

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 type*:

☐ Home

☐ Work

☐ Hotel

☐ Homeless shelter

☐ School

☐ Community-based organization

☐ Church

☐ Referral agency

☐ Other

Country*:

Address Line 1:

Address Line 2:

City:

State*:

Zip Code*:

County*:

Other:

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

Country:

Phone Type:

Phone number:

Email address:

Participant Child: Demographics

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

DOB (mm/dd/yyyy):

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

<input type="checkbox"/> Girl	<input type="checkbox"/> Boy	<input type="checkbox"/> Non-binary
<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. Which race/ethnicity does the child identify as?*

☐ American Indian or Alaskan Native

Select subcategory:

☐ Alaskan Native

☐ American Indian

☐ Other/Self describe:

☐ Asian

Select subcategory:

☐ Asian Indian

☐ Burmese

☐ Cambodian

☐ Chinese

☐ Filipino

☐ Hmong

☐ Japanese

☐ Korean

☐ Nepalis

☐ Vietnamese

☐ Other/Self describe:

☐ Black and/or African American

Select subcategory:

☐ African American

☐ Caribbean/West Indies

☐ Congolese

☐ Eritrean

☐ Ethiopian

☐ Haitian

☐ Jamaican

☐ Kenyan

☐ Kongo

☐ Nigerian

☐ Somali

Other/Self describe:

☐ Middle Eastern or Northern African

Select subcategory:

☐ Egyptian

☐ Iranian

☐ Iraqi

☐ Lebanese

☐ Libyan

☐ Moroccan

☐ Sudanese

☐ Syrian

Other/Self describe:

☐ Native Hawaiian or other Pacific Islander

Select subcategory:

☐ Chamorro

☐ Fijian

☐ Guamanian

☐ Marshallese

☐ Micronesian

☐ Native Hawaiian

☐ Samoan

☐ Tongan

Other/Self describe:

☐ White

Select subcategory:

☐ English

☐ Irish

☐ Polish

☐ Romanian

☐ Russian

Other/Self describe:

Participant Adult: Demographics

10. What is the name of the adult?

First*:

Middle:

Last*:

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

DOB (mm/dd/yyyy):

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

☐ Woman

☐ Man

☐ Non-binary

☐ Prefer to self-describe

☐ Prefer not to say

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

☐ Father

☐ Foster parent

☐ Grandfather

☐ Grandmother

☐ Mother

Other:

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

☐ Yes

☐ No

☐ Prefer not to say

15. If no, what country was the adult born in? How many years has the adult lived in the United States?*

Country:

Years:

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

☐ Yes

☐ No

17. Which race/ethnicity does the adult identify as?*

☐ American Indian or Alaskan Native

Select subcategory:

☐ Alaskan Native

☐ American Indian

Other/Self describe:

☐ Asian

Select subcategory:

☐ Asian Indian

☐ Burmese

☐ Cambodian

☐ Chinese

☐ Filipino

☐ Hmong

☐ Japanese

☐ Korean

☐ Nepalis

☐ Vietnamese

☐ Other/Self describe:

☐ Black and/or African American

Select subcategory:

☐ African American

☐ Caribbean/West Indies

☐ Congolese

☐ Eritrean

☐ Ethiopian

☐ Haitian

☐ Jamaican

☐ Kenyan

☐ Kongo

☐ Nigerian

☐ Somali

Other/Self describe:

☐ Middle Eastern or Northern African

Select subcategory:

☐ Egyptian

☐ Iranian

☐ Iraqi

☐ Lebanese

☐ Libyan

☐ Moroccan

☐ Sudanese

☐ Syrian

Other/Self describe:

☐ Native Hawaiian or other Pacific Islander

Select subcategory:

☐ Chamorro

☐ Fijian

☐ Guamanian

☐ Marshallese

☐ Micronesian

☐ Native Hawaiian

☐ Samoan

☐ Tongan

Other/Self describe:

☐ White

Select subcategory:

☐ English

☐ Irish

☐ Polish

☐ Romanian

☐ Russian

Other/Self describe:

19. What is the adult's native language?*

Native language:

20. Does the adult speak English?*

☐ Yes

☐ Some

☐ No

21. Does the adult write in English?*

☐ Yes

☐ Some

☐ No

22. Does the adult read in English?*

☐ Yes

☐ Some

☐ 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's degree |
| <input type="checkbox"/> Bachelor's 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 currently employed |
|------------------------------------|------------------------------------|---|

26. 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"/> Construction and Extraction | <input type="checkbox"/> Education, Training, and Library | <input type="checkbox"/> Farming, Fishing, and Forestry |
| <input type="checkbox"/> Food Preparation and Serving Related | <input type="checkbox"/> Healthcare Practitioners and Technical | <input type="checkbox"/> Healthcare Support |
| <input type="checkbox"/> Installation, Maintenance, and 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 Services	<input type="checkbox"/> Sales and Related
<input type="checkbox"/> Transportation and Material Moving	Other:	

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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28. Is the adult a single parent?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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29. Has the adult served in the military?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Household: Demographics

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

Other adults:

Other siblings/children:

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

Participating siblings/children:

32. What is the family's household composition?

- | | | |
|--|--|--|
| <input type="checkbox"/> Couple | <input type="checkbox"/> Single mother | <input type="checkbox"/> Single father |
| <input type="checkbox"/> Foster parent | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Multigenerational |
| 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).

