

## CITIZEN POTAWATOMI NATION

## PARENTING INTAKE



|  |   |   |   |
|--|---|---|---|
| <b>Client's Name (Last, First, Middle Initial)</b>   |   |   |   |
| <b>Street Address</b>  |   | <b>City</b>   | <b>State</b>  |
|  |   |   | <b>Zip</b>  |
| <b>Client's Telephone Number</b><br>Home Phone: (     )<br><br>Cell Phone: (     )                 |   | <b>Cell Phone Carrier:</b><br><br>Text reminders are sent to clients 24 hours prior to appointments. Would you like to agree to receiving text reminders? |   |
| <b>Client's Date of Birth:</b>   |   | <b>Gender:</b>  | <input type="checkbox"/> Female<br><input type="checkbox"/> Male          |
| <b>Marital Status:</b>   | <input type="checkbox"/> Single<br><input type="checkbox"/> Separated     | <input type="checkbox"/> Married<br><input type="checkbox"/> Divorced   |   |
| <b>Military Status:</b>  | <input type="checkbox"/> Never Served<br><input type="checkbox"/> Veteran | <input type="checkbox"/> Active Duty  |   |
| <b>Race:</b>   | <input type="checkbox"/> Caucasian<br><input type="checkbox"/> Hispanic   | <input type="checkbox"/> African American<br><input type="checkbox"/> Native American   | <input type="checkbox"/> Alaskan Native<br><input type="checkbox"/> Other |
| Native American / Please List Tribal Affiliation   |   |   |   |
| Are you an enrolled member of this tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |   |   |
| <b>Highest Level of Education Completed:</b>   |   |   |   |
| <b>Emergency Contact Information</b>   |   |   |   |
| <b>Emergency Contact Name (Last, First, Middle Initial)</b>  |   |   |   |
| <b>Emergency Contact Street Address</b>  |   | <b>City</b>   | <b>State</b>  |
|  |   |   | <b>Zip</b>  |
| <b>Emergency Contact Telephone Number:</b>   |   | <b>Relationship to Client:</b>  |   |
| Cell Number: (     )   |   |   |   |
| Work Number: (     )   |   | If there are any changes to the program may we contact the emergency contact, if you are not available?<br><br>_____                                      |   |

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Name of Referring Agency: \_\_\_\_\_

☐

DHS

☐

ICW

☐

Court System

☐

Other

Case Worker Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Do you have any court cases pending at this time? Is so, please list below:**

*( this will NOT affect services)*

STATE: \_\_\_\_\_

COUNTY: \_\_\_\_\_

REASON FOR CASE: \_\_\_\_\_

Number of minor children living in the home: \_\_\_\_\_

Number of minor children living outside the home: \_\_\_\_\_

Any of these children in the custody of DHS and/or ICW? \_\_\_\_\_

| Names of all children residing or not<br>residing with you at this time | DOB | Age | M/F | Relation | In your care at this<br>time? |
|---|-----|-----|-----|----------|-------------------------------|
|   |     |     |     |          |                               |
|   |     |     |     |          |                               |
|   |     |     |     |          |                               |
|   |     |     |     |          |                               |
|   |     |     |     |          |                               |

Are you currently in a Domestic Violent Relationship and seeking other services at this time?

I understand that the Parenting Program requires that all sessions are completed before a certificate is given by the facilitator.

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

Staff Signature \_\_\_\_\_

Date \_\_\_\_\_