Children's Relief Nursery
Referral/Intake Information

Please complete this form and email it to denise.glascock@lifeworksnw.org. Intake staff will follow up with the family to determine eligibility and schedule an intake. Please contact the Program Director with any questions regarding eligibility requirements for services at 503-713-9921. Please select the location for this referral:

☐ Children's Relief Nursery-Clackamas County - 18907 Portland Ave. Gladstone, OR 97027
☐ Children's Relief Nursery-Washington County - 1340 E. Main St. Hillsboro, OR 97123

Referral Date _____

Legal Guardian _____

Relationship ☐ Parent ☐ DHS ☐ Other (describe) _____

If legal guardian is DHS: OR Kids # _____ DHS Branch _____

Phone_____ Email _____

Primary caregiver (if not legal guardian) _____

Relationship ☐ Parent ☐ Foster ☐ Kinship (describe) _____

Date of birth_____Gender ☐ F ☐ M ☐ Non-binary/non-conforming ☐ Prefer not to say

Ethnicity _____

Address _____Apt. _____

City _____ State_____Zip _____

Phone_____ ☐ home ☐ cell ☐ work ☐ other Message ok? ☐ Yes ☐ No

Phone_____ ☐ home ☐ cell ☐ work ☐ other Message ok? ☐ Yes ☐ No

Single Parent Household ☐ Yes ☐ No Preferred Language: _____

Children 0-5

First	M.	Last	DOB	Age	M/F	Ethnicity	Living Situation
							☐ with parent ☐ foster care ☐ other
							☐ with parent ☐ foster care ☐ other
							☐ with parent ☐ foster care ☐ other

Others in the home (additional caregivers, siblings, extended family)

First	Middle	Last	DOB	Age	Gender	Ethnicity	Relation to child

Description of needs/concerns _____
_____
_____
_____
_____
_____
_____

Income/Benefits ☐ Salary $ _____ Federal Poverty Level? ☐ Yes ☐ No

☐ TANF ☐ SNAP ☐ SSI/SSD ☐ Child Support ☐ Unemployment ☐ WIC ☐ Other _____

Health Insurance Provider and number: Parent _____ Child _____

Other agencies involved ☐ DHS ☐ Head Start / Early Head Start ☐ Therapist (Mental Health / A& D)
☐ Parole/Probation ☐ Disabilities Services ☐ Community Health Nurse ☐ Early Intervention/ECSE
☐ Other _____

Housing/Transportation
Total # in home _____ of bedrooms _____ of times moved in last 2 years _____

☐ Rent ☐ Own ☐ Shared with family/friend ☐ Shelter ☐ Homeless ☐ Other _____

Is family able to self-transport? ☐ Yes ☐ No

Education Highest grade completed_____ ☐ High School Diploma
☐ GED ☐ Vocational/Trade School ☐ Some College ☐ College Degree

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Employment status
Employed: ☐ Full time ☐ Part time
Not Employed: ☐ Seeking employment ☐ Not seeking ☐ Irregular employment ☐ Retired
Student/Training Program: ☐ Full Time ☐ Part time Program_____

Previous CRN enrollment? ☐ No ☐ Yes Year: _____

CRN services requested*

☐ Home Visiting and Therapeutic Classroom ☐ Home Visiting Only

** Services contingent on eligibility and intake assessment*

Military enrollment (includes anyone in extended family)? ☐ No ☐ Yes

Referral source

Name_____ Agency _____

Phone _____ Relationship _____