



# Children's Relief Nursery

## Referral / Intake Information

Complete form and fax to 503-283-0716. Intake staff will follow up with the family to determine eligibility and schedule an intake. Please contact CRN with any questions regarding eligibility requirements for services.

*Geographical catchment area – Families must live North of Fremont St. and West of NE 15<sup>th</sup> Ave.*

**Referral Date** \_\_\_\_\_

**Legal Guardian** \_\_\_\_\_

Relationship  Parent  DHS  Other (describe) \_\_\_\_\_

If legal guardian is DHS: DHS Worker \_\_\_\_\_ DHS Branch \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Primary Caregiver (if not legal guardian)** \_\_\_\_\_

Relationship  Parent  Foster  Kinship (describe) \_\_\_\_\_

Date of birth \_\_\_\_\_ Gender  F  M Ethnicity: \_\_\_\_\_

Address \_\_\_\_\_ Apt.# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_  home  cell  work  other Message ok?  Yes  No

Phone \_\_\_\_\_  home  cell  work  other Message ok?  Yes  No

Single Parent Household  Yes  No

**Children 0-5**

First	M.	Last	DOB	Age	M/F	Ethnicity	Living Situation
			/ /				<input type="checkbox"/> with parent <input type="checkbox"/> foster care <input type="checkbox"/> other
			/ /				<input type="checkbox"/> with parent <input type="checkbox"/> foster care <input type="checkbox"/> other
			/ /				<input type="checkbox"/> with parent <input type="checkbox"/> foster care <input type="checkbox"/> other
			/ /				<input type="checkbox"/> with parent <input type="checkbox"/> foster care <input type="checkbox"/> other

**Others in the home (additional caregivers, siblings, external c p**

Description of needs / concerns \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Income/Benefits** Monthly Income \$ \_\_\_\_\_ Income under Federal Poverty Level?  Yes  No

TANF  SNAP  SSI/SSD  Child Support  Unemployment  WIC  Other \_\_\_\_\_

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**Other Agencies Involved**  DHS  Head Start / Early Head Start  Therapist (Mental Health / A& D)

Parole/Probation  Disabilities Services  Community Health Nurse  Early Intervention

Other \_\_\_\_\_

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**Housing/Transportation**

Total # in home \_\_\_\_\_ # of bedrooms \_\_\_\_\_ # of times moved in last 2 years \_\_\_\_\_

Rent