CATHOLIC SOCIAL SERVICES OUT-OF-SCHOOL-TIME PROGRAM
INTAKE / DISCHARGE FORM

Provider/Site (code): _____ Intake Date: _____

Child's Name: _____ Date of Birth: _____

Child's Social Security Number: _____

Child's Pupil Identification Number: _____(public school only)

Child's School: _____ Child's Gender: _____ Male

Child's Grade: _____ _____ Female

Caregiver's Name: _____

Caregiver's Relationship to Child (mother, uncle, etc.): _____

Caregiver's Phone Number: _____ Work Phone Number: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact: _____ Phone Number: _____

Child's Race: _____ African American _____ Asian or Pacific Islander _____ Latino/Latina

_____ White _____Multi-Ethnic _____ Other (specify)

Child's Special Needs: _____ Deaf/Hard of Hearing _____ Developmentally Delayed _____ Homeless

_____ Behavioral/Mental Health _____ Substance Abuse _____ Linguistic Minority

_____ Other (specify): _____

Funding Source Eligibility Status:

TANF Eligible: _____ Yes _____ No If Yes check all that apply: _____ Assistance Recipient

_____ At or below 400% of Federal Poverty Level _____ At or below 235% of Federal Poverty Level

Eligible: _____ Yes _____ No _____ Other Status (please explain): _____

Please make sure all required paperwork for eligible status accompanies the Intake Form.

Date Informed Consent Received: _____ Date Health Assessment Form Received:

_____

Date DPW Emergency / Parental Consent Form Received: _____

Discharge Date: _____

Reason for Discharge: _____Moved _____Medical _____Family Situation _____ Poor Attendance

_____ Outside Activity Participation _____Behavioral Other (please explain):

_____
