



# TREEHOUSE

ENDING HOPELESSNESS AMONG TEENS

## Welcome to TreeHouse

Today's Date:    /    /

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### What is your name?

First Name:

Middle Initial:

Last Name:

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### Where do you live most of the time?

Street Address:

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City:

State:

Zip:

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Home Phone: (    )    -

Your Cell Phone: (    )    -

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Your email address

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Date of Birth:    /    /

Age:

Gender:

Male

Female

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Grade:

Your Middle School:

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Year Started 9<sup>th</sup> Grade:

Your High School:

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Parent/Guardian's Name:    *First:*

*Last:*

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Parent Work Phone: (    )    -

Parent Cell Phone: (    )    -

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### Who do you live with most of the time?

One Parent

Both Parent

Foster/Group Home

Other

Do you receive free or reduced lunch at school?     Yes     No

### What is your race/ethnicity? (Check all that apply)

American Indian/Alaska Native

Black/African American

Asian

Hispanic

Native Hawaiian/Pacific Islander

White

Other

### How did you find out about TreeHouse? (Check all that apply)

Other teen/friend

Teacher/School Counselor/School Staff

Probation Officer

Pastor/Minister/Church Staff

Parent/Other Family Member

Therapist/Social Worker

TreeHouse Staff

Other