

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:

Child 1 _____
Child 2 _____
Child 3 _____
Child 4 _____
Child 5 _____

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 _____

Number of hours of active indoor play per week _____

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			

How often do you discuss strong emotions like anger, joy, and sadness with your child?

How often does your child display tantrum, or out-of-control, emotional behavior?

Is there a behavior or habit that you wish you had expert advice to address? Please describe.

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

Head Start

IMACA

Wild Iris

La Leche League

Salvation Army

Methodist Social Services

Inyo Child Care Resource & Referral

Recovery Meetings

WIC

Medi-Cal

Healthy Families

Toiyabe Clinics

Bishop Paiute Child Care or Preschool

Big Pine Learning Center

Bishop Parks & Recreation Service

Child Care Connection

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!

