

The purpose of the Family Information Form is to collect self-reported contact and demographic data from each program family. All data collected will be entered into ParentChild+'s management information system, DAISY. Questions with asterisk are required by ParentChild+ national center. There is an additional Participant Adult section at the end of the form for printing.

Family Contact Information

1. What is the name of the child?

First:

Middle:

Last:

2. Provide the address of the location where the visits will take place.

Address Line 1:

Address Line 2:

Address Line 3:

City*:

State*:

Zip Code*:

County*:

Country:

Other:

3. Provide the phone number and email address that is best to reach the family.

Country:

Number:

Email:

Participant Child: Demographics

4. What is the date of birth of the child?

MM/DD/YYYY:

5. To which gender identity does the child most identify?*

☐ Female

☐ Male

☐ Non-binary/Third gender

☐ Prefer to self-describe

☐ Prefer not to say

6. Does the child identify as Hispanic and/or Latino?*

☐ Yes

☐ No

7. If question #6 answer is yes, select from the categories and sub-categories*:

☐ **Hispanic and/or Latino only:**

- | | | | |
|---|--|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Brazilian | <input type="checkbox"/> Colombian | <input type="checkbox"/> Costa Rican | <input type="checkbox"/> Cuban |
| <input type="checkbox"/> Dominican | <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Honduran |
| <input type="checkbox"/> Indigenous Mexican (Mazahua) | <input type="checkbox"/> Indigenous Mexican (Mixteco) | | |
| <input type="checkbox"/> Indigenous Mexican (Nahuatl) | <input type="checkbox"/> Indigenous Mexican (Zapoteco) | | |
| <input type="checkbox"/> Mexican | <input type="checkbox"/> Peruvian | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Salvadoran |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Venezuelan | <input type="checkbox"/> Other | |

☐ **Hispanic and/or Latino and another race:**

- ☐ Hispanic and/or Latino and Asian
- ☐ Hispanic and/or Latino and Black and/or African American
- ☐ Hispanic and/or Latino and Middle Eastern or Northern African
- ☐ Hispanic and/or Latino and White
- ☐ Hispanic and/or Latino and Other

8. If question #6 answer is no, which race does the child identify as? Select from the categories and sub-categories*:

☐ **American Indian or Alaskan Native**

- | | | |
|--|--|--------------------------------|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> American Native | <input type="checkbox"/> Other |
|--|--|--------------------------------|

☐ **Asian**

- | | | |
|---------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Hmong | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Nepalis | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Other | | |

☐ **Black and/or African American**

- | | | |
|---|------------------------------------|-----------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Congolese | <input type="checkbox"/> Eritrean |
| <input type="checkbox"/> Ethiopian | <input type="checkbox"/> Haitian | <input type="checkbox"/> Jamaican |
| <input type="checkbox"/> Nigerian | <input type="checkbox"/> Somali | <input type="checkbox"/> Other |

☐ **Middle Eastern or Northern African**

- | | | |
|-----------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Egyptian | <input type="checkbox"/> Iranian | <input type="checkbox"/> Iraqi |
| <input type="checkbox"/> Lebanese | <input type="checkbox"/> Libyan | <input type="checkbox"/> Moroccan |
| <input type="checkbox"/> Syrian | <input type="checkbox"/> Other | |

☐ **Native Hawaiian or other Pacific Islander**

- | | | |
|-----------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> Chamorro | <input type="checkbox"/> Fijian | <input type="checkbox"/> Guamanian |
|-----------------------------------|---------------------------------|------------------------------------|

- | | | |
|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Marshallese | <input type="checkbox"/> Micronesian | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Tongan | <input type="checkbox"/> Other |
| <input type="checkbox"/> White | | |
| <input type="checkbox"/> English | <input type="checkbox"/> Irish | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Romanian | <input type="checkbox"/> Russian | <input type="checkbox"/> Other |

Participant Adult: Demographics

9. How many adults will be participating in visits?

10. What is the name of the adult?

First:

Middle:

Last:

11. What is the date of birth of the adult?

MM/DD/YYYY:

12. To which gender identity does the adult most identify?*

- | | |
|--|--|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |
| <input type="checkbox"/> Non-binary/Third gender | <input type="checkbox"/> Prefer to self-describe |
| <input type="checkbox"/> Prefer not to say | |

