AREA: [Date of Intake:	Referr	ed by:		
	MOM INTA	AKE FORM	l		
лом's name:			Date of Birth:		
ADDRESS:					
CITY:		STATE	: ZIP CO	DE:	
HOME PHONE:		CELL PHONE:			
Email Address:					
Notes:					
INTERVIEW					
1. What is the best time of da	y to contact you?	am/pr	n		
2. What is the best way to cor	ntact you?	(call home phor	ne/call cell phone/t	ext/email/other	
3. Will this be your address an	nd phone number for av	while?yes	no		
-uture plans:					
1. What are some other phon					
Relative:	Boy	friend/Spouse: _			
- - -riend:	Wo	ork:			
5. What is your Ethnicity?		Asian	Bi-racial		
5. When is your baby due?					
3. Is the baby's father going to					
 Other Children's Nam 			 hildren's Name	Data of Dirth	
5. Other Children's Nam				Date of Birth	
10 Militali of the constitution of					
10. Which of these children d o	o not live in the nome v	vith you?			

11. Who else lives in your household?
12. Do you work outside the home? Where?
13. Are you going to school? Yes No Highest Level of Education
14. Do you attend church? Yes No Where?
15. Are you receiving community resources? WIC State HealthcareMedicai
Housing Assistance Food Assistance Other:
16. Do you have transportation? Yes No
Where would be a good place to do mentoring visits with you? (Note: Try to identify a neutral location that can be used in the beginning and/or in case the area is unsafe)
17. What are you looking for in a mentor? What are your expectations?
18. What are the best days/times for you to meet with a mentor?
19. What questions do you have about One by One at this time?
Person completing the INTAKE:
Notes:
The Applicant listed above was matched on
Matched with: From: (Mentor's Name) (Mentor's Sponsoring Church/Community Grou