



Date: \_\_\_\_\_

Instructional Method: In Person Online

1. Client Information

Parent: \_\_\_\_\_

Child: \_\_\_\_\_

Child: \_\_\_\_\_

Child: \_\_\_\_\_

Child: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Secondary Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

2. Areas of concern: Check each that apply.

Health	Childcare	Economic
Physical Illness	Tutoring	Rent/Mortgage Payments
Increased Stress	Continued Education	Utility Bills
Substance use concerns	Anger Management or	Food Supply
Medical Costs	Other Behavioral Concerns	Diapers
No Insurance	Engaging Children	Personal Care items
Lack COVID-19 Info	Communication	Transportation
Anxiety	Lack of Activities	Reduced Hours or Unemployment

Other (please specify): \_\_\_\_\_

\_\_\_\_\_ I understand that I may be interviewed, photographed, and/or videotaped with sound for the sole purpose of promoting Fresh Breath International DBA Boys2Men Mentoring, Fit4Life, and Parent Enrichment.

\_\_\_\_\_ I give B2M Mentoring permission to share my files, personal information, photos, and progress with Orange County Government and the CCC.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature