



*Office Use Only:*

Agency Client ID: \_\_\_\_\_

**REGISTRATION FORM - PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Best way to contact you:     Phone     Email    Other \_\_\_\_\_

**My primary language:**     English     Other \_\_\_\_\_

I need an interpreter     I need an American Sign Language interpreter

**Living arrangements:**

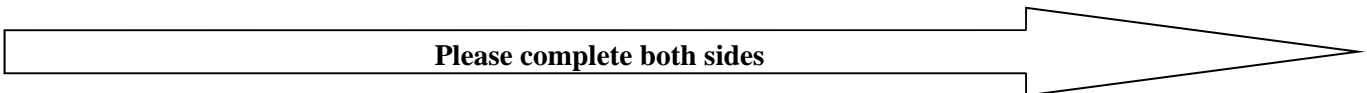
Rent     Own a home     Stay with relatives/friend     Shelter     Other \_\_\_\_\_

**How would you describe your household?**

- Single adult, no children       Single parent, male       Foster parent(s) with children
- Couple, no children       Two parents with children       Relative(s) caring for children
- Single parent, female       Guardian(s) caring for children       Other \_\_\_\_\_

**How did you hear about Families First parenting and family programs? (Check all that apply)**

- FF Health Center Staff     Friend/Relative     Internet     Insurance Directory/Phone Book
- FF Family Center Staff     Social Service Agency     School     Newspaper/Radio/TV
- Medical/Other Professional     Flyer/Brochure/Poster     Hospital     Other \_\_\_\_\_



**Important Note:**

Most of the organizations that provide funding for our programs require us to report on race and average income levels of the people who use our programs. Your information will **not** be shared in connection with your name—it will only be shared in the form of summaries about the people we serve.

Please complete the tables and sign here to verify the information you are providing.  
Thank you.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Household Members Begin with yourself, include all adults and children who live with you (first and last name).	This person's relationship to you	Gender (M / F)	Date of Birth (mm/dd/yy)	Highest grade completed (Adults)	Race (use code number below)	Are You Hispanic? (Y or N)	US Military Service? (use code)	Our Health or Dental client? (Y or N)
	<b>SELF</b>							

- 1 - White
- 2 - Black / African American
- 3 - Asian
- 4 - American Indian / Alaskan Native
- 5 - Hawaiian / Other Pacific Islander
- 6 - Two or more races

US MILITARY SERVICE?:      1 - Current Active Duty      2 - Served Formerly      3 - None

**Annual Household Income**  
Please find the number of people in your household, then move across and check your income in that row.

1 Person	<b>0 – \$18,735 yr.</b> \$360/wk	<b>\$18,736 yr. \$24,980 yr.</b> \$361/wk — \$480/wk.	<b>\$24,981 yr. \$37,470 yr.</b> \$481/wk. — \$720/wk.	<b>Over \$37, 471 yr.</b> Over \$721/wk.
2 People	<b>0 - \$25,365 yr.</b> \$488/wk	<b>\$25,366 yr. \$33,820 yr.</b> \$489/wk — \$650/wk.	<b>\$33,821 yr. \$50,730 yr.</b> \$651/wk. — \$976/wk.	<b>Over \$50,731 yr.</b> Over \$976/wk.
3 People	<b>0 - \$31,995 yr.</b> \$615/wk	<b>\$31,996 yr. \$42,660 yr</b> \$616/wk — \$820/wk	<b>\$42,661 yr \$63,990 yr.</b> \$821/wk — \$1,230/wk	<b>Over \$63,991 yr.</b> Over \$1,231/wk
4 People	<b>0 - \$38,625 yr.</b> \$743/wk	<b>\$38,626 yr. \$51,500 yr.</b> \$744/wk — \$990/wk.	<b>\$51,501 yr. \$77,250 yr.</b> \$991/wk. — \$1,486/wk.	<b>Over \$77,251 yr.</b> Over \$1,487/wk.
5 People	<b>0 - 45,255 yr.</b> \$870/wk.	<b>\$45,256 yr. \$60,340 yr.</b> \$871/wk. — \$1,160/wk.	<b>\$60,341 yr. \$90,510 yr.</b> \$1,161/wk. — \$1,740/wk.	<b>Over \$90,511 yr.</b> Over \$1,741/wk.
6 People	<b>0 - \$51,885 yr.</b> \$998/wk	<b>\$51,886 yr. \$69,180 yr.</b> \$999/wk — \$1,330/wk.	<b>\$69,181 yr. \$103,770 yr.</b> \$1,331/wk. — \$1,996/wk.	<b>Over \$103,771 yr.</b> Over \$1,997/wk.