| Date: Form filled out by:  |   |                    | Rltshp:  |             |  |
|--|---|--------------------|--|-------------|--|
| CHILD'S NAME   |   |                    | DOB  |             |  |
| Race:  | Ethnicity: HispanicNon-Hispanic_  | Language(s) in Hom | ne(s): English OTHER:  |             |  |
| BIOLOGICAL OR ADOP   | TIVE PARENTS: Mother:   |                    | ather:   |             |  |
| Parents: Married Unmarried Divorced Separated Widowed Child Adopted? NoYes |   |                    | Unless we have legal papers in child's chart indicating otherwise, both parents are presumed to have legal custody/decision making for child |             |  |
| Siblings: 1  |   |                    | DOB  |             |  |
| 2  |   |                    | DOB  |             |  |
| 3  |   |                    | DOB  |             |  |
| 4  |   |                    | DOB  |             |  |
| If Child 18 yrs or old   | er: CHILD'S OWN INFORMATION: Ce   | ·II                |  |             |  |
| EMAIL:   |   |                    | SS#  |             |  |
|  | Please circle below if mother, father, stepp<br>If biological or adoptive parents live in sep |                    |  |             |  |
| Household #1   | House Phone #1:   | CI                 | nild spends time in this ho  | usehold?    |  |
| M/StepM/Guardian:  |   | Rltshp:            | DOB  | SS#         |  |
| Cell Phone:  | Work  | Phone:             | Осси   | o:          |  |
| F/StepF/Guardian:  |   | Rltshp:            | DOB  | SS#         |  |
| Cell Phone:  | Work  | Work Phone:        |  | Occup:      |  |
| ADDRESS:_  |   |                    |  | <del></del> |  |
| Town:  |   | _ State: Z         | ip:  |             |  |
| EMAIL(S):  |   |                    |  |             |  |
| Household #2   | House Phone #2:   | CF                 | nild spends time in this hou   | usehold?    |  |
| M/StepM/Guardian:  |   | Rltshp:            | DOB  | SS#         |  |
| Cell Phone:  | Work  | Work Phone:        |  | Occup:      |  |
| F/StepF/Guardian:  |   | Rltshp:            |  | SS#         |  |
| Cell Phone:  | Work  | Phone:             | Occup:   |             |  |
| ADDRESS:_  |   |                    |  |             |  |
| Town:  |   | State: Z           | ip:  |             |  |
| EMAIL(S):  |   |                    |  |             |  |