

**Clatsop County
Coordinated Preschool Intake Form
Kinder Ready Kids and Head Start**

Child's name: _____ Date of Birth: _____

Parent/Guardian's Name: _____

Home Phone: _____ Cell Phone: _____ Text: Yes No

Has your child received any other early childhood services? Yes No

If yes, where? Head Start Center NWREWSD (EI/ECSE)
 Other/community preschool: _____

Does your child receive services from other programs (speech, OT, PT, Counseling, etc.) Yes No

If yes, please describe: _____

Was your child referred to the program? Yes No

If yes, by whom? _____

Why? _____

Does your child have a disability or special need? Yes No

If yes, give diagnosis, date and source: _____

Does your family have any specific needs or crisis? Yes No

If yes, describe: _____

Authorization for Exchange of Information

This release authorizes a mutual exchange of information between agencies in order to give the most complete and thorough services available. It does not authorize the release to any other person or agency except those agencies listed below. Unless revoked in writing, this release and exchange of information shall remain in effect for a period of 12 months.

Please initial indicating consent for the following information to be exchanged between Astoria School District, Northwest Regional Educational Service District, Head Start and/or additional providers _____ to help us better serve your child through coordinated service planning and delivery.

- Intake form
- Official student academic/administrative records
- Educational Multidisciplinary team evaluations and related reports
- Individualized Family Service Plan/Section 504 Plan
- Discussion/Consultation between members of listed agencies around care coordination
- other: _____

Parent Signature: _____ Date: _____

Staff Signature: : _____ Date: _____

Child's Legal Name (First and Last)		
Child's Preferred Name (First and Last)		
Date of Birth _____ - Sex M F	Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese Other _____	Child Race/ Ethnicity (Choose all that apply) <input type="checkbox"/> African American <input type="checkbox"/> Alaska Native <input type="checkbox"/> American Indian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Canadian Inuit, Metis, or First Nation <input type="checkbox"/> Caribbean <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino/a <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Hispanic-Central <input type="checkbox"/> Hispanic-Mexican <input type="checkbox"/> Hispanic Other <input type="checkbox"/> Indigenous Mexican, Central American or South American <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Samoan <input type="checkbox"/> Slavic <input type="checkbox"/> South Asian <input type="checkbox"/> Vietnamese <input type="checkbox"/> White <input type="checkbox"/> Race/Ethnicity Unknown or Declined
FAMILY INFORMATION		
Primary Adult		Living Address
Email Address		Mailing Address:
Primary Phone () Text YES NO		Other Phone () Text YES NO
Child resides with Parent/Guardian what percentage of time: <input type="checkbox"/> 0-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-74% <input type="checkbox"/> 75-100%		
In what Language do you prefer to receive: Written Communication <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____ Verbal Communication: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____		
Parent Race/ Ethnicity (Choose all that apply) <input type="checkbox"/> African American <input type="checkbox"/> Alaska Native <input type="checkbox"/> American Indian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Canadian Inuit, Metis, or First Nation <input type="checkbox"/> Caribbean <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino/a <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Hispanic-Central <input type="checkbox"/> Hispanic-Mexican <input type="checkbox"/> Hispanic Other <input type="checkbox"/> Indigenous Mexican, Central American or South American <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Samoan <input type="checkbox"/> Slavic <input type="checkbox"/> South Asian <input type="checkbox"/> Vietnamese <input type="checkbox"/> White <input type="checkbox"/> Race/Ethnicity Unknown or Declined		
Secondary Adult		Living Address
Email Address		Mailing Address:
Primary Phone () Text YES NO		Other Phone () Text YES NO
Child resides with Parent/Guardian what percentage of time: <input type="checkbox"/> 0-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-74% <input type="checkbox"/> 75-100%		
In what Language do you prefer to receive: Written Communication <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____ Verbal Communication: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____		
Parent Race/ Ethnicity (Choose all that apply)		

African American Alaska Native American Indian Asian Indian Canadian Inuit, Metis, or First Nation Caribbean
 Chinese Filipino/a Guamanian or Chamorro Hispanic-Central Hispanic-Mexican Hispanic Other
 Indigenous Mexican, Central American or South American Japanese Korean Laotian Samoan Slavic South Asian
 Vietnamese White Race/Ethnicity Unknown or Declined

Parental Status:	One Two	Number in Family	Num. In Household	Are you receiving TANF? Yes No	Food stamps? Yes No	WIC: Yes No
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FAMILY MEMBER INFORMATION ~ Adults						
First and Last Name of all Adults in the Home ~ Enter Primary Adult First	Date of Birth	Insurance	Sex	Highest Grade Comp.	Present Employ. Status	Provides Financial Support
		Yes No	M F			Yes No
		Yes No	M F			Yes No
		Yes No	M F			Yes No
		Yes No	M F			Yes No

Teen Parent (19 or under at birth of enrolling child): Yes No

Children					
First and last name of children living in home	Date of Birth	Insurance	Sex	Child/Primary Adult Relationship	Custody
		Yes No	M F		Yes No
		Yes No	M F		Yes No
		Yes No	M F		Yes No
		Yes No	M F		Yes No
		Yes No	M F		Yes No

Birth/Adopted/Step/Foster Child/Primary Adult Relationship Grandchild Niece/Nephew Other

STAFF USE ONLY						
Family Member	Source	Amount	Annual Income	Desc	Verification Code	Notes
		\$	\$			
		\$	\$			
		\$	\$			
		\$	\$			
		\$	\$			
Total Yearly Income of Family			\$			

Description Code
 PEN = Pension
 SS = Social Security
 SSI = Supplemental Security Income
 CS = Child Support
 SSDI = Social Security Disability Income
 FC = Foster*
 HL = Homeless*
 TAN = TANF/Pre-TANF*

Verification Codes
 CS = Check Stub
 L = Letter
 W2 = W-2
 SD = Self Declaration
 TR = Tax Return
 O = Other

***Meets income eligibility qualifications**

ELIGIBILITY INFORMATION			
Child Eligible Next Year: Yes No	Brother/Sister Eligible Next Year? Yes No		
Proof of Birth/Age: Yes No	Proof of Residency: Yes No		
Documentation:	Documentation:		
Income Status: Eligible Over 101%-130%	Disability Status: None Suspected Diagnosed		

Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent/Guardian Signature _____ Date: _____
 Staff Signature _____ Date: _____

