



Northern Nevada R.A.V.E. Family Foundation

Parent or Guardian Name(s): _____

Preferred Phone: _____ Alternate Phone: _____

E-Mail: _____

Address: _____ City: _____ State: _____ Zip: _____

What is your family's primary language?: **ENGLISH SPANISH OTHER:** _____

Marital status: **S M D W** Female Head of Household: **Yes** or **No** Are you a student?: **Yes** or **No**

Are you a foster family?: **Yes** or **No** Are you an adoptive family?: **Yes** or **No**

Are you currently adopting a child(ren)?: **Yes** or **No** If so, whom?: _____

The monthly income in your home is \$_____, and supports _____ members in your household. This income includes any benefits or public assistance. (NOTE: This information is MANDATORY for the NNRFF to collect, but is used only for demographic purposes. You may be asked to supply verification of income should any granting agencies request such documentation.)

Who (or which agency) referred your family to RAVE? _____

Individuals living in the home by age group (including yourself)

Number of children: 0-3 _____ 4-17 _____ Number of adults: 18-55 _____ 56+ _____

Number of individuals with a disability living in the home by age group (including yourself)

Number of children: 0-3 _____ 4-17 _____ Number of adults: 18-55 _____ 56+ _____

Please list **everyone** in your household including yourself, your spouse, and all the children in your home. Provide the date of birth, circle each gender and ethnicity, and list disability for each if applicable:

First & Last Name	DOB	Gender	Disability/Special Healthcare Need	Ethnicity (Please circle)
1.	/ /	M/F		African American, Native American Caucasian, Asian, Hispanic, Multi-Racial
2.	/ /	M/F		African American, Native American Caucasian, Asian, Hispanic, Multi-Racial
3.	/ /	M/F		African American, Native American Caucasian, Asian, Hispanic, Multi-Racial
4.	/ /	M/F		African American, Native American Caucasian, Asian, Hispanic, Multi-Racial
5.	/ /	M/F		African American, Native American Caucasian, Asian, Hispanic, Multi-Racial
6.	/ /	M/F		African American, Native American Caucasian, Asian, Hispanic, Multi-Racial
7.	/ /	M/F		African American, Native American Caucasian, Asian, Hispanic, Multi-Racial
8.	/ /	M/F		African American, Native American Caucasian, Asian, Hispanic, Multi-Racial

P.O. Box 2072 Sparks, Nevada 89432 ravefamilies@att.net
 Voicemail: (775) 787-3520 FAX: (775) 356-8357
 Intake #1: Complete this form per household



Northern Nevada R.A.V.E. Family Foundation

AGREEMENT made _____ between the Northern Nevada R.A.V.E.
(Date, Month, Year)

Family Foundation (NNRFF), and _____
(Parent, Guardian, or Caseworker)

of _____, _____, _____
(Street) (City) (State)

WHEREAS, the NNRFF has agreed with the PARENT/GUARDIAN to provide respite care services for the PARENT/GUARDIAN's child or ward, at a contracted NNRFF location.

NOW, THEREFORE, IN CONSIDERATION OF the above-described services, and other good and valuable consideration, receipt of which is hereby acknowledged, IT IS HEREBY AGREED:

PARENT/GUARDIAN, on behalf of his/herself and his/her child(ren) and/or ward and my spouse, expressly releases and discharges the NNRFF, its employees, officers, and directors, of and from every claim, demand, action or right of action, of whatever kind or nature, either in law or in equity, and agrees not to sue in law or equity, for any claim, demand, action or right of action arising from or by reason of any injury known or unknown, death or damage resulting from its employees' services in providing to the child(ren) including negligence, except only for loss, harms, or injury occasioned by gross negligence or intentional misconduct by NNRFF, its employees, officers, and directors.

(name of child[ren])

Additionally, I hereby certify that I have read and understand the RAVE Family Center Policies & Procedures. I agree to abide by the guidelines and provisions set forth. I understand that services at the RAVE Family Center are contingent upon abiding by the policies and procedures contained within the Policies & Procedures Manual. I understand that by not including all of the required documents, my application will be denied, and held, until all of the paperwork is complete.

BY _____ Date _____
(Parent/Guardian/Caseworker)

BY _____ Date _____
(Parent/Guardian)

***Foster families need caseworker's signature and must include a copy of your current foster family license and legal documentation of guardianship.**

The information provided above for each statement is true and accurate to the best of my knowledge.

Dated this _____ of _____, 20____ at _____,
Nevada.
(Date) (Month) (Year) (City)

Signature: _____
Relationship to child: _____

P.O. Box 2072 Sparks, Nevada 89432 ravefamilies@att.net
Voicemail: (775) 787-3520 FAX: (775) 356-8357
Intake #1: Complete this form per household

***Foster families need a caseworker's signature and must include a current copy of your foster family license and legal documentation of guardianship.**

Consent is granted by this form to disclose or release sensitive information which is protected by the Privacy Act to the Early Education and Care Department, the Children's Cabinet Inc., and to appropriate Federal, State, and Local Agencies when relevant. This Authorization includes, and is not limited to, income, general information, employment information, and education information.

Parent/Guardian Signature: _____ Date: _____

Photo and Video Consent and Release: Initial HERE to agree to understanding

I hereby assign and transfer to the Northern Nevada R.A.V.E. Family Foundation (NNRFF), the right to use and publish my and/or my child's likeness, photo, picture(s), video, or name, whether in original form or as edited or altered at the sole discretion of the NNRFF. I understand that the pictures, video, and information used is only in association with the NNRFF, for any commercial or non-commercial lawful purpose in any type of media including, but not limited to: television, print, video, webpage, and social media. I further represent, unless otherwise indicated below, that I am of legal age and have the legal capacity to bind myself and/or my child hereunto.

If you do not consent to video and photo initial HERE to alert NNRFF

Pick Up Procedure authorized by parent/caregiver

Who is authorized to pick up your child?: _____

Is there anyone NOT authorized to pick up your child?: _____

Your child's primary physician:

(Name)

(Address) (Phone)

What is your hospital preference?: _____

Pertinent health insurance information:

(Name of Insurance Company)

(ID Number) (Group number)

If joint legal custody, please list other parent:

(Name) (Phone)

Emergency contact: _____
(Name) (Phone)

Do you have any other special instructions for medical emergency staff? _____

In the event of a medical emergency, what special procedures would you request be followed?

P.O. Box 2072 Sparks, Nevada 89432 ravefamilies@att.net
Voicemail: (775) 787-3520 FAX: (775) 356-8357
Intake #1: Complete this form per household