

Emergency Infant Services

Have you been here before? (Ha estado usted aqui antes?) Yes _____ No _____

Name of person completing this form: _____ D.O.B. _____
 (Nombre de quien esta llenando esta aplicacion) (Nombre) (Fecha de nacimiento) (Mes/ dia/ ano)

Your family relationship to children: (Circle One):
 Mother Father Grandparent Other Relative Foster Parent Family Friend
 (Marque su Parentesco con los ninos): Madre Padre Madrestra Padrastro Otro Parentesco Foster Parent Amigo de la familia

If you are an agency representative (circle one): Nurse Case Manager Caseworker Minister

Name: _____ Agency: _____ Signature: _____

For assistance you must fill in **ALL** information below. The names and birthdates of the adults who are the parents of the children or who are expecting a child must be written below.

(Para asistencia usted debe llenar toda La siguiente informacion. Por favor escriba los nombres y cumpleaños de los padres y de los ninos o de quienes esperan bebe.)

Mother (Madre) First Name _____ Last Name _____ Birthdate ____/____/____
 (Nombre) (Apellido de o soltera/Casada) edad (Mes/ dia/ ano)

Race: Caucasian _____ African American _____ Hispanic _____ Native American _____ Asian _____
 White Black Hispano

Marital Status: Married _____ Single _____ Divorced _____ Separated _____ Widowed _____ Supportive Other _____
 (Casada) (Soltera) (Divorciad) (Separada)

Home Address: _____ City _____
 (Direccion) (Ciudad)

Zip Code _____ Phone (_____) _____
 (Codigo postal) (Numero telefonico)

Mother's Employer _____ Who told you about EIS? _____
 (Madre Empleo) (Como sabe ud. De nuestro servicio?)

Is Mother a student? Yes _____ No _____ School Attending: _____
 (El estudiante?) (Escuela a la que asiste)

Father (Padre) First Name _____ Last Name _____ Birthdate ____/____/____
 (Nombre) (Apellido de o soltera/Casada) edad (Mes/ dia/ ano)

Father/Other Supportive Employer _____ Student? Yes _____ Where _____
 (Padre) (El estudiante?)

Hardship (Circle One): Spouse/Child Abandonment Job Loss Under-Employment Illness/Injury Disaster Relief Other
 (Parentesco) Abandono esposo (a) (desempleo) (empleado) (incapitado) (desastre) (otras)

WIC Yes _____ No _____ WIC Office _____ Next WIC Voucher _____
 (Proxima fecha para WIC)

Household Income \$_____/mo. Child Support \$_____/mo. S.S. \$_____/mo. Disability/SSI \$_____/mo. TANF \$_____/mo. Food Stamps \$_____/mo.
 (Salario mensual) (Pension del padre?) (Estampillas de comida)

Please list your children from youngest to oldest. If you need additional room, please write on the back of this form.

CHILD (Niño)	GENDER (Sexo)	FIRST NAME (Nombre)	LAST NAME (Apellido de o soltera/Casada)	AGE (edad)	BIRTHDATE			BIRTHPLACE	
					Mo. Mes	Day dia	Year ano	City Ciudad	State Estado
1									
2									
3									
4									
5									

Are you pregnant? Yes _____ No _____ Due Date: _____ Prenatal clinic or doctor _____
 (Esta en barazada?) (fecha del nacimmiento?) (donde recibe cuidado prenatal?)

I have read, understand and agree to the policies and procedures for receiving services for my children at Emergency Infant Services.
 (He Leido y estoy de acuerdo con las polizas y procedimiento, de EIS para recibir los servicios para mis hijos.)

Signature (Firma) _____

Date _____

