



Pioneer Relief Nursery
 1312 SW 2nd St., Pendleton, OR 97801
 (541) 215-1017 Fax: (541) 215-1018

Pioneer Relief Nursery Program Application

Risk Assessment Date: _____
 (Do not fill this out)

Family ID #: _____

Intake Date: _____

Your Information					
Your Name:		Relationship to children:		Today's Date:	
Street Address, City, State, Zip Code:					
Mailing Address, City, State, Zip Code:					
Gender:	Ethnicity:		Phone:		
Have you ever received services from PRN before? When?			Does any child/parent or guardian have a disability or need assistive services?		
Family Members					
(Please include all adults and children living in your household, including yourself. Please also list any children you have, even if they do not currently live with you)					
Last Name	First Name	Age	DOB	Gender	Relationship to Child
Income and Community Resources					
To determine eligibility for our program, we need to know your monthly income from all sources. Please include the amount of income you receive from the following sources:					
Employment Income:	TANF Income:	Food Stamps:	Unemployment:	SSI:	
Do you have any other sources of income? _____					

Pioneer Relief Nursery is proud to partner with many community agencies that assist families with young children. Please circle any other agencies you are currently working with:				
Care	CAPECO	Head Start	ESD	Lifeways
HUD Housing	OHP	WIC	Child Welfare	Other:

Understanding the family situation is important for Pioneer Relief Nursery to determine who is eligible for the program. Please check any situations that apply to an adult or child in your family.

- Currently open child welfare case?
- Alcohol or drug use?
- Anger issues?
- Mental health Concerns?
- Poverty or low-income?
- Homelessness?
- History of child abuse or neglect?
- Single parent?
- Physical health concerns?
- Developmental concerns for your child?
- Behavior concerns for your child?
- On probation or parole?
- Recent divorce or separation?
- Domestic Violence?
- Victim of sexual abuse?
- Experiencing high stress?
- Lack of reliable transportation?
- Lack of a support system?
- Involvement with Child Welfare? If yes, when _____

Briefly describe the reason you are applying for services and the services you hope to receive:

Referral Agency Information

How did you hear about Pioneer Relief Nursery?	Name of person who referred you to PRN:	Contact Number: