

FORM 1: INTAKE FORM

Address: Parent Opportunity Program of El Paso County
30 East Pikes Peak Avenue
Suite 203
Colorado Springs, CO 80903

Phone: 719-457-6335
Fax: 719-457-6340

A1. Name: _____
Last First MI

A2. Address: _____

City State Zip

A3. Home Phone: (_____) _____

A4. Work Phone: (_____) _____

A5. Pager Number: (_____) _____

A6. E-Mail Address: _____

A7. Social Security Number: _____-_____-_____

A8. Where did you hear about the program? **[Check all that apply.]**

- 1. Hospital paternity establishment program
- 2. Health professional
- 3. Letter from child support agency
- 4. Meeting with child support technician
- 5. Welfare/TANF technician
- 6. Child protection agency/professionals
- 7. Court
- 8. Dept. of Corrections/Juvenile Justice
- 9. Therapist
- 10. Attorney
- 11. School
- 12. Church/faith-based organization
- 13. Friend
- 14. Spouse, ex-spouse, or girlfriend/boyfriend
- 15. Contacted by program staff
- 16. Advertisement/media
- 17. Community organization: _____
- 18. Other: _____

A9. Are you required to attend this program?
 1. Yes 2. No

A10. Date of Birth (MM/DD/YY): ____/____/____

A11. Gender: 1. Male 2. Female

A12. What is your current marital status?
 1. Legally married and living with spouse
 2. Separated 4. Widowed
 3. Divorced 5. Never married

A13. Do you consider yourself:
 1. White/Non-Hispanic
 2. African American/Non-Hispanic
 3. Hispanic/Latino
 4. Native American
 5. Asian American
 6. Other: _____

A14. Are you enrolled in school? 1. Yes 2. No

A15. What is the highest grade in school you have completed? _____

A16. What is the highest degree you have earned?
 1. None 3. High school diploma
 2. GED 4. Technical/AA degree
 5. College degree or higher

A17. In addition to you, who do you normally live with?
[Check all that apply.]
 1. No one, live alone
 2. One or both of your parents/foster parents
 3. Your brother(s) or sister(s)
 4. Your spouse
 5. Your girlfriend/boyfriend
 6. Your own children
 7. Children of spouse/girlfriend/boyfriend
 8. Other relative(s)
 9. Friend(s)
 10. Not applicable (e.g., live in halfway house or shelter)
 11. Other: _____

A18. Do you have any children under the age of 18 who do not live with you? 1. Yes 2. No

A19. Are you or is your girlfriend/partner pregnant?
 1. Yes 2. No

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A20. Do you think you might want help with any of the following? **[Check all that apply.]**

- 1. Getting to see your children more often
- 2. Finding a job
- 3. Finding a better paying job
- 4. Additional education or training
- 5. Child support payments or debts
- 6. Parenting skills/being a better parent
- 7. Improve relationship with other parent
- 8. Substance abuse treatment/counseling
- 9. Help with anger management
- 10. Health services
- 11. Talking with others in the same situation
- 12. Getting on the right track
- 13. Other: _____

*****FOR OFFICE USE ONLY*****

A21. Is this person appropriate for the program?

- 1. Yes 2. No

A22. Project Staff: _____ Date: ___/___/___

A23. Participant ID Number: _____

A24. Case Notes (continue on reverse side, if needed):
