



Westminster Family Resource Center CLIENT REGISTRATION FORM 2016/2017

7200 Plaza Street, Westminster, CA 92683 (714) 903-1331



Family ID#: _____

Please complete this form for each family who receives a service. The following information is for the purpose of service coordination & program evaluation and will be kept confidential. We appreciate your assistance.

CLIENT INFORMATION

Intake Date ____ / ____ / ____

First Name: _____ Middle Name: _____ Last Name: _____

Guardian/Parent's Name (if younger than 18 years old) _____

Address: _____ City: _____ State _____ Zip Code _____

Home ☎:(____) _____ - _____ Work/Other ☎:(____) _____ - _____ Birth date: ____ / ____ / ____

Gender: Female ♀ Male ♂

Current County SSA/CFS Client? <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Yes: CWS/CMS ID # _____ <small>(19 digit CFS referral #)</small>	CalWorks FS Client? <input type="checkbox"/> Yes <input type="checkbox"/> No CalWIN Case # _____ <small>(7 digit CalWin Case #)</small> CIN # _____ <small>(12 digit CIN #)</small>
Differential Response Client? <input type="checkbox"/> Yes <input type="checkbox"/> No	

What best describes your role in the family? (Check ALL that apply)

<input type="checkbox"/> Adoptive Parent	<input type="checkbox"/> Relative Caregiver	<input type="checkbox"/> Child (0-17 yrs old)
<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Adoptive Child
<input type="checkbox"/> Mother/Father (please circle)	<input type="checkbox"/> Single Adult/No Children	<input type="checkbox"/> Foster Child
<input type="checkbox"/> Spouse/Sig. Other	<input type="checkbox"/> Parent with Minor Child Not At Home	<input type="checkbox"/> Other: _____

Ethnicity/Race (Check only ONE)

Hispanic or Latino Black White Native Hawaiian
 Native American/Alaskan Asian (please specify) _____
 Two or more races Other (please specify) _____

Primary Language (Check only ONE)

English Spanish
 Vietnamese
 Other (please specify): _____

Primary Caregiver's Highest Level of Education (Check only ONE)

No Formal Schooling High School Diploma/GED Bachelor's Degree
 Elementary/Junior High Some College or Technical School Graduate Degree or Higher
 High School or Vocational School Associates or Technical School Degree Other: _____

THE FOLLOWING QUESTIONS ARE FOR YOU AND YOUR FAMILY

Family Income Level

Decline to State

\$ 0.00 - \$4,999 \$20,000 - \$24,999 \$40,000 - \$44,999
 \$ 5,000 - \$9,999 \$25,000 - \$29,999 \$45,000 - \$49,999
 \$10,000 - \$14,999 \$30,000 - \$34,999 More than \$50,000
 \$15,000 - \$19,999 \$35,000 - \$39,999

How many family members are supported by this income?

Do you or your family members currently receive?

a) Food Stamps? Yes No
b) CalWORKs? Yes No If Yes, select one box below
 CalWORKs Family (Select this category if both child (ren) and parents/caregivers receive benefits)
 CalWORKs Child (ren) (Select this category if children only receive benefits)

How did you hear about the FRC?

Friend/Family School
 Walk-In/Self Church/Faith Based
 Brochure/Flyer Newspaper/Website
 Hospital/Doctor/Nurse Agency: _____
 Social Worker/Counselor Other: _____

Are you or any of your family members in the Military Service?

Please Check One of the Following Options Active Inactive Not a Military Family

Please respond to the following statements by checking "often true" (OT), "sometimes true" (ST), or "never true" (NT).

