



**GSRP Intake Form**  
**2016/17**



Date of Application \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Sex M or F

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_ Apt/Suite/PO Box \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Resident District \_\_\_\_\_

Home Phone # \_\_\_\_\_ How many years have you lived at this address? \_\_\_\_\_

Household Members \_\_\_\_\_ Annual household income \_\_\_\_\_  
Enter the total number of people living in your household Enter your family's annual income to the nearest whole dollar

Email Address \_\_\_\_\_  Check here if you do not have an email address

Race/Ethnicity: Is your child Hispanic/Latino?  Yes  No

Which of the following groups describes your child's race? Please select at least one.

- American Indian or Alaska Native     Asian     Black or African American     White
- Native Hawaiian or Other Pacific Islander

Parents/Guardians First & Last Name	Age	Highest grade and where completed	Circle all that apply
Father			Working - School - Unemployment
Mother			Working - School - Unemployment

Where does Mom work? \_\_\_\_\_ Mom's Work # \_\_\_\_\_

Where does Dad work? \_\_\_\_\_ Dad's Work # \_\_\_\_\_

Child lives with (please check all that apply):

- Both parents     Father     Mother     Joint Custody (Physical)     Joint Custody (Legal) Legal
- Guardian     Grandparent     Foster Care     Sibling in Head Start

**Child Information:**

Birth weight: \_\_\_\_\_ Any diagnosed handicaps? \_\_\_\_\_

Does child have any concerns with: Speech \_\_\_\_\_ Vision \_\_\_\_\_ Hearing \_\_\_\_\_

Chronic Illness: \_\_\_\_\_

Mother's age at first pregnancy: \_\_\_\_\_ Ethnic Background (specify): \_\_\_\_\_

What language(s) are spoken at home? \_\_\_\_\_

What language(s) does the child speak? \_\_\_\_\_

Does child have any allergies? No  Yes  If Yes what: \_\_\_\_\_

Does your child have any dietary restrictions or any other concerns we should be aware of?  
\_\_\_\_\_  
\_\_\_\_\_

List all children in the home including the 4 year old child applying:

Name	Sex	Age	Birthdate MM/DD/Year	School/Grade

List other people below living in the home such as: Grandparents, Uncles, Aunts, Children, Friends etc.

Name	Sex	Age	Birthdate MM/DD/Year	School/Grade

Services the family receives now: (circle) WIC      Bridge Card      Unemployment      SSI

Is your child currently enrolled in a program?  Yes       No      If yes, where? \_\_\_\_\_

I attest that all the information that is provided is accurate and I have answered all questions to the best of my ability.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date