Using an online form maker can help you create an interactive form that people can complete on their own time.

Home Visiting Program Intake Form

Start press Enter

Takes 7 minutes

Be aware of accessibility in online forms. This font color on this background may be difficult for some people to read.

The purpose of this intake form is to collect information about you so that our program can best serve your needs. Please fill out all sections to the best of your ability. Once you submit this form, we will begin the process of matching you to a home visitor.

If you have questions about this form or our program, please contact our Program Coordinator at programcoordinator@homevisitingprogram.org.

If a form is intended to be completed by participants, adding more explanations, help text, and contact information can help support in problem-solving any issues.

Continue press Enter

Data Consent:

Including a data consent form is a great practice. This one is a little vague, and it also doesn't include a space to indicate that you do not consent to share any of your data!

This form will ask you for personal information about yourself, your family, and your child. We collect this information to better serve you, and we also report this information back to our funders. Any information that you share with us will be stored securely, and any information reported to our funders is reported anonymously.

Please indicate below which types of data you consent to us sharing with our funders.*

If you have questions about your data, please contact programmanager@strongertogether.org at any time.

This question references child demographics, but those are not asked for in this form.

Choose as many as you like

- I consent to sharing demographic information about myself
- I consent to sharing demographic information about my child

When making questions required, make sure you're including all possible response options!

First, let's make sure you're eligible for our program!

Continue press Enter ↵

When making questions required, make sure you're including all possible response options!

First, let's make sure you're eligible for our program!

What county do you live in?*

- Pierce
- King ✓
- Snohomish
- Other

OK ✓

First, let's make sure you're eligible for our program!

Do you have at least one child between the ages of 0 and 5, or are you pregnant?*

- Yes
- No ✓

Online form builders can allow you to use form logic, personalizing the experience for your participants.

Thank you for your interest in our program.

Unfortunately, you do not currently meet the eligibility requirements for our program. If you'd like to view other resources for parents in Washington, please visit https://www.parenthelp123.org.

Great, it looks like you meet our program's eligibility requirements!

These questions help us understand your current support system and needs.

Continue press Enter ↵

Great, it looks like you meet our program's eligibility re...

For sensitive questions such as these - what is your action plan if a participant divulges this information? Do you have resources ready to provide, either built into the form or in a follow up by a staff member?

Do you feel safe in your current living situation?*

- Yes
- No
- Prefer Not to Answer

OK ✓

Great, it looks like you meet our program's eligibility re...

Do you have someone in your life who you trust to ask for advice?
*

- Yes
- No
- Unsure
- Prefer Not to Answer

OK ✓

Great, it looks like you meet our program's eligibilit...

In the past **month**, did you struggle to afford any of the following?

Select all that apply.

Choose as many as you like

- Rent or Mortgage
- Childcare / daycare
- Groceries / food (including baby formula and diapers)
- Utilities or bills (electricity / gas / heart / phone / internet, etc.)
- Medicine, medical expenses, mental health services, co-pays
- Basic household or personal hygiene items (including clothes / shoes)
- Transportation (including gas, bus passes, shared rides)
- I was able to pay for all of these
- Prefer Not to Answer
- Other

Whenever asking about participant needs, consider whether you can provide support or referrals for all of these needs.

When creating a client-facing intake form, consider sequencing of questions. You won't be there in person to build rapport with the new participant - will they feel comfortable answering such personal questions so soon?

Great, it looks like you meet our program's eligibilit...

Please tell us which of the following benefits you receive:*

- Child Care Subsidy
- Medicaid
- Medicare
- TANF
- SNAP
- SSDI
- SSI
- Prefer Not to Answer
- None of the Above
- Other

OK ✓

Great, it looks like you meet our program's eligibilit...

In the past **year**, have you:

Select all that apply.

Choose as many as you like

- Delayed or not gotten medical or dental care for you or your family
- Been evicted from your home or apartment
- Lived at a shelter, in a hotel / motel, or in an abandoned building or vehicle
- Moved in with other people, even temporarily, because you could not afford to pay rent, mortgage, or bills
- Been unemployed when you really needed and wanted a job
- None of these apply to me

OK ✓

These next few questions are about you.

Continue press Enter ↵

These next few questions are about you.

What is your name?*

Type your answer here...

OK ✓ press Enter ↵

These next few questions are about you.

Thank you for sharing, Test! What is your gender identity?*

Choose as many as you like

- Woman
- Man
- Non-Binary
- Two-Spirit
- Prefer not to answer
- Other

OK ✓

These next few questions are about you.

What is your birthdate?*

Month / Day / Year

01 / DD / YYYY

OK ✓ press Enter ↵

These next few questions are about you.

This home address question, which is required, may not work for participants who are homeless or unstably housed.

What is your home address?*

Address *

23 Main Street

Address line 2

Apartment 4

City/Town *

Palo Alto

State/Region/Province

California

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These next few questions are about you.

What is your phone number?*

(201) 555-0123

OK ✓ press Enter ↵

These next few questions are about you.

