

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.

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**Family Contact Information**

1. What is the name of the child?

First:	Middle:	Last:
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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*:
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County*:	Country:	Other:
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3. Provide the phone number and email address that is best to reach the family.

Country:	Number:
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Email:

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**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?\*

<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	

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?\*

 Yes  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?\*

 Yes  No

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

 Hispanic and/or Latino **only**:  
 Brazilian  Colombian  Costa Rican  Cuban

- Dominican
- Ecuadorian
- Guatemalan
- Honduran
- Indigenous Mexican (Mazahua)
- Indigenous Mexican (Mixteco)
- Indigenous Mexican (Nahuatl)
- Indigenous Mexican (Zapoteco)
- Mexican
- Peruvian
- Puerto Rican
- Salvadoran
- Spanish
- Venezuelan
- 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**

- 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

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"/> Bengali  | <input type="checkbox"/> Arabic               |
| <input type="checkbox"/> Armenian                               | <input type="checkbox"/> French   | <input type="checkbox"/> Chinese              |
| <input type="checkbox"/> English                                | <input type="checkbox"/> Hindi  | <input type="checkbox"/> Gujarati             |
| <input type="checkbox"/> Haitian Creole                         | <input type="checkbox"/> Ilocano, Samoan, Hawaiian, or other Austronesian   | <input type="checkbox"/> Hmong                |
| <input type="checkbox"/> Khmer                                  | <input type="checkbox"/> Korean   | <input type="checkbox"/> Japanese             |
| <input type="checkbox"/> or other Dravidian                     | <input type="checkbox"/> Navajo   | <input type="checkbox"/> Malayalam, Kannada-  |
| <input type="checkbox"/> other Indic                            | <input type="checkbox"/> Other indigenous language of the Americas          | <input type="checkbox"/> Nepali, Marathi, or- |
| <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  |   |

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 <sup>th</sup> grade | <input type="checkbox"/> 9 <sup>th</sup> to 12 <sup>th</sup> 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.\*

- |  |   |
|--|---|
| <input type="checkbox"/> Yes                       | <input type="checkbox"/> Food stamps              |
| <input type="checkbox"/> Childcare subsidy         | <input type="checkbox"/> Public housing/Section 8 |
| <input type="checkbox"/> Medical                   | <input type="checkbox"/> TANF                     |
| <input type="checkbox"/> Social Security (SSI/SSD) | <input type="checkbox"/> WIC                      |
| <input type="checkbox"/> Unemployment              |   |
| <input type="checkbox"/> Other                     |   |
| <input type="checkbox"/> No                        |   |

### Household: Health and development

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

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

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

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> 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.\*

- |  |  |
|--|--|
| <input type="checkbox"/> Attention-deficit/Hyperactivity | <input type="checkbox"/> Autism Spectrum Disorder        |
| <input type="checkbox"/> Cerebral Palsy                  | <input type="checkbox"/> Fetal Alcohol Spectrum Disorder |
| <input type="checkbox"/> Fragile X Syndrome              | <input type="checkbox"/> Hearing Loss                    |
| <input type="checkbox"/> Intellectual Disability         | <input type="checkbox"/> Kernicterus                     |
| <input type="checkbox"/> Language or Speech Disorder     | <input type="checkbox"/> Learning Disorders              |
| <input type="checkbox"/> Muscular Dystrophy              | <input type="checkbox"/> Sensory Processing Delay        |
| <input type="checkbox"/> Tourette Syndrome               | <input type="checkbox"/> Vision Impairment               |
| <input type="checkbox"/> Other                           |  |

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?\*

- |  |  |
|--|--|
| <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                           |

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

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

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

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> 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<br>(Medicare, Medicaid) |
| <input type="checkbox"/> Private                    | <input type="checkbox"/> Tricare  |
| <input type="checkbox"/> State government sponsored |   |
| <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<br>(Medicare, Medicaid) |
| <input type="checkbox"/> Private        |   |

- 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"/> Haitian Creole                                   | <input type="checkbox"/> Hindi   |
| <input type="checkbox"/> Hmong  | <input type="checkbox"/> Japanese  |
| <input type="checkbox"/> Ilocano, Samoan, Hawaiian, or other Austronesian | <input type="checkbox"/> Korean  |
| <input type="checkbox"/> Malayalam, Kannada-<br>or other Dravidian        | <input type="checkbox"/> Navajo  |
| <input type="checkbox"/> Nepali, Marathi, or-<br>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"/> Serbo-Croatian  |
| <input type="checkbox"/> Punjabi  | <input type="checkbox"/> Russian   |
| <input type="checkbox"/> Spanish  | <input type="checkbox"/> Swahili or other language of Central, Eastern, or-<br>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-<br>Africa            |
| <input type="checkbox"/> Other  |  |

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\*:

- |   |  |                                       |                                     |
|---|--|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Hispanic and/or Latino <b>only</b> : |  |                                       |                                     |
| <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?

Yes                       Some                       No

13. Does the adult write in English?

Yes                       Some                       No

14. Does the adult read in English?

Yes                       Some                       No

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

<input type="checkbox"/> Less than 9 <sup>th</sup> grade	<input type="checkbox"/> 9 <sup>th</sup> to 12 <sup>th</sup> 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?\*

Yes                       No

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

Full-time                       Part-time                       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 |
|------------------------------|-----------------------------|