



# Indiana Parenting Institute

Great Parenting Happens Here!

Northwest Indiana | St. Joseph County | Indianapolis

## Confidential Registration Form

To help us provide well-balanced programming that meets the needs of families across Indiana, please answer as many of the following questions as you have answers to. Thank you.

Date:	SS#:	<input type="checkbox"/> New?	<input type="checkbox"/> Update?
CONTACT INFORMATION			
Name:			
Last	First	Middle	
Street Address:			
Street	City	State	Zip
Home Phone:	Cell Phone:	Work Phone:	
Is it safe to leave a message at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is it safe to leave a message at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is it safe to leave a message at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address:			
Best way to contact: <input type="checkbox"/> Mail <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email			
Emergency Contact Information:			
Name	Relationship to you		Phone
INDIVIDUAL PROFILE			
Date of Birth:		Age:	
Relationship Status:	<input type="checkbox"/> Never Married	<input type="checkbox"/> Remarried	<input type="checkbox"/> Divorced
	<input type="checkbox"/> Engaged	<input type="checkbox"/> Living with a partner	<input type="checkbox"/> Widowed
	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	
Race/Ethnicity:	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Pacific Islander
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Middle-Eastern	<input type="checkbox"/> Other (please specify):
	<input type="checkbox"/> Asian	<input type="checkbox"/> Native American/Alaska Native	
Highest education level attained:	<input type="checkbox"/> Less than 9 <sup>th</sup> grade	<input type="checkbox"/> Some College	<input type="checkbox"/> Master's Degree
	<input type="checkbox"/> Some High School	<input type="checkbox"/> Certificate Program	<input type="checkbox"/> Doctorate/Ph.D.
	<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Associate Degree	
	<input type="checkbox"/> GED	<input type="checkbox"/> Bachelor's Degree	
Are the children in your household:	<input type="checkbox"/> Biological	<input type="checkbox"/> Adopted	<input type="checkbox"/> Stepchildren
	<input type="checkbox"/> Guardianship		
<i>(check all that apply)</i>			
Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe:		
Do you feel safe at home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been in an abusive relationship? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a history of substance abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No		

CURRENT LIVING SITUATION		
What is your current living situation?	<input type="checkbox"/> Own my own home <input type="checkbox"/> Rent an apartment/house <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Live in subsidized public housing <input type="checkbox"/> Live in a domestic violence shelter
Are you currently homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, for how long?
Are you currently living:	<input type="checkbox"/> with family/friends How long? _____ <input type="checkbox"/> in transitional housing How long? _____ <input type="checkbox"/> in a hotel How long? _____	<input type="checkbox"/> on the streets How long? _____ <input type="checkbox"/> in a shelter How long? _____ <input type="checkbox"/> in a car How long? _____
Including yourself, how many people currently live in your household?		
Besides yourself, who lives in your household? (check all that apply)		
<input type="checkbox"/> My child(ren)	<input type="checkbox"/> My spouse/partner	<input type="checkbox"/> Other non-related people
<input type="checkbox"/> My adult children	<input type="checkbox"/> My extended family	<input type="checkbox"/> Roommate
<input type="checkbox"/> Other (please specify):		
CURRENT FINANCIAL SITUATION		
Tell us a little about your current income:	What is your current annual income? <input type="checkbox"/> Less than \$30,000 <input type="checkbox"/> More than \$30,000	
What are your current financial resources and/or benefits? (check all that apply)	<input type="checkbox"/> Current employment <input type="checkbox"/> Savings <input type="checkbox"/> Investment income <input type="checkbox"/> IRA/403(b)/pension <input type="checkbox"/> Spousal support/alimony <input type="checkbox"/> Child support <input type="checkbox"/> Social Security/Retirement <input type="checkbox"/> Unemployment benefits <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Financial aid <input type="checkbox"/> Educational scholarships <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> TANF <input type="checkbox"/> General assistance <input type="checkbox"/> Food stamps <input type="checkbox"/> WIC <input type="checkbox"/> Childcare Assistance
CURRENT EMPLOYMENT SITUATION		
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<u>If yes</u>		
Current status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Self-employed How long? _____		
Current employer name: _____ Job Title: _____		
Address: _____		
<u>If no</u>		
Current status: <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired How long? _____		
Last employer name: _____ Job Title: _____		
Address: _____		
Are you currently a student? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, <input type="checkbox"/> full-time student <input type="checkbox"/> part-time student
Are you a military veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, <input type="checkbox"/> active duty <input type="checkbox"/> reserves
Are you interested in Service Learning (volunteering)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
MISCELLANEOUS		
What type of health insurance do you have?	<input type="checkbox"/> No current health insurance <input type="checkbox"/> Through employer (self or partner) <input type="checkbox"/> Through school	<input type="checkbox"/> Buy own coverage <input type="checkbox"/> AHCCS/Medicaid <input type="checkbox"/> Medicare
Rate your level of comfort using computers:	<input type="checkbox"/> Not comfortable <input type="checkbox"/> Comfortable	<input type="checkbox"/> Somewhat comfortable <input type="checkbox"/> Extremely comfortable
What is your computer access?	<input type="checkbox"/> Own my own computer <input type="checkbox"/> Use family/friend's computer	<input type="checkbox"/> Use a public computer (e.g., school, library) <input type="checkbox"/> Do not have computer access

INTAKE FORM