkbox"/> Black/African American

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security # \_\_\_\_\_ D.O.B \_\_\_\_\_ City of Birth \_\_\_\_\_ Child Care Setting \_\_\_\_\_

Gender \_\_\_\_\_ Primary Language \_\_\_\_\_ Secondary Language \_\_\_\_\_

Ethnic Code \_\_\_\_\_

Race:

<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/Other Pacific
<input type="checkbox"/> White	<input type="checkbox"/> Black/African American

**PLEASE RETURN TO: NEW ENGLAND FARM WORKERS' COUNCIL, 1628-1640 MAIN ST, SPRINGFIELD, MA 01103 ATTN: VOUCHER DAYCARE**