



Name \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

How did your family hear about our program? \_\_\_\_\_

Who referred you to us? \_\_\_\_\_

### Background Information

Your answers to the following questions will provide background information that will help us refer you to relevant resources. You do not have to answer these questions to receive services from the Parenting Place. The information you give is confidential and will not be shared with other agencies without your permission.

Please check all of the community services you are currently involved with?

- |   |   |                                       |  |
|---|---|---------------------------------------|--|
| <input type="checkbox"/> Child Development Center     | <input type="checkbox"/> Child Care Resources | <input type="checkbox"/> SSI          | <input type="checkbox"/> CASA                          |
| <input type="checkbox"/> Early Head Start             | <input type="checkbox"/> Head Start           | <input type="checkbox"/> Health Dept. | <input type="checkbox"/> Healthy MT Kids               |
| <input type="checkbox"/> LIEAP (energy assistance)    | <input type="checkbox"/> Job Service          | <input type="checkbox"/> Pre-Release  | <input type="checkbox"/> Probation/Parole              |
| <input type="checkbox"/> SNAP                         | <input type="checkbox"/> TANF                 | <input type="checkbox"/> WIC          | <input type="checkbox"/> Low Income Housing Assistance |
| <input type="checkbox"/> Mental Health Services _____ |   |                                       |  |
| <input type="checkbox"/> Disability Services _____    |   |                                       |  |

Do any of your children have a disability? Yes No

Do you have any disabilities?  Physical  Developmental  Mental Health

Do you currently have an open case with The Department of Child and Family Services? Yes No

Have you been homeless in the last 5 years? Yes No



What are your main concerns right now?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Please share a few things that are going well in your life right now:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

My favorite things about being a parent are:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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

Date: \_\_\_\_\_



\*\*Services are available to all persons, regardless of race, ethnicity, gender, age, disability, sexual orientation, or religion.