Neighborhood Centers Inc.
Lifting hearts. Building futures.
100 YEARS 1907-2007

# SUNNY FUTURES Healthy Start
# Intake Form

Sunnyside: 77021, 77033, 77047, 77048, 77051, 77087 Third Ward: 77004, Fifth Ward: 77020, 77026, 77029

**Participant:**_____ **Date of Birth:**_____/_____/_____ **Age:**_____
Last First

**Permanent Address:** _____

Alternate Address (if different from above)_____
City State Zip

**Phone 1:** (____) _____ **Phone 2:** (____) _____ **Best time to reach you?** _____

**Race/Ethnicity:** ❑ African American ❑ American Indian ❑ Asian ❑ Caucasian ❑ Hispanic/Latino
❑ Other _____

**Gender:** ❑ Female ❑ Male

**Marital Status:** ❑ Single ❑ Married ❑ Divorced ❑ Widowed

**Language:** ❑ English ❑ English, 2nd Language ❑ Spanish ❑ Other _____

**Pregnant?** ❑ Yes ❑ No **Trimester:** ❑ 1st ❑ 2nd ❑3rd **Started Prenatal Care:** ❑ 1st ❑ 2nd ❑3rd ❑ None

**Planned Pregnancy?** ❑**Yes** ❑ **No** **Breastfeeding?** ❑**Yes** ❑**No**

**ANTICIPATED DUE DATE:** _____

Have you ever had a miscarriage, preterm birth, etc.? Yes_____ No_____

**Do you have other children?** ❑Y ❑ N **How many?** _____ **Ages?** _____

**Are you: Employed?** ❑ Y ❑ N **Student?** ❑ Y ❑ N School Name _____

**With whom do you live?** _____

**Health care coverage: For you?** ❑ Y ❑ N **Type:** _____ For **the baby?** ❑ Y ❑ N

**Type:** _____ **For other children?** ❑ Y ❑ N Type: _____

Translation services needed? ❑ Y ❑ N If yes, was translation services provided? ❑ Y ❑ N

| **Specific Needs of Participant (check all that apply)** | | |
|---|---|---|
| ❑ Medical Coverage (Medicaid) | ❑ STD Education | ❑ Domestic Violence |
| ❑ Nutrition/Health Information | ❑ Substance Abuse | ❑ Medical Transportation Assistance |
| ❑ Emergency/Crisis Assistance | ❑ Mommy and Me | ❑ Case Management Services |

_____ _____ _____/_____/_____
SFHS Staff Referral Source/Outreach Event Outreach Date

| **Staff receipt** | **Date** | **Notes** |
|---|---|---|
| LFOW: | | |
| DSC: | | **Eligible** **Ineligible** **Community Participant** |
| FSW: | | |

Comments: _____

*Updated 4/23/09*