

Family & Children's

SERVICE OF ITHACA

ENROLLMENT FORM F&CS OPEN DOORS

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

DOB: _____ Age: _____ Pronouns: _____

School: _____ Grade: _____

****We ask the following questions because New York State requires us to gather this data****

Race (circle one): American Indian or Alaska Native Asian White
Black or African American Native Hawaiian or Other Pacific Islander
Bi- or multiracial Not listed

Ethnicity (circle one): Hispanic or Latino Not Hispanic or Latino

Sex (circle one): Male Female Intersex Don't know Decline to answer

Gender Identity (circle one): Cisgender Transgender Non-conforming
Don't know Decline to answer

Sexual Orientation (circle one): Heterosexual/straight Bisexual
Lesbian Gay Don't know Decline to answer

Referral Date: _____ Incoming Status: New ___ Previously Enrolled ___

Referral Source: _____ Phone: _____

Parent/Guardian Information

Relation to Child: Mother___ Father___ Other___

Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone:_____ Email:_____

Occupation:_____

Relation to Child: Mother___ Father___ Other___

Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone:_____ Email:_____

Occupation:_____

Other Household Members

Name:	Age:	Sex:	Relation:

Secondary Caregiver Information

Relation to Child: Mother___ Father___ Other___

Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone:_____ Email:_____

Occupation:_____

Relation to Child: Mother___ Father___ Other___		
Name:_____		
Address:_____		
City:_____	State:_____	Zip:_____
Phone:_____	Email:_____	
Occupation:_____		

To be completed with Open Doors staff:

Privacy Policy Reviewed Date:_____

Parent Notification/Consent Date:_____ in-person via phone via mail

Enrollment Date:_____

Intake Assessment Date:_____

CSEC Screen Date:_____

Service Plan Date:_____

Service Plan Review Date:_____

Discharge Date:_____

Aftercare Completion Date:_____

Safety Plan: Date:_____