



Client Intake Form

FOR DELEGATE AGENCY USE ONLY:

Carryover/Year: _____

Staff Signature: _____

AGENCY NAME: DMI

PROJECT NAME: YOUth CAN

TYPE OF PROGRAM:

- (check one)
 Out-of-School
 Mentoring
 Counseling
 Homeless Youth
 YCDC

Participant Last Name First Name MI

ADDRESS: _____
 Number Direction Street Name Apt. No.

TELEPHONE NUMBER: _____

Chicago, IL _____ Homeless Youth

ETHNICITY: (check one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		GENDER: (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female		AGE:	BIRTHDATE:
RACE: (check one)		CURRENT GRADE (if in school) or HIGHEST LEVEL OF EDUCATION COMPLETED:		DISABLED : <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify	
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> American Indian/Alaskan Native & White				
<input type="checkbox"/> Asian	<input type="checkbox"/> Asian & White				
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Black/African American & White				
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Indian/Alaskan Native & Black/African American				
<input type="checkbox"/> White	<input type="checkbox"/> Other Multi-Racial				

HEAD OF HOUSEHOLD INFORMATION			
FAMILY TYPE: (check one)	HOUSING STATUS: (check one)	FOOD STAMPS: (check one)	INCOME SOURCE (check all that apply)
<input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Two-parent household <input type="checkbox"/> Independent Youth <input type="checkbox"/> Relative <input type="checkbox"/> Guardian	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless/Shelter <input type="checkbox"/> In Temporary Housing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Employment <input type="checkbox"/> Pension <input type="checkbox"/> TANF <input type="checkbox"/> Earnfare <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Other (Including SSDI, Child Support and VA Benefits) <input type="checkbox"/> SSI
		FREE/REDUCED LUNCH: (check one)	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		HEALTH INSURANCE: (check one)	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
SOURCE OF REFERRAL (Location that sent you)			

PARENT OR GUARDIAN'S STATEMENT: I certify that the above information is accurate and I give my permission for the above named to participate in this program.

Signature of Applicant _____ Date _____

Intake Worker's Signature _____ Date _____

Signature* of Parent or Guardian _____ Date _____

*Required for all participants 17 years of age or younger. Please refer to Income table to determine income level. All attendee program records will be managed by the Cityspan system.

LEVEL OF FAMILY INCOME:*

CURRENT FAMILY SIZE	CURRENT INCOME

In the left column, **FAMILY SIZE**, determine the number of persons in your family and circle that number. To the right of that number, find the dollar amount of your family's **TOTAL** monthly income and again, circle that number.

FAMILY SIZE	EXTREMELY LOW INCOME (MONTHLY)	LOW INCOME (MONTHLY)	MODERATE INCOME (MONTHLY)	OTHER (MONTHLY)
1	\$0 - \$1,321	\$1,322 - \$2,200	\$2,201 - \$3,475	\$3,476+
2	\$0 - \$1,508	\$1,509 - \$2,513	\$2,514 - \$3,975	\$3,976+
3	\$0 - \$1,696	\$1,697 - \$2,829	\$2,830 - \$4,470	\$4,471+
4	\$0 - \$1,883	\$1,884 - \$3,142	\$3,143 - \$4,967	\$4,968+
5	\$0 - \$2,038	\$2,039 - \$3,392	\$3,393 - \$5,363	\$5,364+
6	\$0 - \$2,188	\$2,189 - \$3,646	\$3,647 - \$5,763	\$5,764+
7	\$0 - \$2,338	\$2,339 - \$3,896	\$3,897 - \$6,158	\$6,159+
8	\$0 - \$2,488	\$2,489 - \$4,146	\$4,147 - \$6,554	\$6,555+
Each additional person	\$150	\$250	\$383	

DMI YOUTH CAN REGISTRATION

CONTACT INFORMATION

CHILD'S NAME

DATE OF BIRTH

PARENT/GUARDIAN NAME

PARENT/GUARDIAN NAME

HOME WORK

HOME WORK

ADDRESS

ADDRESS

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

ALTERNATIVE EMERGENCY CONTACTS

PRIMARY EMERGENCY CONTACT

SECONDARY EMERGENCY CONTACT

HOME WORK

HOME WORK

ADDRESS

ADDRESS

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

MEDICAL INFORMATION

HOSPITAL/CLINIC PREFERENCE

PHYSICIAN NAME PHONE

INSURANCE COMPANY

POLICY NUMBER

ALLERGIES/SPECIAL HEALTH CONSIDERATIONS

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

PARENT/GUARDIAN SIGNATURE

DATE

DMI Youth CAN REGISTRATION

SCHOOL INFORMATION

SCHOOL NAME

CURRENT GRADE

ADDRESS

CITY, STATE, ZIP CODE

DEPARTMENT OF FAMILY SUPPORT SERVICES (DFSS) CITYSPAN SYSTEM

DFSS and After School Matters (ASM) are organizations working together to provide Out-of-School Time, Counseling, and Mentoring services to City of Chicago youth. Enrolling in such services may require the collection of personal data about you and your family. We may be required to collect such information by law, or by organizations that give us funds to operate this program. The information is entered into a computer program called Cityspan. This program helps us to improve service delivery, better understand the demographics of youth and their families, and evaluate the effectiveness of our services. You have the right to refuse to provide personal information, unless it is necessary to determine eligibility for a specific program or service. You will not be denied services if you decide not to share information that is not specifically required to determine eligibility. **Confidentially: Data entered into the Cityspan system will be kept confidential.**

I hereby consent to have my personal information entered into the Cityspan Program used by DFSS and ASM. I understand and consent to the collection of school data, such as report cards, progress reports, test scores and other educational information, so that DMI Youth CAN is able to provide appropriate educational services to my child.

PARTICIPANT NAME

DATE

PARENT/LEGAL GUARDIAN (PRINT)

PARENT/LEGAL GUARDIAN (SIGNATURE)

By signing below, I give consent to DMI Information Processing Center, DMI Youth CAN, and its affiliates to use the student's name, comments, photograph, voice and likeness in order to promote DMI Youth CAN program, activities, events and website without compensation. I also certify that I am the legal guardian of the student with the right to give consent. I understand that the student may be photographed, videotaped or audio recorded. I understand that the student may be called upon by journalist to answer questions about his or her involvement at DMI Youth CAN and I will also allow the student to speak to any media via phone or in-person.

STUDENT NAME

DATE OF BIRTH

ADDRESS

CITY, STATE, ZIP CODE

PARENT/GUARDIAN NAME (PRINT)

PARENT/GUARDIAN NAME (SIGNATURE)

PHONE NUMBER

EMAIL ADDRESS