13. What is the adult's relationship to the child?*

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Father |
| <input type="checkbox"/> Grandmother | <input type="checkbox"/> Grandfather |
| <input type="checkbox"/> Foster parent | <input type="checkbox"/> Other |

14. Was the adult born in the United States?*

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

15. If question #14 is no, answer the below questions*:

What country was the adult born in?:

How many years has the adult lived in the United States?:

16. Does the adult identify as Hispanic and/or Latino?*

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

17. If question #16 answer is yes, select from the categories and sub-categories*:

- | | | | |
|---|------------------------------------|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Hispanic and/or Latino only : | | | |
| <input type="checkbox"/> Brazilian | <input type="checkbox"/> Colombian | <input type="checkbox"/> Costa Rican | <input type="checkbox"/> Cuban |

- | | | | |
|---|--|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Dominican | <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Honduran |
| <input type="checkbox"/> Indigenous Mexican (Mazahua) | <input type="checkbox"/> Indigenous Mexican (Mixteco) | | |
| <input type="checkbox"/> Indigenous Mexican (Nahuatl) | <input type="checkbox"/> Indigenous Mexican (Zapoteco) | | |
| <input type="checkbox"/> Mexican | <input type="checkbox"/> Peruvian | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Salvadoran |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Venezuelan | <input type="checkbox"/> Other | |

☐ **Hispanic and/or Latino and another race:**

- ☐ Hispanic and/or Latino and Asian
- ☐ Hispanic and/or Latino and Black and/or African American
- ☐ Hispanic and/or Latino and Middle Eastern or Northern African
- ☐ Hispanic and/or Latino and White
- ☐ Hispanic and/or Latino and Other

18. If question #16 answer is no, which race does the adult identify as? Select from the categories and sub-categories*:

☐ **American Indian or Alaskan Native**

- | | | |
|--|--|--------------------------------|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> American Native | <input type="checkbox"/> Other |
|--|--|--------------------------------|

☐ **Asian**

- | | | |
|---------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Hmong | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Nepalis | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Other | | |

☐ **Black and/or African American**

- | | | |
|---|------------------------------------|-----------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Congolese | <input type="checkbox"/> Eritrean |
| <input type="checkbox"/> Ethiopian | <input type="checkbox"/> Haitian | <input type="checkbox"/> Jamaican |
| <input type="checkbox"/> Nigerian | <input type="checkbox"/> Somali | <input type="checkbox"/> Other |

☐ **Middle Eastern or Northern African**

- | | | |
|-----------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Egyptian | <input type="checkbox"/> Iranian | <input type="checkbox"/> Iraqi |
| <input type="checkbox"/> Lebanese | <input type="checkbox"/> Libyan | <input type="checkbox"/> Moroccan |
| <input type="checkbox"/> Syrian | <input type="checkbox"/> Other | |

☐ **Native Hawaiian or other Pacific Islander**

- | | | |
|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Chamorro | <input type="checkbox"/> Fijian | <input type="checkbox"/> Guamanian |
| <input type="checkbox"/> Marshallese | <input type="checkbox"/> Micronesian | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Tongan | <input type="checkbox"/> Other |

☐ **White**

- | | | |
|-----------------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Irish | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Romanian | <input type="checkbox"/> Russian | <input type="checkbox"/> Other |

19. What is the adult's native language(s)? Select all that apply.*

- | | |
|--|--|
| <input type="checkbox"/> Amharic, Somali, or other Afro-Asiatic | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Bengali |
| <input type="checkbox"/> English | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Haitian Creole | <input type="checkbox"/> French |
| <input type="checkbox"/> Gujarati | <input type="checkbox"/> Hindi |
| <input type="checkbox"/> Ilocano, Samoan, Hawaiian, or other Austronesian | <input type="checkbox"/> Hmong |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Khmer |
| <input type="checkbox"/> Malayalam, Kannada-
or other Dravidian | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Nepali, Marathi, or-
other Indic | <input type="checkbox"/> Navajo |
| <input type="checkbox"/> Other indigenous language of the Americas | <input type="checkbox"/> Persian (Farsi, Dari) |
| <input type="checkbox"/> Polish | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Punjabi | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Serbo-Croatian | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Swahili or other language of Central, Eastern, or-
Southern Africa | <input type="checkbox"/> Tagalog (Filipino) |
| <input type="checkbox"/> Tamil | <input type="checkbox"/> Telugu |
| <input type="checkbox"/> Thai, Lao, or other Tai-Kadai | <input type="checkbox"/> Ukrainian or other Slavic |
| <input type="checkbox"/> Urdu | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Yoruba, Twi, Igbo, or other language of Western-
Africa | <input type="checkbox"/> Other |

