

Telephone _____
Walk-In _____

Family Services Program Pre-Screening Evaluation

Head Start: Yes No
HS Center _____

Date _____ Request Reason _____

Who referred you? _____ Add. Resources _____

Name: _____ DOB: _____ Education _____
 Last First MI

Address: _____ Phone: _____
 Number City/State Zip

Other Household Members

Last Name	First Name	MI	DOB	Age	Sex	Race	Relationship

Income Eligibility Information (based on the preceding 90-day period)

Income Source	Monthly Income	90 Day Income
Total Reported:		
Food Subsidies:		

Child Care Voucher: Yes No Medicate/Medicare: Yes No

WIC: Yes No HUD: Yes No

CASE NOTES

Budget Worksheet

Expenses	Monthly Amount
Rent or Mortgage	\$
Electricity	\$
Cooking Gas or Heating Fuel	\$
Water	\$
Telephone (home and Cellular)	\$
Cable and Internet	\$
Furniture/Appliances	\$
Car Payment	\$
Car Insurance	\$
Household Supplies	\$
Child Care	\$
Groceries	\$
Gas:	\$
Other	\$
Total:	
Differences:	

GOALS

1.	2.
3.	4.

OFFICE USE ONLY

Applying For Crisis Intervention? Yes No	Applying for Self-Sufficiency: Yes No
Referred to	Eligible for Intake
	Not Eligible for Intake
Follow Up Needed: Yes No	
Results	Intake Date: _____

FDS/FCS Signature: _____ Date: _____