

PARTICIPANT INTAKE FORM 2020

AGENCY NAME: Northwestern Settlement House

PROJECT NAME:

Trailblazers Summer
2020

PARTICIPANT
Last Name _____ First Name _____ Phone number _____ ___ Home ___ Mobile Email Address _____

Address _____ Apt No _____ Zipcode _____

Parent/ Guardian: Last Name _____ First Name _____ Telephone number _____

Emergency Contact: Last Name _____ First Name _____ Telephone number _____

TYPE OF PROGRAM:

Out-of-School
CHA

BHS
Bridges
Mentoring
RISE

Age:	Race / Ethnicity: (check one)	Community Area:	Aldermanic Ward:
Gender: (check one) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non- Binary <input type="checkbox"/> Choose not to identify	<input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Hispanic / Latino(a) / Latinx <input type="checkbox"/> Middle Eastern/ North African <input type="checkbox"/> Multi- Racial <input type="checkbox"/> Native Hawaiian/ Other Pacific <input type="checkbox"/> White <input type="checkbox"/> Choose not to identify	Current Grade (if in school): OR Highest Level of Education Completed: _____	CPS ID#
Birthdate: (mm/dd/yy)		School (or last attended):	
		Disabled: Yes No If yes, please specify	

Head of Household Information			
Family Type: (check one) <input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Two-parent household <input type="checkbox"/> Independent Youth <input type="checkbox"/> Youth in Care <input type="checkbox"/> Relative <input type="checkbox"/> Guardian	Housing Status: (check one) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> CHA resident/ HCV <input type="checkbox"/> Homeless/Shelter <input type="checkbox"/> In Temporary Housing	Income Source: (check all that apply) <input type="checkbox"/> Employment <input type="checkbox"/> Pension <input type="checkbox"/> TANF <input type="checkbox"/> Earnfare <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Other (SSDI, Child Support, VA Benefits)	Source of Referral: (location that sent you) CHA Client ID#: (if applicable)

Signature of Applicant: _____ Date: _____

PARENT OR GUARDIAN'S STATEMENT: I certify that the above information is accurate. I give my permission for the above named to participate in this program and to follow all program requirements.

Intake Worker's Signature: _____ Date: _____

Signature* of Parent or Guardian Date (mm/dd/yyyy)
*required for all participants 17 years of age or younger.