

**Burnett County Family Resource Center, Inc.
Family Information**

Date _____ Referred by _____

Caregiver name _____ Race _____ DOB _____
 Address _____ Town _____ County _____
 Mailing Address _____ Town _____ Zip _____
 Phone _____ Email _____
 Employment Status _____ Employer _____
 Highest Level of Education Received _____ Marital Status _____

Caregiver Name _____ Race _____ DOB _____
 Address (if different from above) _____ Town _____ County _____
 Mailing Address (if different from above) _____ Town _____ Zip _____
 Phone _____ Email _____
 Employment Status _____ Employer _____
 Highest Level of Education Received _____ Marital Status _____

OK to leave messages on voicemail? Yes No

Emergency Contact _____

Children Information

Child/ren Name	DOB	Sex	Race

Total Household Income:

- \$0-\$10,000
 \$10,000 - \$30,000
 \$30,000 - \$50,000
 \$50,000 +

Which, if any, of the following County programs do you currently participate in? Check all that apply.

- WIC
 Food Share
 Food Shelves
 Head Start
 B-3
 Public Health
 Medicaid
 Fuel Assistance
 Child Protection/ICW
 W2 or FSET
 Section 8
 Early Childhood
 Other _____

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Other persons living in the household:

Name

Relationship

Current placements outside of the home:

Name

DOB

Reason for placement

Duration

Issues that initiated this referral. Check all that apply.

- Physical Abuse Sexual abuse Child Neglect
 Child out of control Delinquency CHIPS
 AODA Other _____

Please explain if necessary _____

Regarding parenting skills, place one check in each area if known:

	Yes	Some	No
1. Understands and uses appropriate discipline	_____	_____	_____
2. Understands normal child development	_____	_____	_____
3. Has attended parenting classes	_____	_____	_____
4. Makes and keeps appointments with school, MD etc.	_____	_____	_____
5. Is client under a current court order?	_____		_____
6. History of family violence?	_____		_____

List and explain any disabilities (specify parent and/or child) _____

Additional comments/plan: _____

