Colorado Springs/El Paso County
Child CE Central Intake Form

Client Name (All clients): First: _____ Middle: _____ Last Name: _____

Name Data Quality (*Agency Use Only*)
❑ Full name reported ❑ Partial, street name, or code name reported ❑ Client doesn't know ❑ Client refused

Date of Birth (mm/dd/yyyy) (All clients): ____/____/____

DOB Data Quality (*Agency Use Only*)
❑ Full DOB reported ❑ Approximate or Partial DOB reported ❑ Client doesn't know ❑ Client refused

Social Security Number (All clients): _____

SSN Data Quality (*Agency Use Only*)
❑ Full SSN reported ❑ Approximate or Partial SSN reported ❑ Client doesn't know ❑ Client refused

Last Known Permanent Address - where you last lived for 90 days or more (All clients):
Address _____
City: _____ County: _____ State: _____ Zip Code: _____

Address Data Quality (*Agency Use Only*)
❑ Full address reported ❑ Incomplete or estimated address ❑ Client doesn't know ❑ Client refused

Housing Status (All clients) (*Agency Use Only*)
❑ Category 1 - Homeless ❑ Category 2 - At imminent risk of losing housing ❑ Category 3 - Homeless only under other federal statutes
❑ Category 4 - Fleeing domestic violence ❑ At-risk of homelessness ❑ Stably housed
❑ Client doesn't know ❑ Client refused

Family Type - During program enrollment
❑ Unaccompanied ❑ Single Parent (At least one adult and one minor – relation or non relation) ❑ Two Parents (At least two adults and one minor– relation or non relation)
❑ Adults Only ❑ Other: non-relation member

Relationship to Head of Household (All clients)
❑ Self (Head of Household) ❑ Head of Household's child ❑ Head of Household's spouse or partner
❑ Head of Household's other relation member ❑ Other: non-relation member

Gender: (All clients)
❑ Female ❑ Male ❑ Transgender M to F ❑ Transgender F to M ❑ Other ❑ Client doesn't know ❑ Client refused

Do you have a Disabling Condition? (All clients)
❑ Yes ❑ No ❑ Client doesn't know ❑ Client refused

Ethnicity (all clients)
❑ Non-Hispanic/Non-Latino ❑ Hispanic/Latino ❑ Client doesn't know ❑ Client refused

Race – check all that apply, but at least one: (All clients)
❑ American Indian or Alaska Native ❑ Asian ❑ Black or African American
❑ Native Hawaiian or Other Pacific Islander ❑ White ❑ Client doesn't know ❑ Client refused

Health Insurance (All clients)

Covered by Health Insurance?	❑ No ❑ Yes ❑ Client doesn't know ❑ Client refused		
(If yes, indicate all sources that apply)			
❑ Medicaid	❑ Medicare	❑ State Children's Health Insurance	
❑ Veteran's Administration (VA) Medical Services	❑ Employer-Provided Health Insurance	❑ Health Insurance obtained through COBRA	
❑ Private Pay Health Insurance	❑ State Health Insurance for Adults		

Parent/Guardian Signature: _____ Date: _____