



Inclusion Support Services Intake Packet

4210 W. Bay Villa Avenue
Tampa, Florida 33611
(813) 837-7877
Fax: (813) 837-7800

Child's Legal Name: _____ DOB: ____/____/____
(First) (Last)

Gender: Male Female Decline

Ethnicity: Hispanic/Latino Non-Hispanic/Latino Decline

Race: White Black/African American American Indian/Alaska Native
 Asian Native Hawaiian/Other Pacific Islander Two or More Races Decline

Participant type: Minor child

Parent/Guardian Legal Name: _____ DOB: ____/____/____
(First) (Last)

Mother Father Grandparent Other: _____

Gender: Male Female Decline

Ethnicity: Hispanic/Latino Non-Hispanic/Latino Decline

Race: White Black/African American American Indian/Alaska Native Asian
 Native Hawaiian/Other Pacific Islander Two or More Races Decline

Is caregiver 18 years or younger? Yes No If yes: School _____ Grade _____

Participant type: Adult Teen Parent

Physical Address: _____

City: _____ **State:** _____ **Zip code:** _____

Telephone: (____) _____ **Other Phone:** (____) _____ **Email:** _____

of Minor Children in Household: _____

of Adults in Household: _____

Household Structure:

- Male (Single) Head of Household
- Female (Single) Head of Household
- Other-Relative/Kinship Care (Single) Head of Household
- Dual 2 Parent Household
- Dual 2 Other-Relatives/Kinship Care
- Other
- Decline

Highest Education Level in Household:

- Some or no high school
- High school graduate or GED
- Technical certificate
- Some college
- Associates Degree
- Bachelor's Degree
- Advanced Degree
- Decline

Parent/Guardian Legal Name: _____ **DOB:** ____/____/____
(First) (Last)

Mother Father Grandparent **Other:** _____

Gender: Male Female Decline

Ethnicity: Hispanic/Latino Non-Hispanic/Latino Decline

Race: White Black/African American American Indian/Alaska Native Asian
 Native Hawaiian/Other Pacific Islander Two or More Races Decline

Is caregiver 18 years or younger? Yes No **If yes: School** _____ **Grade** _____

Participant type: Adult Teen Parent

Physical Address: _____

City: _____ **State:** _____ **Zip code:** _____

Telephone: (____) _____ **Other Phone:** (____) _____ **Email:** _____

of Minor Children in Household: _____

of Adults in Household: _____

Household Structure:

- | | |
|---|--|
| <input type="checkbox"/> Male (Single) Head of Household | <input type="checkbox"/> Dual 2 Other-Relatives/Kinship Care |
| <input type="checkbox"/> Female (Single) Head of Household | <input type="checkbox"/> Other |
| <input type="checkbox"/> Other-Relative/Kinship Care (Single) Head of Household | <input type="checkbox"/> Decline |
| <input type="checkbox"/> Dual 2 Parent Household | |

Highest Education Level in Household:

- | | | |
|--|--|--|
| <input type="checkbox"/> Some or no high school | <input type="checkbox"/> Some college | <input type="checkbox"/> Advanced Degree |
| <input type="checkbox"/> High school graduate or GED | <input type="checkbox"/> Associates Degree | <input type="checkbox"/> Decline |
| <input type="checkbox"/> Technical certificate | <input type="checkbox"/> Bachelor's Degree | |

Consent and Referral Information

Provide a detailed description for reason for referral to Inclusion Support Services.

Is the child in childcare or after school program? Yes No If yes, where?

Center Name: _____ **Telephone:** (____) _____

Email address: _____

Address:

_____ _____ _____ _____ _____	(street)	_____ _____ _____ _____ _____	(city)	_____ _____ _____ _____ _____	(state)	_____ _____ _____ _____ _____	(zip code)
Other Services/Agencies & Contact Person		Referral Source					
		Name _____					
		Address _____					
		Telephone (____) _____					
		Agency _____					

Consent Statement for Referral Alert

By signing this form, I am giving consent for The Early Childhood Council's Inclusion Support Services program to contact my child's early care setting, conduct classroom observations, interview staff, schedule team/family meetings, and collect screening information from your child's teacher in order to best meet your child's needs in their early care setting.*

Parent/Guardian Signature

Date

Office use only:

Child Grade: Not Yet In School (0-3 yrs old) Pre-K (4-5 yrs old)

Eligible for Free Lunch: Yes No Does Not Apply

VPK Private Pay Licensed

ASQ-3 Teacher Demo R'cvd Scanned & Entered

ASQ:SE Child Demo R'cvd Scanned & Entered

Date ILP sent: _____ Date Assigned: _____

Consultant: _____ Start Date in Gonzo: _____

OTHER NOTES: _____

**Inclusion Support Services does not provide evaluations, diagnosis, or therapy in service delivery.*

