

CLIENT ID: _____

**Families First for Mississippi
Participant Intake**

Organization Name: _____

Subgrant Number: 6012989

County: _____

Region: _____

This section must be completed by the individual participating in a Families First for Mississippi (FFFM) education class.

Please Print

Participant Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____ **E-mail Address:** _____

SSN: NLRO - ____ - ____ - ____
FFM (Last Four Digits) - _____ **DOB:** _____ **Age:** _____ **Currently Employed:** Yes ☐ No ☐

Ethnicity: Asian/Pacific Islander ☐ Hispanic ☐ American Indian ☐ Black ☐ White ☐ **Gender:** Male ☐ Female ☐

Marital Status: Single ☐ Engaged ☐ Divorced ☐ Married ☐ Separated ☐ Widowed ☐

Fill out this section for your spouse or partner if you are attending this event together:

Participant Name: _____

Address: _____

Phone Number: _____ **E-mail Address:** _____

DOB: _____ **Last 4 Numbers of SSN:** _____ **Currently employed:** Yes ☐ No ☐

Ethnicity: Asian/Pacific Islander ☐ Hispanic ☐ American Indian ☐ Black ☐ White ☐ **Gender:** Male ☐ Female ☐

Relationship Status: Single ☐ Engaged ☐ Divorced ☐ Married ☐ Separated ☐

Annual Household Income: \$ _____ **Number of Biological Children:** _____

Number of Children Living in the Household: _____ **TANF Recipient:** Yes ☐ No ☐

Are you active military: Yes ☐ No ☐ **Are you receiving:** CHIPS ☐ Medicaid ☐ Medicare ☐

Please indicate who referred you to the Program:

Referral Type: Media ☐ Type: _____ Self ☐ Church ☐ Employer ☐ Friend ☐ Family ☐
Court Ordered ☐ TANF Work Program ☐ Other ☐ _____

I certify that all the information provided herein is true and complete to the best of my knowledge. I know that any misrepresentation herein may lead to rejection of my application. I understand that I will be participating in education class to learn important skills, attitudes, and behavior to strengthen relationships and develop the key ingredients for good communication and problem-solving.

Participant's Signature: _____ **Date:** _____

For Office Use Only:

Is Participant Eligible? Yes ☐ No ☐ If No, participant was referred to: _____

Signature of staff answering the question above: _____ Date: _____

Regional Coordinator's Signature: _____ Date: _____