"Within the past 12 months we worried whether our food would run out before we got money to buy more." OT ST NT

"Within the past 12 months the food we bought just didn't last and we didn't have money to get more". OT ST NT

If you are receiving food assistance, is it through this FRC? Yes No, from an outside source Not receiving assistance

Please list your family members living in the home in the table below, beginning with yourself:

Office Only Rcvd Serv	Name: First, Middle, Last	Date of Birth (MM/DD/YY)	Age	Gender (M/ F)	Family Role (Relative to client)	Ethnicity /Race	Primary Language	Client Disabled (Y/N)	Name of School	*Insurance Status (1-9)
<input type="checkbox"/>										
<input type="checkbox"/>										
<input type="checkbox"/>										
<input type="checkbox"/>										
<input type="checkbox"/>										
<input type="checkbox"/>										
<input type="checkbox"/>										
<input type="checkbox"/>										

*From the list below write the number that best describes his/her insurance status, next to each family member:

- | | | |
|--|-----------------------|---------------------------|
| (1) Medi-Cal /CalOptima | (4) Private Insurance | (7) Self-pay/No Insurance |
| (2) Medi-Cal Emergency/Restricted Services | (5) AIM | (8) Kaiser Kids |
| (3) Medi-Cal eligibility/Pending | (6) California Kids | (9) Other: _____ |

I **DO NOT** want to be contacted for future classes, activities, or services.

OFFICE USE ONLY

Westminster FRC/Western Youth Services/Boys Town CA

<input type="checkbox"/> 5.2 Counseling: _____ <input type="checkbox"/> 5.3 Family Support Services <input type="checkbox"/> 5.5 FRC Case Management <input type="checkbox"/> 5.9 Health and Education Services <input type="checkbox"/> 5.11 Out of School Time Youth Program (WFRC) <input type="checkbox"/> 5.12 Parenting Education (WSD/BTC) <input type="checkbox"/> 5.14 TLFR Family Fun Activities	<input type="checkbox"/> 6.3 Emergency Assistance <input type="checkbox"/> Baby Diapers/Pull Ups <input type="checkbox"/> Food Box <input type="checkbox"/> Hygiene Kits <input type="checkbox"/> Backpack/School Supplies <input type="checkbox"/> Thanksgiving Food Basket <input type="checkbox"/> Christmas Food Basket <input type="checkbox"/> Christmas Toys/Gifts	<input type="checkbox"/> Voucher/Gift Card <input type="checkbox"/> Basic Needs <input type="checkbox"/> Food <input type="checkbox"/> Gas <input type="checkbox"/> Bus Store: _____ Value: _____ <input type="checkbox"/> Recreation Scholarship Amount: _____
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Name of Initial Referring Agency:	
Staff Providing Service Name/Title:	
Staff's ☎ Number:	
Service/Program Begin Date:	/ /



Westminister Family Resource Center

7200 Plaza Street Westminister CA 92683

Phone (714) 903-1331 • Fax (714) 903-1881



Consent to Exchange Information and Release of Records

I, _____, authorize staff and/or authorized representatives of the Westminister Family Resource Center Collaborative member agencies listed below:

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> • Abrazar/ Spark Point • Alta Med Health Services/HCA • American Family Housing • Boys & Girls Club of Westminister • Boys Town California • Cal-Optima, Orange County Ca • Children's and Youth Services (CYS) • Children's Initiative of Orange County (CHI OC) • City of Westminister | <ul style="list-style-type: none"> • Community Services Program (CSP) • Garden Grove Unified School District • Girls Inc. • Huntington Beach Union High School District • Interval House • Maternal Outreach Management Systems (MOMS) • OCAPICA • O.C. Social Services Agency (FaCT, CFS) • Ocean View Unified School District | <ul style="list-style-type: none"> • Orange County Child Abuse Prevention Center • Orange County Health Care Agency • Paladin Eastside Psychological Services • Western Youth Services/HCA • Westminister Police Department (WPD) • Westminister School District (WSD) • Other _____ • Other _____ • Other _____ |
|--|--|---|

To exchange among themselves, confidential information and records about me and the minor family members listed below, in order to assist me/us in developing and implementing a comprehensive family service plan. This information may include educational, medical, psychological, employment, social services and family history information. I understand that these agencies will not release any of my/our records or information about me or my family to organizations or individuals not listed above without first obtaining my written consent. I also understand that if staff has reason to believe that I or someone in my family is a danger to self or others or involved in child abuse or neglect, and/or elder or dependent adult abuse, staff is required to report relevant information to public safety authorities about me without my consent in order to protect me or others from harm.

