

Intake for Pan American Academy Charter School

Student First Name _____ Middle Initial _____ Last Name _____

SSN _____ DOB: MM / DD / YY _____ E-Mail _____

Home Phone _____ Cell Phone _____ Work Phone _____ Ext _____

Parent or Guardian: Marital Status

Common Law Divorced Widowed Single
 Domestic Partner Married Separated

Student Gender

Male
 Female

Address _____ Apt. /Suite _____ *Zip Code _____

Student's Country of Birth _____

If not born in U.S, please specify (City, State) _____

Student first arrived to the U.S (MM/DD/YYYY) _____

Number of Household Members: _____

What is your primary language spoken?

English Spanish Other

Is participant Hispanic/Latino?

Yes No Client chooses not to Answer

Race (choose all that Apply) Select all the race categories that you can identify in your family history.

Indigenous Peoples of the Americas
 (A person having origins in any of the original peoples of North, South America, Central America and the Caribbean. For Example: Tainos, Mayans, Quechua, Navajo, etc.)

White/Caucasian
 (A person having origins of any of the original peoples of Europe, Russia, the Middle East or North Africa.)

African American/Black
 (A person having origins in any of the black racial groups of Africa.)

Asian
 (A person having origins in any of the original peoples of East Asia, Southeast Asia, or the Indian Subcontinent. For example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand, and Vietnam)

Hawaiian Pacific Islander
 (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

Client Chooses Not to Answer

Family Income

<input type="checkbox"/> Less than \$10,000	<input type="checkbox"/> \$25,000-\$34,999	<input type="checkbox"/> \$75,000 - \$99,999
<input type="checkbox"/> \$10,000-\$14,999	<input type="checkbox"/> \$35,000-\$49,999	<input type="checkbox"/> \$100,000-\$149,999
<input type="checkbox"/> \$15,000-\$24,999	<input type="checkbox"/> \$50,000 - \$74,999	<input type="checkbox"/> Over \$149,999

Do you get help from the PA Dep. of Public Welfare?

<input type="checkbox"/> Both cash assistance and food stamps	<input type="checkbox"/> Cash assistance only
<input type="checkbox"/> Food stamps only	<input type="checkbox"/> No

If yes from what district

<input type="checkbox"/> Alden	<input type="checkbox"/> Delancey	<input type="checkbox"/> Kent	<input type="checkbox"/> Snyder
<input type="checkbox"/> Boulevard	<input type="checkbox"/> Elmwood	<input type="checkbox"/> Lehigh	<input type="checkbox"/> Unity
<input type="checkbox"/> Center	<input type="checkbox"/> Federal	<input type="checkbox"/> Liberty	<input type="checkbox"/> West
<input type="checkbox"/> Chelten	<input type="checkbox"/> Girard	<input type="checkbox"/> Ridge-Tioga	

Is Head of household employed?

Yes No

Student Current Grade

<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> Kindergarten	<input type="checkbox"/> College
<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 10	<input type="checkbox"/> GED Program	<input type="checkbox"/> Grad School
<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 11	<input type="checkbox"/> Voc/Tech School	<input type="checkbox"/> Not in school
<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 12	<input type="checkbox"/> Adult Ed	

School: _____

Parent/Guardian: If in School or, Last Grade Completed

<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> GED	<input type="checkbox"/> Grad School
<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 10	<input type="checkbox"/> Voc/Tech School	
<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 11	<input type="checkbox"/> Adult Ed	
<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 12	<input type="checkbox"/> College	

Do you have a Rental Subsidy?

<input type="checkbox"/> No	<input type="checkbox"/> Yes- Other Subsidy
<input type="checkbox"/> Yes- Philadelphia Housing Authority	<input type="checkbox"/> Yes- Transitional Housing
<input type="checkbox"/> Yes-Section 8	<input type="checkbox"/> Yes-Section 8 Project Base

Health Insurance

<input type="checkbox"/> No Health Insurance	<input type="checkbox"/> Health Partners	<input type="checkbox"/> Private HMO
<input type="checkbox"/> Americhoice	<input type="checkbox"/> Keystone Mercy	<input type="checkbox"/> Medicaid
<input type="checkbox"/> CHIP	<input type="checkbox"/> Keystone East	<input type="checkbox"/> Other Health Insurance

Do you have a Primary Care Provider?

Yes No

Have you seen your PCP in the last 12 Months?

Yes No

In the past 12 months, have you been to the ER?

Yes No

If Yes, How many times?

Have you been to the dentist in the last 6 months?

Yes No

Have you been to the dentist in the past 12 months?

Yes No

PCM Name (For Office Use Only) _____