



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? (Please circle all that apply).

| | |
|------------------------|-------------------------------------|
| White/Caucasian | American Indian/Alaska Native |
| Black/African American | Native Hawaiian/Pacific Islander |
| Asian | |
| Prefer not to answer | Other <i>(please specify)</i> _____ |

| |
|--|
| 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): _____

How many **adults** does this include (18+ years)? _____ How many **children** does this include (up to 18 years)? _____

| <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 N/A: No children in my home

Are all of your school-aged children enrolled in school? Yes No N/A: No children in my home

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

Employment

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

What is **your** employment status?

- | | | |
|--|--|--|
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time | <input type="checkbox"/> Seasonal |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Job Searching | <input type="checkbox"/> Homemaker |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Disabled | <input type="checkbox"/> Self-employed |
| <input type="checkbox"/> Attending school/training | <input type="checkbox"/> 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 **family/household** receives:

- | | | |
|--|---|--|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Child Support | <input type="checkbox"/> Free or Reduced Lunches |
| <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> TANF (Colorado Works) | <input type="checkbox"/> VA Compensation or Pension |
| <input type="checkbox"/> Worker's Compensation | <input type="checkbox"/> SNAP (Food Assistance) | <input type="checkbox"/> Energy Outreach Colorado |
| <input type="checkbox"/> Retirement (Pension or Social Security) | <input type="checkbox"/> WIC (Women, Infants & Children) | <input type="checkbox"/> Section 8 Housing |
| <input type="checkbox"/> SSI (Supplemental Security Income) | <input type="checkbox"/> CCAP (Child Care Assistance) | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> SSDI (Soc. Sec. Disability Income) | <input type="checkbox"/> 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 **family/household** receive?

- | | | |
|---|--|--|
| <input type="checkbox"/> Private insurance (paid by family) | <input type="checkbox"/> VA Healthcare | <input type="checkbox"/> Tricare |
| <input type="checkbox"/> Private insurance (subsidized by employer) | <input type="checkbox"/> Medicare | |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> CHP+ | <input type="checkbox"/> Other (please specify): _____ |



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Housing

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): _____

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

Data entry note: If not answered but appointment is completed or scheduled, enter Yes.

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

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

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



Mountain Resource Center Registration Form



Early Childhood and Family Education

Photo/Video Release:

I hereby give full permission for Mountain Resource Center to use/reproduce photographs and video of me and/or my child/children. I understand that the images are the property of Mountain Resource Center and may be used in any media at their discretion for the purpose of outreach and marketing. Names will never be used. yes no

Client Name (Print)

Agency Staff

Client Signature

Date

Food Allergies:

Please list any food allergies or diet restrictions for you and your children:

Please check if you **do not** wish to receive periodic emails about Mountain Resource Center Early Childhood and Family Education programs.