

Prevention and Early Intervention  
Registration Form  
Instructions

Community Youth Development (CYD)

<b>Authorization for Service</b>	
<p>I have been provided information on the DFPS Prevention and Early Intervention Program and wish to receive services. I understand that data on my youth/family will be collected, maintained and entered into a secure database. The information will be utilized to track services, for evaluation purposes and to ensure quality services are being provided. If I do not want my information entered into the database I may request to sign a separate form stating my objection.</p>	
<p>I authorize my youth/family to participate in the program.</p>	
<p>_____ Signature</p>	<p>_____ Date</p>
<p>_____ Printed Primary Caregiver Name</p>	<p>_____ Target Child Name</p>

**REGISTRATION DETAIL**

<input type="checkbox"/> <b>Initial Registration*</b>  <p style="text-align: center;">____ \ ____ \ ____ MM      DD      YYYY</p>	<input type="checkbox"/> <b>Change/Update</b>  <p style="text-align: center;">____ \ ____ \ ____ MM      DD      YYYY</p>	<input type="checkbox"/> <b>Inactive Date</b>  <p style="text-align: center;">____ \ ____ \ ____ MM      DD      YYYY</p>
<p><b>Case Managed?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>Family Housing</b></p> <p><input type="checkbox"/> Own  <input type="checkbox"/> Rent  <input type="checkbox"/> Shared housing with relatives/friends  <input type="checkbox"/> Temporary (shelter, temporary with relatives/friends)  <input type="checkbox"/> Homeless</p>	<p><b>Family Income</b></p> <p><input type="checkbox"/> \$0-\$10,000  <input type="checkbox"/> \$10,001-\$20,000  <input type="checkbox"/> \$20,001-\$30,000  <input type="checkbox"/> \$30,001-\$40,000  <input type="checkbox"/> \$40,001-\$50,000  <input type="checkbox"/> \$50,001-\$62,999  <input type="checkbox"/> \$63,000 and up</p>
<p><b>Does any child in the household have a disability?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>		
<p><b>Primary language spoken in the home</b></p> <p>_____</p>		
<p><b>Country of Origin</b></p> <p>_____</p>	<p><b>Which of the following do you receive? (Check all that apply)</b></p> <p><input type="checkbox"/> Food Stamps      <input type="checkbox"/> Earned Income Tax Credit  <input type="checkbox"/> TANF                <input type="checkbox"/> Head Start/Early Head Start Services  <input type="checkbox"/> Medicaid           <input type="checkbox"/> N/A</p>	

**CONTRACTOR INFORMATION**

<p>Name of Person Completing the Form</p>	
<p>Name of Person Data Entering the Form into the PEIS Database</p>	<p>Date Form was Entered Into the PEIS Database</p>
<p>Family Registration ID Number (PEIS database will generate this number)</p>	

## Prevention and Early Intervention Registration Form Instructions

### TARGET CHILD INFORMATION

<b>First Name*</b>	<b>Middle Name</b>	<b>Last Name*</b>	<b>Suffix</b>
_____ - _____ - _____		_____ \ _____ \ _____ MM                      DD                      YYYY	
<b>Gender*</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown		<b>Disability*</b> <input type="checkbox"/> Y <input type="checkbox"/> N	
<b>Race (Check all that apply)*</b> <input type="checkbox"/> AM Indian/AK Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unable to Determine		<b>Ethnicity*</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unable to Determine	
<b>Education Level (Circle highest grade completed)</b> <input type="checkbox"/> N/A Pre-K/Kinder    1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup> 6 <sup>th</sup> 7 <sup>th</sup> 8 <sup>th</sup> 9 <sup>th</sup> 10 <sup>th</sup> 11 <sup>th</sup> 12 <sup>th</sup> Did Not Graduate                      Graduate H.S./GED                      Some College College                                      Post-Graduate                                      Unknown			<b>Marital Status</b> <input type="checkbox"/> Child N/A <input type="checkbox"/> Divorced <input type="checkbox"/> Single, Never Married <input type="checkbox"/> Married <input type="checkbox"/> Unknown <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
<b>Name of School Participant Attends*</b> _____			
<b>County*</b>		If a resident of a Colonia, indicate the name of the Colonia: <input type="checkbox"/> N/A	
Home Address (Street, City, State, Zip)          Location: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		<b>Primary Phone</b>	
		<b>Secondary Phone (optional)</b>	
		<b>Primary Email (optional)</b>	