

# First 5 Inyo Family Intake Form

**PARENT NAME:** \_\_\_\_\_

**CHILD NAME:** \_\_\_\_\_

**PARENT ETHNICITY:**

Native American      Asian American  
Latino/Hispanic      African American  
Caucasian              Other

**CHILD ETHNICITY:**

Native American      Asian American  
Latino/Hispanic      African American  
Caucasian              Other

**PARENT PRIMARY LANGUAGE:**

English  
Spanish  
Other

**CHILD PRIMARY LANGUAGE:**

English  
Spanish  
Other

**PARENT INCOME:**

< \$20,000  
\$21,000 to 40,000  
\$41,000 to \$60,000  
\$61,000 to \$80,000  
>\$80,000

**CHILD DATE OF BIRTH:**

MONTH	_____
DAY	_____
YEAR	_____

**PRIMARY CAREGIVER FROM 9AM to 5PM (Circle 8 hours of care):**

Mom 8 hours	Dad 8 hours	Relative 8 hours	In-Home Nanny 8 hrs
Mom 4 hours	Dad 4 hours	Relative 4 hours	In-Home Nanny 4 hrs
Licensed Family Care 8 hours	Preschool/Daycare 8 hours	Other: _____	
Licensed Family Care 4 hours	Preschool/Daycare 4 hours	_____	

**Number of times parent reads with child per week** \_\_\_\_\_

**Number of hours on tv, videos, or computer games per week** \_\_\_\_\_

**Number of hours of active outdoor play per week** \_\_\_\_\_  
*(running, hopping, catching, riding, etc.)*

**Number of hours of active indoor play per week** \_\_\_\_\_  
*(running, crawling, jumping, dancing, etc.)*

**Amount of parent/child craft, game, imagination time per week** \_\_\_\_\_

**Amount of time "helping" clean, cook, pet care etc. per week** \_\_\_\_\_

**Total times child has visited dentist** \_\_\_\_\_

**Total times child has visited doctor for well checks this year** \_\_\_\_\_

**Total times child has visited doctor for illness this year** \_\_\_\_\_

**Any chronic or reoccurring conditions requiring medication?** \_\_\_\_\_

If so, please specify condition or medication: \_\_\_\_\_

**Number of servings of fruit & vegetables your child eats daily** \_\_\_\_\_

**Number of times family dines out or eats fast food per month** \_\_\_\_\_

**OVER TO COMPLETE FORM**

Please rate the current level of stress in your home, 1 being no stress, 10 being stressed to the breaking point, and circle any of the stresses below that apply:

1            2            3            4            5            6            7            8            9            10

stress over child care                      work stress                      stress over lack of resources  
child behavior stress                      financial stress                      scheduling stress  
health-related stress                      relational stress                      stress over never getting a break

Have you heard the term "school readiness" before?            yes            no

What does "school readiness" mean to you?

Can you name 3 school readiness behaviors children should exhibit on Kindergarten entry?

1  
2  
3

Which of the following services, if any, does your family participate in?  
(Please circle all that apply, since participation of young families helps determine program funding and service development.)

- |                                     |                                       |
|-------------------------------------|---------------------------------------|
| Welfare/Social Services             | WIC                                   |
| Head Start                          | Medi-Cal                              |
| IMACA                               | Healthy Families                      |
| Wild Iris                           | Toiyabe Clinics                       |
| La Leche League                     | Bishop Paiute Child Care or Preschool |
| Salvation Army                      | Big Pine Learning Center              |
| Methodist Social Services           | Bishop Parks & Recreation Service     |
| Inyo Child Care Resource & Referral | Child Care Connection                 |
| Recovery Meetings                   |                                       |

I understand that in order to carry out meaningful evaluation First 5 staff may contact me to ask me some of these questions again in the future.

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

***Thank you for you time! Your responses will help First 5 Inyo develop programs that best meet the needs of local families!***