

## Mary Johnson Children's Center Parent Intake Form

<b>Specialist:</b>	<b>Date:</b>	<b>Case#:</b>
<b>Fees Y N:</b>	<b>Date paid:</b>	<b>Total time spent:</b>
<b>Follow-up date:</b>	<b>Basic:</b>	<b>Enhanced:</b>
<b>Type of call: (circle)</b> referral      repeat      information/consultation		

<b>Caller name:</b>	<b>Email:</b>
<b>Telephone:</b>	<b>Worksite location:</b>
<b>HAS/Public/Employer:</b>	<b>Spouse's name:</b>
<b>Client's name:</b>	<b>Spouse's employer:</b>
<b>Address:</b>	<b>How did you hear of this service:</b>
<b>City, State, Zip:</b>	

Child Name & Gender	Preferred Setting (FCC/Ctr/In-Home)	Date Needed	Ft/PT SAC	Days/Hours
				M T W T F S S _____am _____pm
				M T W T F S S _____am _____pm
				M T W T F S S _____am _____pm
				M T W T F S S _____am _____pm

<b>Preferred fee:</b>	<b>Preferred location:</b>											
<b>Reason needing care: (circle)</b>	work	seeking work	school/training									
	respite/FS/emergency	dev. needs of child										
<b>Special needs: (circle)</b>	1	2	3	4	5	6	7	8	9	10	11	12
<b>Other health needs: (circle)</b>	no pets	non-smoking		allergies								
	asthma	diet		other								
<b>Counseling on quality care/comments/previous care:</b>												