

## OunceNet Participant Intake

Intake Staff: \_\_\_\_\_

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

### Step 1

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

DOB: \_\_\_\_\_

Consent form signed:      Yes      No

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

### Step 2

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

FSW: \_\_\_\_\_

Doula: \_\_\_\_\_

IMH:      Yes      No

### Step 3

Permanent address?      Yes      No

Shares with guardian?      Yes      No

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

### Chicago Community:

#### Emergency Contact Information

Relationship:    *Mother*    *Father*    *Sister*    *Brother*    *Boyfriend-FOC*    *Husband-FOC*    *Other-FOC*  
    *Boyfriend-not FOC*    *Husband-not FOC*    *Aunt*    *Uncle*    *Cousin*  
                                  *Grandparent*    *Friend*    *Foster parent*    *Guardian*    *Step-parent*

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Apt #: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Marital Status:** *Never married* *Now married* *Separated*  
*Divorced* *Widowed* *Lives w/ significant other*

**Ward of State:** *Yes* *No* *N/A*

**Step 4**

**Language:** *English* *Spanish* *French* *Asian* *Other*

**Gender:** *Female* *Male*

**Race:** *African American/Black* *Amer Indian/Alaska Native* *Asian*  
*Caucasian/White* *Nat Hawaiian/Pac Islander* *Declined to answer*

**Ethnicity:** *Hispanic/Latino* *Non-Hispanic/Latino* *Declined to answer*

**Guardian First Name:** \_\_\_\_\_ **Guardian Last Name:** \_\_\_\_\_

**Receives TANF:** *Yes* *No*

**Referred From:** *School* *Family* *Friend* *Government* *PTS site* *Public health* *Clinic*  
*Media* *Social service agency* *Self* *Other*

**Income eligible:** *Yes* *No* *Unknown* **Annual income (CPS):** \_\_\_\_\_

**Medical insurance:** *Medicaid* *KidCare* *Other* *None*

**Pregnant during intake:** *Yes* *No*

*If yes - # of alcoholic drinks per day in month before finding out about pregnancy:* \_\_\_\_\_

*If yes - # of cigarettes smoked in month before finding out about pregnancy:* \_\_\_\_\_

**Highest grade completed:** *Less than 9<sup>th</sup>* *9<sup>th</sup>-12<sup>th</sup>, no diploma* *HS graduate* *GED*  
*Some college, no degree* *Associates* *Bachelors* *Graduate degree*

**Child info - not pregnant or has other children**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Is target child?** *Yes* *No* **DOB:** \_\_\_\_\_ **Gender:** *Female* *Male*

**Race:** *African American/Black* *Amer Indian/Alaska Native* *Asian*  
*Caucasian/White* *Nat Hawaiian/Pac Islander* *Declined to answer*

**Ethnicity:** *Hispanic/Latino* *Non-Hispanic/Latino* *Declined to answer*

**Medical insurance:** *Medicaid* *KidCare* *Other* *None*