Family Structure*

Select all that apply

Choose as many as you like

- Single Parent
- Two Parent
- Kinship Care
- Teen Parent
- None of the Above
- Prefer Not to Answer
- Other

OK ✓

These next few questions are about you.

Is anyone in your household a veteran?*

- Yes
- No ✓
- Prefer Not to Answer

OK ✓

These next few questions are about you.

Primary language(s) spoken at home:*

Type your answer here...

OK ✓ press Enter ↵

Consider making questions such as these a dropdown or multi-select. By making it open ended, you may get the same answer written a variety of ways, which can make analyzing data difficult.

These next few questions are about you.

How do you self-identify your race or ethnicity? *

Choose as many as you like

- American Indian / Alaska Native
- Asian
- Black, African or African American
- Hispanic, Latinx, or Spanish
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White

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Here, form logic allows for collection of both broad categories of race and ethnicity, and more specific self-identification.

Allowing participants to select more than one response may make reporting more difficult, but can also help prevent erasure of important parts of your participants' identities.

These next few questions are about you.

Tribal Affiliation / Indigenous Identity

Please fill in

Type your answer here...

OK ✓ press Enter ↵

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These next few questions are about you.

Asian

Select details if applicable

Choose as many as you like

- Asian Indian
- Bangladeshi
- Burmese
- Cambodian
- Chinese
- Filipino
- Indonesian

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These next few questions are about you.

Black, African or African American

Select details if applicable

Choose as many as you like

- Algerian
- Angolan
- Batswana
- Cameroonian
- Congolese
- Eritrean
- Ethiopian

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These next few questions are about you.

Middle Eastern or North African

Select details if applicable

Choose as many as you like

- Afghan
- Algerian
- Armenian
- Egyptian
- Iranian
- Iraqi
- Israeli

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*Note - not all categories built into this form are shown on this page.

These next few questions are about you.

Native Hawaiian or Other Pacific Islander

Select details if applicable

Choose as many as you like

- Chamorro
- Fijian
- Mariana Islander
- Marshallese
- Native Hawaiian
- Palauan
- Saipanese

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These next few questions are about you.

White

Select details if applicable

Choose as many as you like

- Belgian
- Bosnian
- Croatian
- Dutch
- English
- Finnish
- French

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These next few questions will help us match you with a home visitor.

Continue press Enter ↵

These next few questions will help us match you with a...

Carefully consider the phrasing of your questions when creating a client-facing form. Participants may have a different notion of "safe" than you, or may perceive this question as judgemental.

Do you have a safe, quiet, and private place to host home visits?*

If not, that's okay - we can always schedule home visits at our early learning center!

Yes

No

OK ✓

These next few questions will help us match you wi...

Do you have access to reliable transportation?*

This can include public transit, having your own vehicle, or having a friend or family member who can transport you.

Yes

No

OK ✓

These next few questions will help us match you wi...

Please check the days and times below that you would not be available for home visits.

We only offer home visits Monday through Friday, between the hours of 9 AM and 5 PM. Our program requires that at least one parent be present and actively involved during the home visit.

- Monday mornings
- Monday afternoons
- Tuesday mornings
- Tuesday afternoons
- Wednesday mornings
- Wednesday afternoons
- Thursday mornings
- Thursday afternoons
- Friday mornings
- Friday afternoons
- I am available during all of these times

Add choice

Questions phrased in the negative are often confusing to respond to! Consider rephrasing this so participants can indicate which days they are available for home visits.

These next few questions will help us match you with a...

Are you interested in any of these other services that our organization provides?

Choose as many as you like

- Counseling
- Family Play Group
- Parent Support Groups
- Workforce Development Program
- Unsure, please follow up and tell me more about these programs

OK ✓

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Reflection Questions

Now we want to ask you a few questions about what we just talked about.

Continue press Enter

Reflection Questions

Were any questions hard to answer? If yes, which questions?

Type your answer here...

OK press Enter

Reflection Questions

Can you explain what was hard about the questions you mentioned?

Type your answer here...

OK press Enter

Reflection Questions

Were there any questions you did not feel like answering? If yes, which questions?

Type your answer here...

OK press Enter

Reflection Questions

Were there any questions that we didn't ask about you, your family or your children that would have let you share something that is important to you?

Type your answer here...

OK press Enter

Reflection Questions

Were there any questions that we should not have asked?

Type your answer here...

OK press Enter

Reflection Questions

Do you have any suggestions for what would make the intake process better for you?

Type your answer here...

Submit

Thank you for completing our intake form!

If you're seeing this screen, you have successfully submitted your intake form! We will be in touch with you shortly to schedule your first home visit.

It is always good to gather feedback on your forms, from both staff and participants. However, we recommend that you do so periodically, compensate participants for their feedback, and share back any changes that you make, so that participants can clearly see their input in action. Adding all of these reflection questions to this already long form can create form exhaustion in your participants! If you still want to gather regular feedback, consider trimming this section down to one question.