20. Does the adult speak English?

- | | | |
|------------------------------|-------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Some | <input type="checkbox"/> No |
|------------------------------|-------------------------------|-----------------------------|

21. Does the adult write in English?

- | | | |
|------------------------------|-------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Some | <input type="checkbox"/> No |
|------------------------------|-------------------------------|-----------------------------|

22. Does the adult read in English?

- | | | |
|------------------------------|-------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Some | <input type="checkbox"/> No |
|------------------------------|-------------------------------|-----------------------------|

23. What is the adult's highest level of education completed?*

- | | |
|--|---|
| <input type="checkbox"/> Less than 9 th grade | <input type="checkbox"/> 9 th to 12 th grade (no diploma) |
| <input type="checkbox"/> High school graduate | <input type="checkbox"/> GED |
| <input type="checkbox"/> Some college (no degree) | <input type="checkbox"/> Associate degree |
| <input type="checkbox"/> Bachelor degree | <input type="checkbox"/> Graduate degree or higher |

24. Is the adult currently enrolled in a school or educational program?*

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

25. What is the adult's employment status?*

- | | | |
|------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time | <input type="checkbox"/> Not employed |
|------------------------------------|------------------------------------|---------------------------------------|

26. If adult is employed, what job industry does the adult work in?*

- | | |
|--|--|
| <input type="checkbox"/> Architecture and Engineering | <input type="checkbox"/> Arts, Design, Entertainment, Sports, and Media. |
| <input type="checkbox"/> Building and Grounds Cleaning and Maintenance | <input type="checkbox"/> Business and Financial |
| <input type="checkbox"/> Community and Social Services | <input type="checkbox"/> Computer and Mathematical |
| <input type="checkbox"/> Education, Training, and Library | <input type="checkbox"/> Farming, Fishing, and Forestry |
| <input type="checkbox"/> Food Preparation and Serving | <input type="checkbox"/> Healthcare Practitioners and Technical |
| <input type="checkbox"/> Healthcare Support | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Installation, Maintenance, Repair | <input type="checkbox"/> Management |
| <input type="checkbox"/> Life, Physical, and Social Science | <input type="checkbox"/> Personal Care and Service |
| <input type="checkbox"/> Office and Administrative Support | <input type="checkbox"/> Protective Service |
| <input type="checkbox"/> Production | <input type="checkbox"/> Transportation and Moving |
| <input type="checkbox"/> Sales and Related | <input type="checkbox"/> Other |
| <input type="checkbox"/> Not applicable/not employed | |

27. Was the adult 19 years old or younger when their child was born?*

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

28. Is the adult a single parent?*

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

29. Has the adult served in the military?*

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Household: Demographics

30. Please provide the following information on the other people who live in the household with the participant child*:

Number of other adults:

Number of siblings and/or other children:

31. Of the siblings and/or other children who live in the household, how many will be participating in visits?*

Number of siblings and/or other children:

32. What is the family's household composition?*

- | | |
|--|--|
| <input type="checkbox"/> Couple household | <input type="checkbox"/> Single mother household |
| <input type="checkbox"/> Single father household | <input type="checkbox"/> Grandparent household |
| <input type="checkbox"/> Foster parent household | <input type="checkbox"/> Other |

33. Is the family homeless?*

Homeless is defined as an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g. shelters) that provides temporary living accommodations, and an individual who is a resident in transitional housing (i.e. family who lives doubled up with another family).

