

"Teachers Pet Program"

Intake Form

Background Information: Youth Participant

Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Ethnicity: _____ Male: _____ Female: _____

D.O.B: ____/____/____ Age: _____ School Currently Attending: _____

Grade Level: _____ Any past/present court involvement: Yes: _____ No: _____

Family Information

Single Parent Family: _____ Two Parent Family: _____

(Other) Guardian's Name: _____

Mother's Name: _____ Contact #: (____) _____ - _____

Mother's Address (if different from above): _____

Father's Name: _____ Contact #: (____) _____ - _____

Father's Address (if different from above): _____

Family Income Level: Less than \$14,999: _____ \$15,000-\$19,999: _____

\$20,000-\$24,999: _____ \$25,000-\$29,999: _____ \$30,000-\$34,999: _____

\$35,000-\$39,999: _____ \$40,000-\$44,999: _____ \$45,000-\$49,999: _____

\$50,000-\$59,999: _____ \$60,000-\$74,999: _____ \$75,000+ _____

Number of family members in household (including youth participant and parents): _____

Total Number of Siblings (excluding youth participant): _____

Housing

Homeowner: _____ Renter: _____

What services would you like additional information on:

G.E.D: _____ Housing: _____ Childcare: _____ Legal Aid: _____

Domestic Violence: _____ Teen Pregnancy/HIV/STD Prevention: _____

ODJFS (cash assistance, food stamps): _____ Medical Services: _____

Job Training: _____ Community Involvement: _____

College/College Scholarship Information: _____

Youth Specific:

Personal Development: _____ Additional Youth Programming: _____

Tutoring: _____

Emergency Contact

Name: _____ Relationship to youth: _____

Address: _____ Phone #: (_____) _____ - _____

Parental Agreement

I, the parent or legal guardian of _____, do hereby authorize my child to attend and participant in the "Teacher's Pet" program. I hereby authorize the Toledo PET Bull Project volunteers to supervise youth only during session times and are not responsible for youth who leave the premises. I also hereby waive all claims against the "Teacher's Pet" Program and their volunteers of any accidents, injuries, and/or wounds sustained by my child during their time at the "Teacher's Pet" Program. I also grant my permission of the usage on any footage or pictures taken of my child for the "Teacher's Pet" Program. I hereby acknowledge and authorize that the information contained in this Intake Form may be utilized by Toledo's PET Bull Project and United North for referral and direct service purposes only.

Parent/Guardian Signature: _____ Date: _____