

Child's Name:

First: _____ MI: ____ Last: _____

Date of Birth: _____ Gender: Female Male

Child's Social Security Number: _____

Primary Race:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White

Secondary Race:

(Secondary Race value cannot be the same as Primary Race value)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White

Ethnicity: Hispanic Non-Hispanic

Mailing Address

Street Address: _____
City: _____ State: ____ Zip Code: _____

School District of Residence: _____

Primary Guardian 1:

First: _____ MI: ____ Last: _____

Relationship to Child: Father Mother Grandparent Guardian Other: _____

Employment Status of Guardian 1:

- Up to 8th Grade
- 9th to 11th Grade
- High School Diploma GED Vocational or Technical Program after High School
- Some College
- Associates Degree
- Bachelor's Degree
- Graduate/Professional School
- Unknown

Employment Status of Guardian 1:

- Employed Full-Time (30 hours/week and over)
- Employed Part-Time (Fewer than 30 hours/week)
- Multiple Part-Time
- Seasonal
- Student or Job Trainee
- Unemployed

Primary Guardian 2:

First: _____ MI: ____ Last: _____

Relationship to Child: Father Mother Grandparent Guardian Other: _____

Employment Status of Guardian 2:

- Up to 8th Grade
- 9th to 11th Grade
- High School Diploma GED Vocational or Technical Program after High School
- Some College
- Associates Degree
- Bachelor's Degree
- Graduate/Professional School
- Unknown

Employment Status of Guardian 2:

- Employed Full-Time (30 hours/week and over) Seasonal
- Employed Part-Time (Fewer than 30 hours/week) Student or Job Trainee
- Multiple Part-Time Unemployed

Child's Birth Weight:

- Normal (Greater than or equal to 5.8 lbs) Very Low (Less than or equal to 3.4)
- Low (Greater than 3.4 lbs and Less than 5.8 lbs) Unknown

Immunizations Up-to-Date: Yes No

What type of insurance does your Child have? CHIP Medical Assistance Private Insurance

None Unknown

Does your Child have a physician they see regularly? Yes No

Does your Child have a dentist they see regularly? Yes No

Is your Family homeless? Yes No

Primary Language: _____ Secondary Language: _____

Language spoken in the home: English Non-English Multi-lingual

Household Income: Less than \$5,000 \$5,001 - \$10,000 \$10,001 - \$15,000
 \$15,001 - \$20,000 \$20,001 - \$25,000 \$25,001 - \$30,000
 \$30,001 - \$35,000 \$35,001 - \$40,000 \$40,001 - \$45,000
 \$45,001 - \$50,000 \$50,001 - \$60,000 \$60,001 - \$70,000
 \$70,001 - \$100,000 More than \$100,000 Unknown

Number of siblings: _____

(Include all siblings related by blood or marriage)

Including your Child, how many people live within the household? _____

Of the number above, how many people are over the age of 18? _____

How often do family members read to your Child? At least once a day At least once a week
 At least once a month Less than once a month

How many children's books are in your home? 0 – 5 5 – 10
 11 – 20 More than 20

Is your Child Adopted? Yes No If Yes, Age of Adoption: _____

Birth Mother's Year of Birth: _____ Unknown

Highest level of education of Birth Mother:

- Up to 8th Grade
- 9th to 11th Grade
- High School Diploma GED Vocational or Technical Program after High School
- Some College
- Associates Degree
- Bachelor's Degree
- Graduate/Professional School
- Unknown

Check any community-based services the family has participated in:

- Emergency/Crisis Intervention Housing Assistance
- Transportation Assistance Mental Health Services
- English as a Second Language (ESL) Training Adult Education
- Substance Abuse Prevention or Treatment Job Training
- Child Abuse and Neglect Services Domestic Violence Services
- Child Support Assistance Health Education
- Assistance to Families of Incarcerated Individuals Parenting Education
- Assistance in Obtaining Health Insurance Marriage Education Services
- Assistance in Identifying Health Care/Medical Providers
- Unknown None