Selection

Community/Center: _____ HS ____ EHS ____ Low Income _____ Over Income

Child's Name	Parent's Name	Parent's address, both physical & mailing (PO Box)	Phone # (H, W, M) (H-home; W-work; M-message	Family Number	Size of family	Income	Age	Birthdate	Unemployed 2 Parent Family	Single Parent (20 yr. or older)	Teen Parent(s) (19 yr or less)	Community Agency Referal* Multiple Agency Referrals	Out of Home Placement (foster care/relative)	Homeless	Housing Issues	Socially/Culturally Isolated Family (see definition)	No GED/HS Diploma (either parent/primary caregiver)	Documented by an LEA	Special Needs Documented by a qualified professional **	History of Substance Abuse	History of Domestic Violence	History of Child Abuse/Neglect	History of Mental Health Issues	Probation	Incarceration	Age 4 - 4 Points Age 3 - 3 Points Age 19-35 months - 3 points Age 0-18	Total Points
									3	3	3	1 / 2	3	3	1	1	2	3	3	3	3	3	3	3	3	4/3-3/4	

* Select one: must be letter(s) of referral other than the letter documenting the disability/special need

** Specialist related to the area of concern/special need