CROSSROADS
Youth & Family Services, Inc.

Applicant & Family Member Information

Applicant

First | Middle | Last | Birthday | Gender

Race
☐ Asian ☐ American Indian/Alaska Native
☐ Black ☐ Hawaiian/Pacific Islander
☐ White ☐ Multi-Racial
☐ Other: _____

Hispanic
☐ Yes
☐ No

English Proficiency
☐ Little
☐ Moderate
☐ None
☐ Proficient

Other Language

Other Language Proficiency
☐ Little
☐ Moderate
☐ None
☐ Proficient

Primary Health Coverage | Insurance # | Medicaid Eligibility ☐ Not Eligible ☐ On Medicaid | Medicaid # | Doctor/Medical Home

Dental Coverage | Dental Coverage # | Dentist/Dental Home

Primary Adult

First | Middle | Last | Birthday | Gender

Race
☐ Asian ☐ American Indian/Alaska Native
☐ Black ☐ Hawaiian/Pacific Islander
☐ White ☐ Multi-Racial
☐ Other: _____

Hispanic
☐ Yes
☐ No

English Proficiency
☐ Little
☐ Moderate
☐ None
☐ Proficient

Other Language

Other Language Proficiency
☐ Little
☐ Moderate
☐ None
☐ Proficient

Highest Grade Completed
☐ Some Col/Train
☐ Associate's
☐ Bachelor's
☐ Masters
☐ < Grade 12
☐ < Grade 9
☐ HS Graduate
☐ GED

Employment Status
☐ Full Time
☐ Part Time
☐ Seasonal
☐Unemployed
☐ Full Time & Training
☐ Part Time & Training
☐ Training or School
☐ Retired or Disabled

Child's Relationship
☐ Biological/Adopted/Step
☐ Grandchild
☐ Other Relative
☐ Foster
☐ Other

Custody
☐ Yes
☐ No

Check all that apply:
☐ Lives with Family
☐ Provides Financial Support
☐ Teen Parent

Email Address:

Phone Number: ☐ Cell ☐ Home ☐ Work ☐ Other _____ Opt in for Text Messages ☐ Yes ☐ No

Secondary or Other Adult

First | Middle | Last | Birthday | Gender

Race
☐ Asian ☐ American Indian/Alaska Native
☐ Black ☐ Hawaiian/Pacific Islander
☐ White ☐ Multi-Racial
☐ Other: _____

Hispanic
☐ Yes
☐ No

English Proficiency
☐ Little
☐ Moderate
☐ None
☐ Proficient

Other Language

Other Language Proficiency
☐ Little
☐ Moderate
☐ None
☐ Proficient

Highest Grade Completed
☐ Some Deg/Train
☐ Associate's
☐ Bachelor's
☐ Masters
☐ < Grade 12
☐ < Grade 9
☐ HS Graduate
☐ GED

Employment Status
☐ Full Time
☐ Part Time
☐ Seasonal
☐Unemployed
☐ Full Time & Training
☐ Part Time & Training
☐ Training or School
☐ Retired or Disabled

Child's Relationship
☐ Biological/Adopted/Step
☐ Grandchild
☐ Other Relative
☐ Foster
☐ Other

Custody
☐ Yes
☐ No

Check all that apply:
☐ Lives with Family
☐ Provides Financial Support
☐ Teen Parent

Email Address:

Phone Number: ☐ Cell ☐ Home ☐ Work ☐ Other _____ Opt in for Text Messages ☐ Yes ☐ No

Additional Child (Non-Applicant) *

First | Middle | Last | Suffix | Birthday | Gender

Race
☐ Asian ☐ American Indian/Alaska Native
☐ Black ☐ Hawaiian/Pacific Islander
☐ White ☐ Multi-Racial
☐ Other: _____

Hispanic
☐ Yes
☐ No

English Proficiency
☐ Little
☐ Moderate
☐ None
☐ Proficient

Other Language

Other Language Proficiency
☐ Little
☐ Moderate
☐ None
☐ Proficient

CROSSROADS
Youth & Family Services, Inc.

Applicant Name: _____ Birthday _____

Family Information, Income & Contacts

Family Information

Family Living Address

Started Living at Date	Living Address	ZIP	City	State	County

Family Mailing Address

Same as living?	Started Using Date	Mailing Address	ZIP	City	State
☐ Yes ☐ No					

Parental Status (*check one*)	Number in Family	Primary Language at Home	Acquired/learning another language in addition to English	Receiving TANF	Active Duty Military	Receiving SSI	Receiving SNAP	WIC
☐ One ☐ Two			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Emergency Contacts

	Name	Relationship	Emergency Contact	Release To
Contact 1			☐ Yes ☐ No	☐ Yes ☐ No
	Phone Number 1	Phone Number 2	Phone Number 3	
	☐ Cell ☐ Home ☐ Work	☐ Cell ☐ Home ☐ Work	☐ Cell ☐ Home ☐ Work	
Contact 2	Name	Relationship	Emergency Contact	Release To
			☐ Yes ☐ No	☐ Yes ☐ No
	Phone Number 1	Phone Number 2	Phone Number 3	
	☐ Cell ☐ Home ☐ Work	☐ Cell ☐ Home ☐ Work	☐ Cell ☐ Home ☐ Work	
Contact 3	Name	Relationship	Emergency Contact	Release To
			☐ Yes ☐ No	☐ Yes ☐ No
	Phone Number 1	Phone Number 2	Phone Number 3	
	☐ Cell ☐ Home ☐ Work	☐ Cell ☐ Home ☐ Work	☐ Cell ☐ Home ☐ Work	

Certification: *I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.*

☐ I give permission for Crossroads Youth and Family Services Inc. to pull my child's shot record from the state database, OSIIS.

Parent Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Add more children here: