



FAMILY INTAKE

Shareholder's Children Information

OFFICE USE ONLY	
Shareholder No.:	
_____	_____

Child No. 1

Family Name:		Name (First, Middle Initial):	
School Enrollment Status - School Name		Date of Birth: Age: <input type="text"/> <input type="checkbox"/> M <input type="checkbox"/> F	
<input type="checkbox"/> Currently Enrolled <input type="checkbox"/> Not Currently Enrolled <input type="text"/> Grade: <input type="text"/> How many years has this child attended in the last two years?	Nation Affiliation: <input type="checkbox"/> Leni Lenape <input type="checkbox"/> Ojibway <input type="checkbox"/> Oneida <input type="checkbox"/> Mohawk <input type="checkbox"/> Seneca	<input type="checkbox"/> Lakota <input type="checkbox"/> Cree <input type="checkbox"/> Cayuga <input type="checkbox"/> Onondaga <input type="checkbox"/> Metis	<input type="checkbox"/> Odawa <input type="checkbox"/> Pottawatomi <input type="checkbox"/> Saulteaux <input type="checkbox"/> Other:
Are any of these issues affecting this child now:	<input type="checkbox"/> Suicidal Behaviours <input type="checkbox"/> Family Loss (death, divorce, etc.) <input type="checkbox"/> Depression/Sadness <input type="checkbox"/> Family Violence <input type="checkbox"/> On Probation/Parole	<input type="checkbox"/> Spousal/Child Abuse <input type="checkbox"/> Anger/Temper Management <input type="checkbox"/> Falling Grades/Expelled <input type="checkbox"/> Gang Issues/Threats/Attacks <input type="checkbox"/> Drug/Alcohol Abuse	<input type="checkbox"/> Legal Issues (someone arrested) <input type="checkbox"/> Sexually Active <input type="checkbox"/> Pregnancy Issues <input type="checkbox"/> Other:
Additional Comments:			

Child No. 2

Family Name:		Name (First, Middle Initial):	
School Enrollment Status - School Name		Date of Birth: Age: <input type="text"/> <input type="checkbox"/> M <input type="checkbox"/> F	
<input type="checkbox"/> Currently Enrolled <input type="checkbox"/> Not Currently Enrolled <input type="text"/> Grade: <input type="text"/> How many years has this child attended in the last two years?	Nation Affiliation: <input type="checkbox"/> Leni Lenape <input type="checkbox"/> Ojibway <input type="checkbox"/> Oneida <input type="checkbox"/> Mohawk <input type="checkbox"/> Seneca	<input type="checkbox"/> Lakota <input type="checkbox"/> Cree <input type="checkbox"/> Cayuga <input type="checkbox"/> Onondaga <input type="checkbox"/> Metis	<input type="checkbox"/> Odawa <input type="checkbox"/> Pottawatomi <input type="checkbox"/> Saulteaux <input type="checkbox"/> Other:
Are any of these issues affecting this child now:	<input type="checkbox"/> Suicidal Behaviours <input type="checkbox"/> Family Loss (death, divorce, etc.) <input type="checkbox"/> Depression/Sadness <input type="checkbox"/> Family Violence <input type="checkbox"/> On Probation/Parole	<input type="checkbox"/> Spousal/Child Abuse <input type="checkbox"/> Anger/Temper Management <input type="checkbox"/> Falling Grades/Expelled <input type="checkbox"/> Gang Issues/Threats/Attacks <input type="checkbox"/> Drug/Alcohol Abuse	<input type="checkbox"/> Legal Issues (someone arrested) <input type="checkbox"/> Sexually Active <input type="checkbox"/> Pregnancy Issues <input type="checkbox"/> Other:
Additional Comments:			

Child No. 3

Family Name:		Name (First, Middle Initial):	
School Enrollment Status - School Name		Date of Birth: Age: <input type="text"/> <input type="checkbox"/> M <input type="checkbox"/> F	
<input type="checkbox"/> Currently Enrolled <input type="checkbox"/> Not Currently Enrolled <input type="text"/> Grade: <input type="text"/> How many years has this child attended in the last two years?	Nation Affiliation: <input type="checkbox"/> Leni Lenape <input type="checkbox"/> Ojibway <input type="checkbox"/> Oneida <input type="checkbox"/> Mohawk <input type="checkbox"/> Seneca	<input type="checkbox"/> Lakota <input type="checkbox"/> Cree <input type="checkbox"/> Cayuga <input type="checkbox"/> Onondaga <input type="checkbox"/> Metis	<input type="checkbox"/> Odawa <input type="checkbox"/> Pottawatomi <input type="checkbox"/> Saulteaux <input type="checkbox"/> Other:
Are any of these issues affecting this child now:	<input type="checkbox"/> Suicidal Behaviours <input type="checkbox"/> Family Loss (death, divorce, etc.) <input type="checkbox"/> Depression/Sadness <input type="checkbox"/> Family Violence <input type="checkbox"/> On Probation/Parole	<input type="checkbox"/> Spousal/Child Abuse <input type="checkbox"/> Anger/Temper Management <input type="checkbox"/> Falling Grades/Expelled <input type="checkbox"/> Gang Issues/Threats/Attacks <input type="checkbox"/> Drug/Alcohol Abuse	<input type="checkbox"/> Legal Issues (someone arrested) <input type="checkbox"/> Sexually Active <input type="checkbox"/> Pregnancy Issues <input type="checkbox"/> Other:
Additional Comments:			

* Copy this sheet for ALL additional children attending.