

Partner/Spouse (Caregiver 2)	Other names used	DOB	Sex		Ethnicity	Marital Status	Due date, if pregnant
			M	F			
Occupation	Employed		Income	Disability		If yes, specify	Highest Level of Education
	Yes	No		Yes	No		

Do you have an open child support case?

 Yes

 No

Do you have a restraining order against anyone?	Yes	No	If yes, who?
Does anyone have a restraining order against you?	Yes	No	If yes, who?
Copy of restraining order received _____ (date) by _____ (FTC staff member)			
Services cannot be started until the FTC has a copy of the restraining order on file.			

Children Information

Child's Name (and nickname)	DOB	Sex		Ethnicity	Parent/ Caregiver 1	Parent/ Caregiver 2	Disability		If yes, please specify	Immunizations current	
		M	F				Yes	No		Yes	No
		M	F				Yes	No		Yes	No
Custody/contact with all significant caregivers:											
		M	F				Yes	No		Yes	No
Custody/contact with all significant caregivers:											

		M	F				Yes	No		Yes	No
Custody/contact with all significant caregivers:											
		M	F				Yes	No		Yes	No
Custody/contact with all significant caregivers:											
		M	F				Yes	No		Yes	No
Custody/contact with all significant caregivers:											

Other service involved with or referred to (check all that apply)

	Currently Using	Used in the Past	Referred (include source)		Currently Using	Used in the Past	Referred (include source)
HRDC				AWARE			
SNAP				STEP			
Housing				ECI			
Utilities				Maternal Child Health			
OPA				Mental Health Center			
WIC				HMK			
SSI/SSDI				Medicaid			
DFS				Medicare			
Other:				Other:			

Referral Taken By: _____

Date: _____