

# General Information Form

Please fill out this form thoroughly so that we may serve you better; Form is 2 Pages.  
All information will remain confidential.

**Please list parent information here:**

Client Name \_\_\_\_\_ Client ID \_\_\_\_\_

DOB \_\_\_\_\_ SSN XXX-XX-XXXX Male \_\_\_\_\_ Female \_\_\_\_\_ Other \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of Residence \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Please take your time and answer each question, if you prefer not to answer please circle N/A**

Marital Status (Circle): Married Domestic Partner Single (Never Married) Separated Divorced Widowed N/A

Race (Circle): African American American Indian/Alaskan Native Asian Caucasian  
Hawaiian/Pacific Islander Multiracial Other N/A

Ethnicity (Circle): Hispanic Non-Hispanic Are You Disabled? Circle: Yes/No

Military Status (Circle): Active Duty Veteran Spouse/Active Duty Spouse/Veteran Never Served N/A

Highest Education Level (Circle): No High School Diploma GED High School Diploma Some College  
AA Degree Bachelor's Degree Master's Degree Doctoral Degree N/A

Employment Status (Circle): Full-time (35 hours or more per week) Part-time (less than 35 hours per week)  
Unemployed Not in the Workforce (homemaker, disabled, retired) Other N/A

For the past 12 months, what is your gross household income? \_\_\_\_\_ Head of Household? Circle M/F

Insurance Status (Circle): Private Insurance (household member's employer) Government Insurance  
Private Insurance (not through household member's employer) No Insurance N/A

Please tell us how many people, including you, live in your household: \_\_\_\_\_

Please fill in the blanks below to tell us about your household. **Do not include yourself.**

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_ DOB \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_ DOB \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_ DOB \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_ DOB \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_ DOB \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

**Please list additional names on the back of this form.**



**Do you have children at any of the following schools?**

**IPS School #46** Y/N Names of Child(ren) \_\_\_\_\_

**IPS School #49** Y/N Names of Child(ren) \_\_\_\_\_

**Edison School of the Arts #47** Y/N Names of Child(ren) \_\_\_\_\_

**George Washington Community High School** Y/N Names of Child(ren) \_\_\_\_\_

**Current Grade Level (for all children 18 and under): (Please list additional information in section below)**

Child 1 \_\_\_\_\_ Child 2 \_\_\_\_\_ Child 3 \_\_\_\_\_ Child 4 \_\_\_\_\_

**Anticipated High School Graduation Year:**

Child 1 \_\_\_\_\_ Child 2 \_\_\_\_\_ Child 3 \_\_\_\_\_ Child 4 \_\_\_\_\_

**School District Each Child(ren) Attends: (Wayne Township, Washington Township, etc.)**

\_\_\_\_\_  
\_\_\_\_\_

If you have any children at one of the above schools, please identify the number of children you have, ages 0-12, who receive free or reduced cost lunches at school \_\_\_\_\_

If you have any children at one of the above schools, please identify the number of children, ages 0-12, who participate in ESL (English as a Second Language) classes \_\_\_\_\_

Please list the number of children you have ages 0-12 attending other schools not listed above \_\_\_\_\_

**Additional Information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please review Media Release statement below. This does not affect your eligibility to receive services from Mary Rigg Neighborhood Center.**

**Media Release**

I, the undersigned, do hereby consent and agree that the Mary Rigg Neighborhood Center, its employees, or agents have the right to take photographs, videotape, or digital recording of me and/or my child, and to use these in any and all media, now or hereafter known, and exclusively for the purpose of the center's educational and marketing promotions, and program assessment. I further consent that my name and identity may be revealed therein or by descriptive text or commentary. I understand that I have the right to request a copy of a complete Media Release Policy.

Please check this box if you **do not** consent to the media release policy

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

## Helpful Services

Mary Rigg strives to help our families to the best of our ability. The following is a list of available services Mary Rigg may be able to assist you with. If you would like more information or assistance with one of the following subjects, please let us know by checking the box. Please check all that apply.

- Clothing Assistance
- Food Assistance
- Financial Coaching/Assistance (including budgeting and credit scores)
- Hygiene Item Assistance
- Employment Coaching
- Vocational Training/Bridge
- High School Equivalency (HSE)
- English Language Learner (ELL)
- Behavior Management at home
- Social-emotional learning needs
- Mental Health Services Referral
- Health Insurance Referral
- Childcare Referral for Early Childcare (0-5 years)
- Special Education (including IEPs or 504 plans)
- Tutoring Services
- Volunteer Opportunities
- Other

If there are additional services that are not listed above that you may need assistance with, please let us know by providing the information below.

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\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Date