☐ Yes

☐ No

34. How long has the family lived at the current residence?*

☐ Less than 1 year

☐ 1-5 years

☐ 6-10 years

☐ 11-15 years

☐ 16-20 years

☐ More than 20 years

35. What language(s) are spoken in the home? Select all that apply.*

☐ Amharic, Somali, or other Afro-Asiatic

☐ Arabic

☐ Armenian

☐ Bengali

☐ Chinese

☐ English

☐ French

☐ Gujarati

☐ Haitian Creole

☐ Hindi

☐ Hmong

☐ Ilocano, Samoan, Hawaiian, or other Austronesian

☐ Japanese

☐ Khmer

☐ Korean

☐ Malayalam, Kannada-

or other Dravidian

☐ Navajo

☐ Nepali, Marathi, or-

other Indic

☐ Other indigenous language of the Americas

☐ Persian (Farsi, Dari)

☐ Polish

☐ Portuguese

☐ Punjabi

☐ Russian

☐ Serbo-Croatian

☐ Spanish

☐ Swahili or other language of Central, Eastern, or-

Southern Africa

☐ Tagalog (Filipino)

☐ Tamil

☐ Telugu

☐ Thai, Lao, or other Tai-Kadai

☐ Ukrainian or other Slavic

☐ Urdu

☐ Vietnamese

☐ Yoruba, Twi, Igbo, or other language of Western-

Africa

☐ Other

36. What is the annual household income?*

☐ Under \$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

☐ \$50,001-55,000

☐ \$55,001-60,000

☐ More than \$60,000

37. Does the family or program child receive government aid? Select all that apply.*

☐ Yes

☐ Childcare subsidy

☐ Medical

☐ Social Security (SSI/SSD)

☐ Unemployment

☐ Other

☐ Food stamps

☐ Public housing/Section 8

☐ TANF

☐ WIC

☐ No

Household: Health and development

38. Has the child been medically diagnosed with a developmental delay or disability?*

☐ Yes

☐ No

39. If question #38 is yes, has the child received support services/therapies for the developmental delay or disability?*

☐ Yes

☐ No

40. If question #39 is yes, which of the following developmental delays or disabilities has the child received support services/therapies for? Select all that apply.*

☐ Attention-deficit/Hyperactivity

☐ Cerebral Palsy

☐ Fragile X Syndrome

☐ Intellectual Disability

☐ Language or Speech Disorder

☐ Muscular Dystrophy

☐ Tourette Syndrome

☐ Other

☐ Autism Spectrum Disorder

☐ Fetal Alcohol Spectrum Disorder

☐ Hearing Loss

☐ Kernicterus

☐ Learning Disorders

☐ Sensory Processing Delay

☐ Vision Impairment

41. If question #39 is no, what was the primary reason the child did not receive support services/therapies for the developmental delay or disability?*

☐ Distrust of provider

☐ Not insured

☐ Unable to take time off

☐ High health care costs

☐ Prior poor experience with care

☐ Other

42. Has the child been medically diagnosed with a chronic health condition?*

☐ Yes

☐ No

43. If question #42 is yes, has the child received medical treatment for chronic health condition(s)?*

☐ Yes

☐ No

44. If question #43 is yes, which of the following has the child received medical treatment for?*

- | | | |
|---|-----------------------------------|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Asthma | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Heart disease |
| <input type="checkbox"/> Lead poisoning | <input type="checkbox"/> Obesity | <input type="checkbox"/> Oral health condition |
| <input type="checkbox"/> Other | | |

45. If questions #43 is no, what was the primary reason the child did not receive medical treatment for the chronic health condition(s)?*

- | | |
|--|--|
| <input type="checkbox"/> Distrust of provider | <input type="checkbox"/> High health care costs |
| <input type="checkbox"/> Not insured | <input type="checkbox"/> Prior poor experience with care |
| <input type="checkbox"/> Unable to take time off | <input type="checkbox"/> Other |

46. Was the child low birth weight (below 2,500kg or 5lbs 8oz)?*

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

47. Was the child born prematurely (before 37 gestational weeks)?*

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

48. Did the mother receive prenatal care during pregnancy?*

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

49. Is the participant child up-to-date with their well-child visits?*

For our participant children, well-child visits should be completed at 18 months, 24 months, 30 months, 3 years old and 4 years old.

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

50. Has the participant child had continuous healthcare coverage for the past 6 months?*

- | | |
|---|---|
| <input type="checkbox"/> Yes | |
| <input type="checkbox"/> Employer based | <input type="checkbox"/> Federal government sponsored |
| <input type="checkbox"/> Private | (Medicare, Medicaid) |
| <input type="checkbox"/> State government sponsored | <input type="checkbox"/> Tricare |
| <input type="checkbox"/> Other | |
| <input type="checkbox"/> No | |

51. Has the participant adult had continuous healthcare coverage for the past 6 months?*

If there are more than one participating adult and their coverage differs, please answer question for the adult who participates in most visits.

