



## Intake Form

Thank you for your interest in joining Oasis Youth Center! We ask every new member to fill out an intake form. The information you give us helps us know more about you, your interests and how we can support you. We will keep your intake information safe. If you are not sure about a question, please ask us.

1. First name: \_\_\_\_\_ 2. Preferred First Name: \_\_\_\_\_ 3. Last Name: \_\_\_\_\_

4. Your birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ 5. City: \_\_\_\_\_ 6. Zip code: \_\_\_\_\_

7. Email address: \_\_\_\_\_ 8. Phone Number/text: \_\_\_\_\_

9. How do you identify your gender? (Check all that apply)

- Female
- Gender Queer
- Intersex
- Male
- Transgender
- Transgender Male to Female
- Transgender Female to Male

Or, please use your own words to describe your gender identity:  
\_\_\_\_\_

10. How do you identify your sexual orientation?

- Asexual
- Bisexual
- Gay
- Lesbian
- Pansexual
- Queer
- Questioning
- Straight

Or, please use your own words to describe your sexual orientation: \_\_\_\_\_

11. How do you identify your race/ethnicity? (Check all that apply):

- American Indian/Native American
- Black/African American
- Chinese
- Filipino
- Hispanic, Latino or Spanish
- Japanese
- Korean
- Multi-racial
- Other Asian
- Other Pacific Islander
- South Asian
- Vietnamese
- White/Caucasian
- Or, please use your own words to describe your race/ethnic identity:  
\_\_\_\_\_

12. Do you speak and understand a language better than English?  No  Yes; If yes, which language? \_\_\_\_\_

13. Does your family mostly speak a language that is not English at home?  No  Yes; If yes, which language?  
\_\_\_\_\_

*Please give us the name of a person we can contact in case of an emergency:*

14. Emergency contact name: \_\_\_\_\_ 15. Emergency contact number: \_\_\_\_\_

16. Relationship to you: \_\_\_\_\_ 17. Are you out to this person? Yes Sort of No

18. What health conditions should we know about? For example do you have allergies, dietary restrictions, are taking medication, have a medical condition that requires attention, etc; or, do you need accommodations due to a disability?  
\_\_\_\_\_  
\_\_\_\_\_

We work with youth from a wide variety of backgrounds who bring a variety of experiences. We would like to know more about your experiences and background:

19. Do you have a safe place to live?  Yes  No
20. Have you ever or are you currently experiencing homelessness (i.e. couch surfing, camping, car sleeping, staying with friends, etc.)?  Yes  No
21. When you are hungry do you have enough food to eat?  Yes  No
22. Do you currently have a case manager (such as DSHS, REACH, H4S)?  Yes  No
23. Are you currently enrolled in school?  Yes  No  
If yes, which school? \_\_\_\_\_
24. Now, or in the past, have people close to you experienced stress due to their citizenship status?  Yes  No
25. Are you now or have you ever been in the foster care system?  Yes  No
26. Do you have a disability (physical, emotional, sensory or mental)?  Yes  No
27. Have you ever been the victim of a crime, or had to deal with the impact of a crime on your life (such as bullying, childhood physical abuse, robbery, etc.)?  Yes  No
28. Have you ever contemplated suicide or engaged in self-harm?  Yes  No
29. Have you ever been in jail or convicted of a crime?  Yes  No
30. Have you ever struggled with alcohol or substance abuse?  Yes  No
31. Have you or a close family member ever served in the military?  Yes  No
32. Do you have medical insurance?  Yes  No
33. What specific needs, questions or concerns brought you to Oasis? (Please check all that apply.)
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Problems with family              | <input type="checkbox"/> Health/medical concerns | <input type="checkbox"/> Sexually transmitted infections          |
| <input type="checkbox"/> Feelings of sadness or depression | <input type="checkbox"/> HIV Testing             | <input type="checkbox"/> New social opportunities                 |
| <input type="checkbox"/> Questions about religion          | <input type="checkbox"/> Problems at school      | <input type="checkbox"/> Want to help others or do volunteer work |
| <input type="checkbox"/> Alcohol, drug or tobacco concerns | <input type="checkbox"/> Loneliness or isolation | <input type="checkbox"/> Other, please specify: _____             |
| <input type="checkbox"/> Coming out questions              | <input type="checkbox"/> Safer sex information   |   |
34. How did you learn about Oasis?
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Friend                    | <input type="checkbox"/> Online Search/website                             | <input type="checkbox"/> Rainbow Center               |
| <input type="checkbox"/> Facebook                  | <input type="checkbox"/> Parent or guardian                                | <input type="checkbox"/> School staff or teacher      |
| <input type="checkbox"/> Faith/Religious Community | <input type="checkbox"/> Saw rainbow flag or sign while walking/driving by | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> Oasis postcard            |  |   |
35. On a scale of 1-5, how do you feel your life is going most of the time?  
(Circle one)
- (1) Terrible  
(2) Bad  
(3) Ok  
(4) Good  
(5) Excellent
36. On a scale of 1-5, how much support do you feel you currently have? (Circle one)
- (1) No support  
(2) Very little support  
(3) Ok support  
(4) Good support  
(5) Excellent support
37. Please check all that apply to you:
- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> A follower        | <input type="checkbox"/> Content       | <input type="checkbox"/> On parole/probation | <input type="checkbox"/> Out to no one    |
| <input type="checkbox"/> A leader          | <input type="checkbox"/> Happy         | <input type="checkbox"/> Optimistic          | <input type="checkbox"/> Outgoing         |
| <input type="checkbox"/> Angry             | <input type="checkbox"/> In counseling | <input type="checkbox"/> Out to family       | <input type="checkbox"/> Pessimistic      |
| <input type="checkbox"/> Artistic/creative | <input type="checkbox"/> Intellectual  | <input type="checkbox"/> Out to friends      | <input type="checkbox"/> Shy              |
| <input type="checkbox"/> Athletic          | <input type="checkbox"/> Lonely        |  | <input type="checkbox"/> Vegetarian/vegan |

Staff/ Volunteer: \_\_\_\_\_

Intake date: \_\_\_\_/\_\_\_\_/\_\_\_\_

ID Checked: Yes No