

Intake date:

(Do not fill this out)

Pioneer Relief Nursery 715 SE Court Street, Pendleton, OR 97801 541-215-1017 Fax: 541-215-1018

Family ID # ___

Pioneer Relief Nursery Program Application

Your In	nformation:						Revised 4/16	
Your Name:				Relationship to Children		Today's Date:		
Address:			Apartment #	City:		State:	Zip:	
Mailing ac	ddress:			Phone Number:		27 900 7		
Sex: M F	Ethnicity:	How many p you live with		Marital Status: Single, married, divorced, boyfriend, girlfriend Are you the household? Income \$:		head of the Yes No Monthly		
Have you ever received services from the Nursery before? Year		How do you receive inc apply (ex: TANIF, SSI,		come? List all that Number of		er of	Number of Births:	
TANIF \$_	the Family receiving to Food Se assistance Dent	Stamps \$				yment \$ing OHP	WIC Head	
	ifeways: Who		Onon	Child walfore Cons				

Adult Household Members (Including yourself)							
Last Name	First Name	rst Name		DOB	Sex	Relationship to children	

Please list ALL	of your C	hildren, liv	ing with yo	ou or not.			
Last Name	Firs	t Name	DOB	Age	Sex	Ethnicity	Is this child living with you? If not please explain:
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What are some of the stressors your family's life (adults and/or child) at this time or in the recent past? (Check all that apply) o Involvement with Child welfare. If yes, who is the worker When: o Alcohol or drug use Anger issues o Mental Health o Poverty/ Low income o Single parent o Transportation issues Lack of support system o Medical concerns o Developmental concerns for you or your child o Homelessness o Recent divorce or separation o Domestic violence Reported? Victim of sex abuse o On probation or parole History of child abuse or neglect Have you ever had an open child welfare case? When: _____ Who was the worker:____ Others Briefly describe the stressors that you are currently dealing with:

Referral Agency Information	1:	
Who told you about the Pioneer Relief	Nursery?:	
Person Making Referral:	Phone Number:	