



SuperSeeds

INTAKE FORM

We need general information about you. Please take a few minutes to complete the information below.

Participant (Child) Information:

Name: _____
Last Name First Name Middle Initial

Address: _____

City: _____ State: _____ Zip Code _____

Gender: Female Male Other

Date of Birth: ___/___/___ Age: _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail: _____

Parents'/Guardian's Contact Information:

Name: _____
Last Name First Name Middle Initial

Address: _____

City: _____ State: _____ Zip Code _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail: _____

Employment Status: _____ Full-Time _____ Part-Time How long? _____

Income: \$ _____ Annual / Monthly / Weekly

Total Number of Dependents in Household: _____

Educational Survey:

Where does your child attend school? _____

Grade level: _____

Current GPA (Grade Point Average): _____ (e.g., 1.0, 2.0., 3.0., 4.0)

Has your child been retained a grade level? ____ Yes ____ No (If you replied “Yes,” which grade level? _____)

How many days out of the week does your child attend school? ____ 1-3 day(s) ____ 4-5 days

Lunch Status: ____ Free ____ Reduced

On average, what type of academic grades does your child make?

____ A’s ____ B’s ____ C’s ____ D’s or lower ____

On average, how many behavioral referrals do you receive during an academic year?

____ 1-5 ____ 5-10 ____ 10-20

Has your child been suspended and/or expelled from school? ____ Yes ____ No

Has your child been assigned to an alternative school placement for disciplinary reasons? ____ Yes ____ No

Has your child been recommended to juvenile court? ____ Yes ____ No

Has your child been convicted of a crime? ____ Yes ____ No

Parental/Guardian Survey:

Marital Status: ____ Single ____ Married ____ Divorced

Employment Status: ____ Employed ____ Unemployed ____ Retired

Would you be willing to participate in parent workshops sponsored by SuperSeeds? ____ Yes ____ No

If “Yes,” how often would you participate in parent workshops? ____ Weekly ____ Monthly ____ Yearly

Additional Questions:

How did you hear about SuperSeeds?

Why are you interested in the program for your child?

What services can our program provide to better support you?

What other information (e.g. health conditions) do you want us to know about your child?

FOR OFFICE USE ONLY:

QCT Address: _____

QCT Number _____

Emergency Contact: _____ Phone #: _____

Status: (Circle / Collect Proof)

TANF

SNAP

NSLP

SBP

Section 8 Vouchers

LIHEAP (Low-Income Home Energy Assistance Program)

Medicare (Part D)

SSI

WIC

Pell Grants