This release applies to: _____ (mother/partner/grandmother) Date of Birth: ____/____/____.
_____ (father/partner/grandfather) Date of Birth: ____/____/____.

and the following people:

Family member	Date of Birth	My relationship to them

I understand that I have a right to review my records, and that this consent is voluntary and I may withdraw it in writing at any time. The withdrawal of my consent would not apply to information previously shared between member agencies.

I understand that I may attend the Case Management Team Meeting on the date my case is presented to discuss services related to my individual or family needs. I understand that I can ask my case manager or call the FRC Coordinator at (714) 903-1331 if I wish to participate. The meetings are on Wednesdays at 11 am and should I choose to attend, my case manager will inform me of the specific time my case presentation will be held.

(INITIALIZE)

This consent form expires within a year from the date of signature or when my family and I no longer receive services from the Westminister Family Resource Center, whichever comes first. The information contained in this consent form may be shared or given to other Westminister Collaborative partners for the purpose of identifying additional services. My signature indicates that I understand the above information and have received a photocopy of this authorization. A photocopy of this document is as valid as the original.

SIGNATURE: _____
 Mother, Father, Guardian or Authorized Representative of minor

DATE: ____/____/____

SIGNATURE: _____
 Mother, Father, Guardian or Authorized Representative of minor

DATE: ____/____/____

SIGNATURE _____ / _____
Staff Signature Staff Print Name

DATE: ____/____/____

SIGNATURE _____ / _____
Staff Signature Staff Print Name

DATE: ____/____/____



Westminister Family Resource Center
 7200 Plaza Street Westminister CA 92683
 (714) 903-1331



Client Confidentiality Policy & Limitations

The Westminister Family Resource Center maintains a policy of respecting a client’s right to privacy and confidentiality. In an effort to achieve this, we keep paper and electronic client records in locked file cabinets and a secure database and we share information only on a need-to-know basis with appropriate staff, consultants and other authorized professionals. *(A complete list is available upon request)*

We use confidential information to assess the needs of you, your children and other family members, to work cooperatively on your behalf with other agencies with which you allow us to share information. However, California law requires all our staff to share confidential information about you or your children **without your permission** under the following circumstances:

- If we have any reason to believe any child or an elderly or dependent adult is being abused or neglected, we are required by law to report the suspected abuse or neglect to the Department of Social Services Child Protective Services or to Adult Protective Services.
- If we determine that you are a danger to yourself or others, our staff has legal responsibility to breach your confidentiality to insure the safety of the individual/s at risk, including yourself.

My signature indicates that I have read, understood and agree to comply with Westminister Family Resource Center’s policy on confidentiality and its limitations and have received a copy of this document. A photocopy of this document is as valid as the original.

SIGNATURE: _____ DATE: _____
Client, Parent, Guardian or Authorized Representative

Print Name

SIGNATURE: _____ DATE: _____
FRC Collaborative Staff

Print Name



Westminister Family Resource Center
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Prácticas y Limitaciones Para La Confidencialidad Del Cliente

El Westminister Family Resource Center mantiene la práctica de respetar el derecho del cliente a la privacidad y confidencialidad. En un esfuerzo para lograr este objetivo, mantenemos los datos por escrito y electrónicos de los clientes en gabinetes de archivo bajo llave y la base de datos computarizada bajo un sistema de seguridad bloqueado. Y solo compartimos la información cuando es necesario y con el personal apropiado, consultores y otros profesionales autorizados. (La lista completa está disponible bajo petición).

Usamos información confidencial para evaluar sus necesidades, las de sus hijos y otros miembros de su familia, para trabajar cooperativamente con otras agencias, con las cuales usted nos ha permitido compartir información.

Sin embargo, la ley de California requiere que todo nuestro personal comparta información confidencial sobre usted o sus hijos **sin su permiso** bajo las siguientes circunstancias:

- Si tememos alguna razón para creer que algún niño, un anciano o un adulto dependiente está siendo víctima de abuso o negligencia. La ley requiere reportar al sospecho de abuso o negligencia al Departamento de Servicios Sociales, Servicios de Cuidos de los Niños o a Servicios de Cuidos de los Adultos.
- Si determinamos que usted es un peligro para si mismo o para otros, nuestro personal tiene la responsabilidad legal de romper su confidencialidad para asegurar la seguridad del individuo en riesgo, incluyendo usted mismo.

Mi firma indica que he leído, entendido y estoy de acuerdo en cumplir con las prácticas de confidencialidad de el Westminister Family Resource Center con respecto a la póliza de confidencialidad y sus limitaciones, y que he recibido una copia de este documento. Una fotocopia de este documento será tan válida como la original.

FIRMA _____
Cliente, Padres o Representante Legal

FECHA: _____

Nombre en Letra de Imprenta

FIRMA _____
Personal del Centro de recursos familiar

FECHA: _____

Nombre en Letra de Imprenta

Nota: La siguiente información es con fines de coordinar los servicios y evaluación del programa y se mantendrá confidencial.

**FDM Indicators
2016-2017**

Client # _____

FDM assessment: 1 2 3

Date: _____

1. Access to Transportation				
In crisis	At risk	Stable	Safe/Self-Sufficient	N/A
I have no access to transportation, even in an emergency.	I have no access to transportation to satisfy basic needs.	I have limited access to public or private transportation when needed.	I have consistent, dependable transportation, public or private.	N/A
Access to Transportation Notes:				
2. Child Health Insurance				
In crisis	At risk	Stable	Safe/Self-Sufficient	N/A
I have no health insurance for my child.	I applied for insurance for my child.	My child has health insurance, but it is difficult to maintain.	My child has adequate health insurance and our family can afford co-pays, if needed.	N/A
Child Health Insurance Notes:				
3. Community Resource Knowledge				
In crisis	At risk	Stable	Safe/Self-Sufficient	N/A
I have no knowledge of community programs.	I have minimal knowledge of programs and have difficulty accessing services.	I am aware of and can access programs with support when needed.	I am currently participating in community programs.	N/A
Community Resource Knowledge notes:				
4. Health Services				
In crisis	At risk	Stable	Safe/Self-Sufficient	N/A
I have a medical condition and do not seek medical attention.	I often do not seek medical attention when needed.	I seek medical attention when needed.	I seek preventative medical attention.	N/A
Health Services Notes:				
5. Employment				
In crisis	At risk	Stable	Safe/Self-Sufficient	N/A
I am unemployed and have difficulty getting a job.	I experience difficulty keeping a job once hired.	I am employed.	I am employed with potential for advancement.	N/A
Employment Notes				

FDM Indicators 2016-2017

6. Risk of Emotional or Sexual Abuse				
In crisis	At risk	Stable	Safe/Self-Sufficient	N/A
My child is exposed to or is witnessing physical, emotional or sexual abuse.	In the past, my child was exposed to and/or has witnessed physical, emotional or sexual abuse.	In the past, my child experienced/witnessed abuse and received or now receives formal support to build skills preventing future abuse.	My child is safe from physical, emotional and sexual abuse.	N/A
Risk of Emotional or Sexual Abuse Notes:				
7. Supervision				
In crisis	At risk	Stable	Safe/Self-Sufficient	N/A
My child is seldom supervised by a trusted adult.	My child is sometimes supervised by a trusted adult.	My child is usually supervised by a trusted adult.	My child is always supervised by a trusted adult.	N/A
Supervision Notes:				
8. Child's Behavior				
In crisis	At risk	Stable	Safe/Self-Sufficient	N/A
I need guidance on how to respond to my children's behavior	I am uncertain how to react to my children's behavior	Rules and consequences sometimes are effective	Rules and consequences match my children's individual behaviors.	N/A
Child's Behavior Notes:				
9. Connected with Local Schools				
In crisis	At risk	Stable	Safe/Self-Sufficient	N/A
My family does not know how to contact my child's teacher and we are not involved in school related activities	My family knows my child's teacher but is not involved in school related activities	My family has attempted to participate in school related activities and is familiar with child's teacher	My family actively participates in school related activities and knows my child's teachers well.	N/A
Connection to School Notes:				
10. Child School Behavior				
In crisis	At risk	Stable	Safe/Self-Sufficient	N/A
My child's behavior is aggressive/defiant <u>&/OR</u> withdrawn/disengaged at school.	My child sometimes has difficulty managing his/her behavior at school	My child manages his/her behavior with assistance as needed	My child enjoys going to school and exhibits positive behavior at school.	N/A
Child's School Behavior Notes:				