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

34. How long has the family lived in their current residence?

Years:

35. What language(s) are spoken in the home?*

Language(s):

36. What is the annual household income?*

- | | | |
|--|--|--|
| <input type="checkbox"/> Under \$10,000 | <input type="checkbox"/> \$10,001-\$15,000 | <input type="checkbox"/> \$15,001-\$20,000 |
| <input type="checkbox"/> \$20,001-\$25,000 | <input type="checkbox"/> \$25,001-\$30,000 | <input type="checkbox"/> \$30,001-\$35,000 |
| <input type="checkbox"/> \$35,001-\$40,000 | <input type="checkbox"/> \$40,001-\$45,000 | <input type="checkbox"/> \$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?*

☐ Yes, receives

☐ No, does not receive

If receives, select all that apply:

☐ Child care subsidy

☐ Food stamps

☐ Medical

☐ Public housing/Section 8

☐ Social Security (SSI, SSD)

☐ TANF

☐ Unemployment

☐ WIC

Other:

Household: Health and development

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

☐ Yes

☐ No

39. If yes, has the child received support services/therapies for the developmental delay or disability? If no, skip to question 42.*

☐ Yes

☐ No

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

☐ Language or speech disorder

☐ Vision impairment

☐ Hearing loss

<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"/> Intellectual disability
<input type="checkbox"/> Kernicterus	<input type="checkbox"/> Learning disorders	<input type="checkbox"/> Muscular dystrophy
<input type="checkbox"/> Sensory processing delay	<input type="checkbox"/> Tourette syndrome	Other:

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

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

42. Has the child been medically diagnosed with any chronic health conditions?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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43. If yes, has the child received medical treatment for chronic health conditions? If no, skip to question 46.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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44. If 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

☐ Lead poisoning

☐ Obesity

☐ Oral health condition

Other:

45. If no, why has the child not received medical treatment for chronic health conditions?

☐ Prior poor experience with care

☐ High health care costs

☐ Unable to take time off

☐ Not insured

☐ Distrust of provider

Other:

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

☐ Yes

☐ No

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

☐ Yes

☐ No

48. Did the mother receive prenatal care during pregnancy?

☐ Yes

☐ No

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

☐ Yes

☐ No

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

☐ Yes, insured

☐ No, not insured

If yes, specify the insurance type:

☐ Private

☐ Federal government
sponsored (Medicare, Medicaid)

☐ State government sponsored

☐ Tricare

☐ Employer based

Other:

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.

☐ Yes, insured

☐ No, not insured

If yes, specify the insurance type:

☐ Private

☐ Federal government
sponsored (Medicare, Medicaid)

☐ State government sponsored

☐ Tricare

☐ Employer based

Other:

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

☐ Yes, insured

☐ No, not insured

If yes, specify the insurance type:

<input type="checkbox"/> Private	<input type="checkbox"/> Federal government sponsored (Medicare, Medicaid)	<input type="checkbox"/> State government sponsored
<input type="checkbox"/> Tricare	<input type="checkbox"/> Employer based	Other:

Household: Other service participation

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

<input type="checkbox"/> Play and Learn/Play Groups	<input type="checkbox"/> Center-based Early Head Start	<input type="checkbox"/> Pre-K
<input type="checkbox"/> Early Head Start Home Visiting	<input type="checkbox"/> Early Intervention Services	<input type="checkbox"/> Healthy Beginnings
<input type="checkbox"/> Healthy Families	<input type="checkbox"/> Nurse-Family Partnership	<input type="checkbox"/> Parent As Teachers (PAT)
<input type="checkbox"/> Child First	<input type="checkbox"/> HIPPY	<input type="checkbox"/> Center-based childcare
<input type="checkbox"/> Family childcare	<input type="checkbox"/> Head Start	Other:

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

<input type="checkbox"/> Play and Learn/Play Groups	<input type="checkbox"/> Center-based Early Head Start	<input type="checkbox"/> Pre-K
<input type="checkbox"/> Early Head Start Home Visiting	<input type="checkbox"/> Early Intervention Services	<input type="checkbox"/> Healthy Beginnings
<input type="checkbox"/> Healthy Families	<input type="checkbox"/> Nurse-Family Partnership	<input type="checkbox"/> Parent As Teachers (PAT)
<input type="checkbox"/> Child First	<input type="checkbox"/> HIPPY	<input type="checkbox"/> Center-based childcare
<input type="checkbox"/> Family childcare	<input type="checkbox"/> Head Start	Other:

Program Information (ADMIN ONLY)

55. Date of intake

(mm/dd/yyyy):

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Foundation Grant | <input type="checkbox"/> Title 1 | <input type="checkbox"/> Housing Authority |
| <input type="checkbox"/> City funding | <input type="checkbox"/> United Way | <input type="checkbox"/> County funding |
| <input type="checkbox"/> State funding | <input type="checkbox"/> School district funding | <input type="checkbox"/> Non-profit |
| <input type="checkbox"/> First Steps | <input type="checkbox"/> CalWORKS | Other: |

57. What language(s) will be spoken during the visit?*

Language(s):

58. How did the family learn about the program?*

- | | | |
|---|--|--|
| <input type="checkbox"/> Coordinator outreach | <input type="checkbox"/> ELS outreach | <input type="checkbox"/> Referral from program family |
| <input type="checkbox"/> Referral from agency or program in community | <input type="checkbox"/> Referral from another home visiting program | <input type="checkbox"/> Referral from Early Intervention Services |
| <input type="checkbox"/> School | <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Community event |
| <input type="checkbox"/> Referral from Central Intake System | <input type="checkbox"/> Social media or website | Other: |

59. Did you receive family consent to share data to external partners?

☐ Yes

☐ No

Coordinator Notes: