

Nurturing Parenting Program Family Enrollment Form
Fairfax County Department of Family Services, Prevention Services
 12011 Government Center Parkway, Fairfax, VA 22035

Today's Date: _____ Age group, start date and location of class (if known): _____

Person completing this form: _____ Date form received: (For Program use only) _____

How would you describe your family? Single Married Divorced Separated Living with friend Widow(er)

Name	ID	Date Of Birth	Age	Sex	Race	Country of Origin	Live With You?	Child Status	Will Attend Program?
Please give FIRST and LAST name of <u>each</u> person	(Assigned by Staff)			M=Male F=Female	A=American Indian/ Alaska Native B=Asian C=Black or African American D=Hispanic/Latino E=Native Hawaiian or other Pacific Islander F=White	(Please specify)	Yes or No (If no, give location)	B=Birth A=Adopted F=Foster S=Stepchild	Yes or No
Mother:									
Father:									
(If relevant) Co-parent/Other :									
Children:									

Address: Street number and name: _____
 City: _____ State: _____ Zip Code: _____

Phone Numbers:

Home: _____ Is it okay to leave a message? Yes No
 Work: mother/father/coparent: _____ Is it okay to leave a message? Yes No
 Cell Phone: mother/father/coparent: _____ Is it okay to leave a message? Yes No
 E-Mail Address: _____ Is it okay to leave a message? Yes No

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Do you have transportation to the group? ___ Yes ___ No

Are you court ordered to attend? (Please circle appropriate response) Mother: yes / no Father: yes / no Co-parent: yes / no

How do you hope the Nurturing Program will help your family?

Are you or your children working with other programs/agencies? If so, please indicate:

Family Member

Program/Agency

Contact Person

Phone

Please describe any concerns/problems you are experiencing with your children:

How did you hear about the Nurturing Parenting Program?

___ Fairfax County Website (Self-Referral)

___ Phone inquiry (Self-Referral)

___ I am a Former Program Participant

___ Flyer/Brochure/Poster

___ From a Former Program Participant

___ School Personnel name: _____

phone: _____

___ Child Protective Services (CPS) worker name: _____

phone: _____

___ Family Preservation worker name: _____

phone: _____

___ Foster Care and Adoption (FC&A) worker name: _____

phone: _____

___ Healthy Families worker name: _____

Phone: _____

___ Family Resource Center name: _____

___ Community-based organization/non-profit agency: organization _____

Contact person: _____

Phone: _____

___ Therapist name: _____ Organization: _____

Phone: _____

___ Other Community Source: organization: _____ contact person: _____

Phone: _____

FOR OFFICE USE ONLY:

NP staff person completing phone screening: _____

Phone interview done with: _____

Phone screening date: _____

Relationship: _____