



Children's Relief Nursery

Referral / Intake Information

Complete form and fax to 503-283-0716. Intake staff will follow up with the family to determine eligibility and schedule an intake. Please contact CRN with any questions regarding eligibility requirements for services.

Geographical catchment area – Families must live North of Fremont St. and West of NE 15th Ave.

Referral Date _____

Legal Guardian _____

Relationship Parent DHS Other (describe) _____

If legal guardian is DHS: DHS Worker _____ DHS Branch _____

Phone _____ E-mail _____

Primary Caregiver (if not legal guardian) _____

Relationship Parent Foster Kinship (describe) _____

Date of birth _____ Gender F M 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

Children 0-5

First	M.	Last	DOB	Age	M/F	Ethnicity	Living Situation
			/ /				<input type="checkbox"/> with parent <input type="checkbox"/> foster care <input type="checkbox"/> other
			/ /				<input type="checkbox"/> with parent <input type="checkbox"/> foster care <input type="checkbox"/> other
			/ /				<input type="checkbox"/> with parent <input type="checkbox"/> foster care <input type="checkbox"/> other
			/ /				<input type="checkbox"/> with parent <input type="checkbox"/> foster care <input type="checkbox"/> 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 Monthly Income \$ _____ Income under Federal Poverty Level? Yes No
 TANF SNAP SSI/SSD Child Support Unemployment WIC Other _____

Other Agencies Involved DHS Head Start / Early Head Start Therapist (Mental Health / A& D)
 Parole/Probation Disabilities Services Community Health Nurse Early Intervention
 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

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* (check all that are requested):

Therapeutic Classroom Respite Services Parent Education Services

** Services contingent on eligibility and intake assessment*

Referral Source

Name _____ Agency _____

Phone _____ Relationship _____