



# Mountain Resource Center Registration Form



## General Information

Your Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Your Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ County of Residence: \_\_\_\_\_

Gender:  Male  Female  Transgender **Have you been to Mountain Resource Center before?**  Yes  No

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
(If different from mailing address)

Primary (Home) Phone: \_\_\_\_\_ Alternate (Cell) Phone: \_\_\_\_\_

Is it okay to leave messages?  Yes  No Email Address: \_\_\_\_\_

What is your race and ethnicity?

White/Caucasian	American Indian/Alaska Native
Black/African American	Native Hawaiian/Pacific Islander
Asian	Multiracial (2 or more races)
Prefer not to answer	Other (please specify) _____

Are you of Spanish, Latino or Hispanic origin?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

## Family / Household Members

What is your total number of family / household members (including you): \_\_\_\_\_

<u>Other Household Members</u> First and Last Name	Date of Birth	Gender (M/F)	Race/Ethnicity	Grade or Level of Education	Work Status	Relationship to You

Please check one:  Two-parent household  Single-parent household  
 Adult-only household  Other (please specify): \_\_\_\_\_

**If you are caring for a child:**

Do you have quality child care, if needed?  Yes  No

Are all of your school-aged children enrolled in school?  Yes  No

Do any family members have a disability?  Yes  No If yes, who and what type? \_\_\_\_\_

Is there a Veteran in your household?  Yes  No If yes, is he or she ill or injured?  Yes  No



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## Employment

Are you or is another adult in your household employed full-time?  Yes  No

What is **your** employment status?

- Full-time
- Part-time
- Seasonal
- Unemployed
- Job Searching
- Homemaker
- Retired
- Disabled
- Self-employed
- Attending school/training
- Other (please specify): \_\_\_\_\_

Are you generally able to get where you need to go using a personal vehicle or public transportation?

Yes  No

## Education

Have you finished high school or obtained your GED?  Yes  No

What is your highest level of education completed? \_\_\_\_\_

## Income / Benefits

What is your monthly **family** income (before taxes)? \$ \_\_\_\_\_

Please indicate all sources of income or benefits your **household** receives:

- Employment
- Child Support
- Free or Reduced Lunches
- Unemployment Benefits
- TANF (Colorado Works)
- VA Compensation or Pension
- Worker's Compensation
- SNAP (Food Assistance)
- Energy Outreach Colorado
- Retirement (Pension or Social Security)
- WIC (Women, Infants & Children)
- Section 8 Housing
- SSI (Supplemental Security Income)
- CCAP (Child Care Assistance)
- Other (please specify): \_\_\_\_\_
- SSDI (Soc. Sec. Disability Income)
- LEAP (Energy Assistance Program)

In the last 12 months, we worried whether our food would run out before we got money to buy more.

Often true       Sometimes true       Never true

In the last 12 months, the food that we bought just didn't last and we didn't have money to get more.

Often true       Sometimes true       Never true

*Note: Refer to ETO data entry guideline*

## Health Insurance

Does everyone in your family/household have health insurance?  Yes  No

What type of Health Insurance does your **household** receive?

- Private insurance (paid by family)
- VA Healthcare
- Tricare
- Private insurance (subsidized by employer)
- Medicare
- Medicaid
- CHP+
- Other (please specify): \_\_\_\_\_



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## Housing

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Do you have stable housing?  Yes  No

What is your current housing status?

- Own
- Subsidized Housing
- Rent
- Share with friends or family
- Temporary (shelter or temporarily living with family/friends)

What type of home do you live in?

- House
- Apartment
- Mobile Home | Trailer
- Other (please specify): \_\_\_\_\_

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How did you hear about Mountain Resource Center?

- Brochures | Flyers
- Word of Mouth
- Newspaper (please specify): \_\_\_\_\_
- Website
- School
- Health Provider
- Faith Community
- Social Media (please specify): \_\_\_\_\_
- Other (please specify): \_\_\_\_\_

Would you like to speak with someone to learn more about our services?  Yes  No

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**Please Note:** Mountain Resource Center values the professional and confidential nature of the work we do with our clients. The agency holds your privacy in the highest regards. **Therefore, in accordance with our privacy policy, Mountain Resource Center employees may not connect with clients on a personal level on any social media platform**, including Facebook, Twitter, LinkedIn, Flickr, and YouTube.



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## Consent to Release Information for Evaluation Purposes

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I understand that OMNI Institute, a non-profit evaluation firm, will have access to my information for the purposes of overall program data collection, evaluation and improvement. My information is kept confidential and OMNI will not share my information. My name or any identifying information will not appear in any OMNI reports. If I decline to share my information with OMNI, I will not be denied any services offered by Mountain Resource Center.

I have read and agree to the above statement.

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

## Disclosure Statement

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According to Colorado state laws and regulations, all information provided by you during your appointments is confidential and cannot be disclosed without your written consent. However, we are *required* to release information under specific circumstances, including:

- If we believe someone is in danger of causing harm to themselves or others
  - ex. threat of suicide or homicide
- If we suspect the occurrence of child abuse or neglect (past or current)
- If we are ordered by a court of law

All food and other items provided by Mountain Resource Center are provided “as is” and without warranty of any kind whatsoever. By your acceptance and/or use of any such food, other items or services, you release, forever discharge, and indemnify Mountain Resource Center and its members, directors, officers, employees, agents, representatives, volunteers, sponsors and contributors from any and all injuries, losses, damages, claims, demands, causes of action, costs, expenses, suits and judgments relating in any way to such food, other items, or services.

Mountain Resource Center prohibits weapons, tobacco, alcohol or drugs on the premises. For the safety of our clients and our community, Mountain Resource Center may choose not to provide services to an individual who appears to be under the influence of alcohol or drugs.

\_\_\_\_\_  
**Client Name (Print)**

\_\_\_\_\_  
**Agency Staff**

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Date**