- | | |
|---|---|
| <input type="checkbox"/> Yes | |
| <input type="checkbox"/> Employer based | <input type="checkbox"/> Federal government sponsored |
| <input type="checkbox"/> Private | (Medicare, Medicaid) |

- ☐ State government sponsored
- ☐ Tricare
- ☐ Other
- ☐ No

52. Have other household members had continuous healthcare coverage for the past 6 months?

- ☐ Yes
 - ☐ Employer based
 - ☐ Private
 - ☐ State government sponsored
 - ☐ Other
- ☐ Federal government sponsored (Medicare, Medicaid)
- ☐ Tricare
- ☐ No

Household: Other service participation

53. Has the participant child and/or adult previously received any of the services below? Select all that apply*.

- ☐ Yes
 - ☐ Center-based childcare
 - ☐ Child First
 - ☐ Early Intervention Services
 - ☐ Head Start
 - ☐ Healthy Families
 - ☐ Nurse-Family Partnership
 - ☐ Play and Learn/Play Groups
 - ☐ Other
- ☐ Center-based Early Head Start
- ☐ Early Head Start Home Visiting
- ☐ Family childcare
- ☐ Healthy Beginnings
- ☐ HIPPY
- ☐ Parents as Teachers (PAT)
- ☐ Pre-K
- ☐ No

54. Is the participant child and/or adult currently receiving any of the services below? Select all that apply*.

- ☐ Yes
 - ☐ Center-based childcare
 - ☐ Child First
 - ☐ Early Intervention Services
 - ☐ Head Start
 - ☐ Healthy Families
 - ☐ Nurse-Family Partnership
 - ☐ Play and Learn/Play Groups
 - ☐ Other
- ☐ Center-based Early Head Start
- ☐ Early Head Start Home Visiting
- ☐ Family childcare
- ☐ Healthy Beginnings
- ☐ HIPPY
- ☐ Parents as Teachers (PAT)
- ☐ Pre-K
- ☐ No

Program information (Office use only)

Date of intake*:

Date of first visit:

Program Cycle:

☐ Cycle 1

☐ Cycle 2

How is this family's enrollment in the program funded?

- | | | |
|--|--|---|
| <input type="checkbox"/> City | <input type="checkbox"/> County | <input type="checkbox"/> Foundation Grant |
| <input type="checkbox"/> Housing Authority | <input type="checkbox"/> Non-profit | <input type="checkbox"/> School District |
| <input type="checkbox"/> State | <input type="checkbox"/> Title 1 | <input type="checkbox"/> United Way |
| <input type="checkbox"/> Other Federal | <input type="checkbox"/> Other Private | <input type="checkbox"/> Unknown |

What language(s) will be spoken during the visit? Select all that apply*.

- | | |
|---|---|
| <input type="checkbox"/> Amharic, Somali, or other Afro-Asiatic | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Bengali |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Gujarati |
| <input type="checkbox"/> English | <input type="checkbox"/> French |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Hindi |
| <input type="checkbox"/> Ilocano, Samoan, Hawaiian, or other Austronesian | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Khmer | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Malayalam, Kannada- | <input type="checkbox"/> Nepali, Marathi, or- |
| or other Dravidian | <input type="checkbox"/> Navajo |
| <input type="checkbox"/> other Indic | <input type="checkbox"/> Other indigenous language of the Americas |
| <input type="checkbox"/> Persian (Farsi, Dari) | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Portuguese | <input type="checkbox"/> Punjabi |
| <input type="checkbox"/> Serbo-Croatian | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Swahili or other language of Central, Eastern, or- |
| <input type="checkbox"/> Southern Africa | <input type="checkbox"/> Tagalog (Filipino) |
| <input type="checkbox"/> Tamil | <input type="checkbox"/> Telugu |
| <input type="checkbox"/> Thai, Lao, or other Tai-Kadai | <input type="checkbox"/> Ukrainian or other Slavic |
| <input type="checkbox"/> Urdu | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Yoruba, Twi, Igbo, or other language of Western- | <input type="checkbox"/> Other |
| Africa | |

How did the family learn about the program?*

- | | |
|---|--|
| <input type="checkbox"/> Agency or Program in Community | <input type="checkbox"/> Another Home Visiting Program |
| <input type="checkbox"/> Community Event | <input type="checkbox"/> Coordinator Outreach |
| <input type="checkbox"/> Early Intervention Services | <input type="checkbox"/> ELS Outreach |
| <input type="checkbox"/> Program Family | <input type="checkbox"/> Referral from Central Intake System |
| <input type="checkbox"/> School | <input type="checkbox"/> Other |

Additional Participant Adult: Demographics

1. How many adults will be participating in visits?

2. What is the name of the adult?

First:

Middle:

Last:

3. What is the date of birth of the adult?

MM/DD/YYYY:

4. To which gender identity does the adult most identify?*

- | | |
|--|--|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |
| <input type="checkbox"/> Non-binary/Third gender | <input type="checkbox"/> Prefer to self-describe |
| <input type="checkbox"/> Prefer not to say | |

5. What is the adult's relationship to the child?*

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Father |
| <input type="checkbox"/> Grandmother | <input type="checkbox"/> Grandfather |
| <input type="checkbox"/> Foster parent | <input type="checkbox"/> Other |

6. Was the adult born in the United States?*

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

7. If question #14 is no, answer the below questions*:

What country was the adult born in?:

How many years has the adult lived in the United States?:

8. Does the adult identify as Hispanic and/or Latino?*

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

9. If question #16 answer is yes, select from the categories and sub-categories*:

☐ Hispanic and/or Latino **only**:

- | | | | |
|---|--|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Brazilian | <input type="checkbox"/> Colombian | <input type="checkbox"/> Costa Rican | <input type="checkbox"/> Cuban |
| <input type="checkbox"/> Dominican | <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Honduran |
| <input type="checkbox"/> Indigenous Mexican (Mazahua) | <input type="checkbox"/> Indigenous Mexican (Mixteco) | | |
| <input type="checkbox"/> Indigenous Mexican (Nahuatl) | <input type="checkbox"/> Indigenous Mexican (Zapoteco) | | |
| <input type="checkbox"/> Mexican | <input type="checkbox"/> Peruvian | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Salvadoran |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Venezuelan | <input type="checkbox"/> Other | |

☐ Hispanic and/or Latino **and another race**:

- ☐ Hispanic and/or Latino and Asian
- ☐ Hispanic and/or Latino and Black and/or African American
- ☐ Hispanic and/or Latino and Middle Eastern or Northern African
- ☐ Hispanic and/or Latino and White
- ☐ Hispanic and/or Latino and Other

10. If question #16 answer is no, which race does the adult identify as? Select from the categories and sub-categories*:

- ☐ American Indian or Alaskan Native
 - ☐ American Indian
 - ☐ American Native
 - ☐ Other
- ☐ Asian
 - ☐ Asian Indian
 - ☐ Cambodian
 - ☐ Chinese
 - ☐ Filipino
 - ☐ Hmong
 - ☐ Japanese
 - ☐ Korean
 - ☐ Nepalis
 - ☐ Vietnamese
 - ☐ Other
- ☐ Black and/or African American
 - ☐ African American
 - ☐ Congolese
 - ☐ Eritrean
 - ☐ Ethiopian
 - ☐ Haitian
 - ☐ Jamaican
 - ☐ Nigerian
 - ☐ Somali
 - ☐ Other
- ☐ Middle Eastern or Northern African
 - ☐ Egyptian
 - ☐ Iranian
 - ☐ Iraqi
 - ☐ Lebanese
 - ☐ Libyan
 - ☐ Moroccan
 - ☐ Syrian
 - ☐ Other
- ☐ Native Hawaiian or other Pacific Islander
 - ☐ Chamorro
 - ☐ Fijian
 - ☐ Guamanian
 - ☐ Marshallese
 - ☐ Micronesian
 - ☐ Native Hawaiian
 - ☐ Samoan
 - ☐ Tongan
 - ☐ Other
- ☐ White
 - ☐ English
 - ☐ Irish
 - ☐ Polish
 - ☐ Romanian
 - ☐ Russian
 - ☐ Other

11. What is the adult's native language(s)? Select all that apply.*

- ☐ Amharic, Somali, or other Afro-Asiatic
- ☐ Arabic
- ☐ Armenian
- ☐ Bengali
- ☐ Chinese
- ☐ English
- ☐ French
- ☐ Gujarati
- ☐ Haitian Creole
- ☐ Hindi
- ☐ Hmong
- ☐ Ilocano, Samoan, Hawaiian, or other Austronesian
- ☐ Japanese
- ☐ Khmer
- ☐ Korean
- ☐ Malayalam, Kannada-

- | | | |
|--|---|---|
| <input type="checkbox"/> or other Dravidian | <input type="checkbox"/> Navajo | <input type="checkbox"/> Nepali, Marathi, or- |
| <input type="checkbox"/> other Indic | <input type="checkbox"/> Other indigenous language of the Americas | |
| <input type="checkbox"/> Persian (Farsi, Dari) | <input type="checkbox"/> Polish | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Punjabi | <input type="checkbox"/> Russian | <input type="checkbox"/> Serbo-Croatian |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Swahili or other language of Central, Eastern, or- | |
| <input type="checkbox"/> Southern Africa | <input type="checkbox"/> Tagalog (Filipino) | <input type="checkbox"/> Tamil |
| <input type="checkbox"/> Telugu | <input type="checkbox"/> Thai, Lao, or other Tai-Kadai | |
| <input type="checkbox"/> Ukrainian or other Slavic | <input type="checkbox"/> Urdu | |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Yoruba, Twi, Igbo, or other language of Western- | |
| <input type="checkbox"/> Africa | <input type="checkbox"/> Other | |

12. Does the adult speak English?

- | | | |
|------------------------------|-------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Some | <input type="checkbox"/> No |
|------------------------------|-------------------------------|-----------------------------|

13. Does the adult write in English?

- | | | |
|------------------------------|-------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Some | <input type="checkbox"/> No |
|------------------------------|-------------------------------|-----------------------------|

14. Does the adult read in English?

- | | | |
|------------------------------|-------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Some | <input type="checkbox"/> No |
|------------------------------|-------------------------------|-----------------------------|

15. What is the adult's highest level of education completed?*

- | | |
|--|---|
| <input type="checkbox"/> Less than 9 th grade | <input type="checkbox"/> 9 th to 12 th grade (no diploma) |
| <input type="checkbox"/> High school graduate | <input type="checkbox"/> GED |
| <input type="checkbox"/> Some college (no degree) | <input type="checkbox"/> Associate degree |
| <input type="checkbox"/> Bachelor degree | <input type="checkbox"/> Graduate degree or higher |

16. Is the adult currently enrolled in a school or educational program?*

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

17. What is the adult's employment status?*

- | | | |
|------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time | <input type="checkbox"/> Not employed |
|------------------------------------|------------------------------------|---------------------------------------|

18. If adult is employed, what job industry does the adult work in?*

- | | |
|--|--|
| <input type="checkbox"/> Architecture and Engineering | <input type="checkbox"/> Arts, Design, Entertainment, Sports, and Media. |
| <input type="checkbox"/> Building and Grounds Cleaning and Maintenance | <input type="checkbox"/> Business and Financial |
| <input type="checkbox"/> Community and Social Services | <input type="checkbox"/> Computer and Mathematical |
| <input type="checkbox"/> Education, Training, and Library | <input type="checkbox"/> Farming, Fishing, and Forestry |
| <input type="checkbox"/> Food Preparation and Serving | <input type="checkbox"/> Healthcare Practitioners and |

- | | |
|---|--|
| <input type="checkbox"/> Healthcare Support | <input type="checkbox"/> Technical |
| <input type="checkbox"/> Installation, Maintenance, Repair | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Life, Physical, and Social Science | <input type="checkbox"/> Management |
| <input type="checkbox"/> Office and Administrative Support | <input type="checkbox"/> Personal Care and Service |
| <input type="checkbox"/> Production | <input type="checkbox"/> Protective Service |
| <input type="checkbox"/> Sales and Related | <input type="checkbox"/> Transportation and Moving |
| <input type="checkbox"/> Not applicable/not employed | <input type="checkbox"/> Other |

19. Was the adult 19 years old or younger when their child was born?*

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

20. Is the adult a single parent?*

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

21. Has the adult served in the military?*

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|