FDM Indicators 2016-2017

11. Appropriate Development				
In crisis	At risk	Stable	Safe/Self-Sufficient	N/A
My child has serious physical or mental developmental delays that are untreated.	My child has some developmental difficulties and needs additional supports.	My child is meeting developmental skills in most areas and we are managing the additional supports my child needs.	My child is meeting his/her developmental skills.	N/A
Age-Appropriate Physical and Mental Development Notes:				
12. Family Communication Skills				
In crisis	At risk	Stable	Safe/Self-Sufficient	N/A
Communication among my family members is abusive or cut off.	Communication among my family members is strained.	My family members often communicate respectfully.	My family members communicate openly and respectfully.	N/A
Family Communication Skills Notes:				
13. Domestic Violence / Family Conflict				
In crisis	At risk	Stable	Safe/Self-Sufficient	N/A
My family conflicts are frequent and recurrent, with threats and/or violence	My family conflicts are expressed with anger and acting out, I may have the ability to discuss afterward	My family conflicts are resolved for the moment, in a safe process with or without assistance	My family conflicts are effectively resolved by family members	N/A
Domestic Violence / Family Conflict Notes:				
14. Emotional Well-Being / Sense of Life Values				
In crisis	At risk	Stable	Safe/Self-Sufficient	N/A
I feel so hopeless about life that it affects my family.	I often feel unhappy about life which affects my family.	Although I may have some disappointments, it does not interfere with my family.	I am happy with my life situation.	N/A
Emotional Well-Being / Sense of Life Values Notes:				
15. Quality Time				
In crisis	At risk	Stable	Safe/Self-Sufficient	N/A
My children and I spend no time sharing positive activities together	My children and I have difficulty spending time sharing positive activities together	My children and I sometimes spend time sharing positive activities together	My children and I do spend time sharing positive activities together	N/A
Quality Time With Child Notes:				

**FDM Indicators
2016-2017**

16. Nurturing				
In crisis	At risk	Stable	Safe/Self-Sufficient	N/A
I am unable to support my child's emotionally and/or physically.	At times I have difficulty supporting my child emotionally and/or physically.	I am learning to empathize with my child's emotional and physical needs.	I respond to my child's emotional and physical needs with caring, love and concern.	N/A
Nurturing Notes:				
17. Parenting Skills				
In crisis	At risk	Stable	Safe/Self-Sufficient	N/A
I am not confident to parent children.	I am inconsistent in parenting behavior.	I am often confident in dealing with my child's behavior.	I am very confident in my parenting skills.	N/A
Confidence in Parenting Skills Notes:				
18. Home Environment				
In crisis	At risk	Stable	Safe/Self-Sufficient	N/A
My home environment is dangerous/unsafe/unsanitary	My home environment has some areas that are dangerous/unsafe/unsanitary	My home environment is usually safe and well maintained	My home is safe, healthy, and well-maintained	N/A
Home environment notes:				
19. Stability of Home or Shelter				
In crisis	At risk	Stable	Safe/Self-Sufficient	N/A
I am looking for a home or shelter, have been or soon to be evicted, living temporarily with others.	I live in a home/shelter/transition/motel.	I've lived in a home for six months.	I lived in a home for one year.	N/A
Stability of Home or Shelter Notes:				
20. Support System				
In crisis	At risk	Stable	Safe/Self-Sufficient	N/A
I cannot ask for and/or do not receive support from family or friends or community resources.	I can ask for and receive some support from family and friends may use community resources.	I can count on support of family and friends and use community resources.	I have an extensive support system of family, friends and community resources.	N/A
Support System Notes:				

FDM Indicators 2016-2017

21. Presence of Substance Abuse				
In crisis	At risk	Stable	Safe/Self-Sufficient	N/A
Members of my household abuse illegal or prescription drugs or alcohol with destructive consequences.	Household members acknowledge substance misuse and are receiving help.	No one is using substances as a coping mechanism, or, may be successfully in recovery.	No history of substance abuse.	N/A
Presence of Substance Abuse Notes:				
22. Conflict Resolution				
In crisis	At risk	Stable	Safe/Self-Sufficient	N/A
My family conflicts are frequent and recurrent, with threats and/or violence.	My family conflicts are expressed with anger & acting out, I may have ability to discuss afterwards.	My family conflicts are resolved for the moment, in a safe process, with or without assistance.	My family conflicts are effectively resolved by family members.	N/A
Conflict Resolution Notes:				
23. Peer Relationships				
In crisis	At risk	Stable	Safe/Self-Sufficient	N/A
My child is isolated from peers.	My child is unable to maintain positive relationships.	My child is maintaining positive peer relationships with support.	My child is able to maintain positive peer relationships.	N/A
Children's Social & Emotional Development Notes:				
24. Response to Child's Behavior				
In crisis	At risk	Stable	Safe/Self-Sufficient	N/A
I need guidance on how to respond to my children's behavior	I am uncertain how to react to my children's behavior	Rules and consequences sometimes are effective	Rules and consequences match my children's individual behaviors.	N/A
Response to Child's Behavior Notes:				
25. Family Friend Support				
In crisis	At risk	Stable	Safe/Self-Sufficient	N/A
I receive almost no support from immediate family/friends.	I receive support from immediate family/friends less than half of the time.	I receive support from my immediate family/friends half of the time.	I almost always have support from immediate family/friends.	N/A
Family Friend Support Notes:				
26. Coping Skills				
In crisis	At risk	Stable	Safe/Self-Sufficient	N/A
I have difficulty handling many situations.	I recognize difficulties and look for ways to change.	I accept responsibility for choices and behavior.	I respect and understand the feelings of others.	N/A
Coping Skills Notes:				



**CDBG Self-Certification of Income Form
FY 2016/17
(Confidential)**

Name of Beneficiary Receiving Services: _____

Address: _____ Phone Number: _____

1. Please identify all household members, date of birth, and income, if applicable.

List of Household Members and Income				
Hshld #	Name	Relationship to Head of Household	Date of Birth	Income, if any
1				\$
2				\$
3				\$
4				\$
5				\$
6				\$
Total				\$

2. Please circle household size and appropriate income category shown below.

2016 HUD Income Limits (Effective May 2016)			
Number of Persons in Household/Family	30% of Median	50% of Median	51% to 80% of Median
1	\$20,500	\$34,150	\$54,600
2	\$23,400	\$39,000	\$62,400
3	\$26,350	\$43,900	\$70,200
4	\$29,250	\$48,750	\$78,000
5	\$31,600	\$52,650	\$84,250
6	\$33,950	\$56,550	\$90,500

3. Household self-identified as:

Single Race Category

- White
- Black/African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander

Multiple Race Category

- American Indian or Alaska Native and White
- Asian and White
- Black/African American and White
- American Indian/Alaska Native & Black/African American
- Other _____

Are you of Hispanic/Latino Ethnicity? Yes No

I have disclosed all household income information and certify that the above household information is correct. I/We acknowledge that qualification of assistance funded under the CDBG program is based upon having a qualifying personal/family/household income and that the income levels I/We have certified to in this self-certification may be subject to further verification by the City of Westminster and/or the U.S. Department of Housing & Urban Development (HUD), and I/We authorize such verification and will provide supporting documents if necessary.

Print Name	Signature	Date
Print Name	Signature	Date

