FAMILY DEMOGRAPHICS

Agency Program: _____ **Family ID #** _____

Primary Caregiver First Name _____ **Last Name**_____

FOR LINKING PURPOSES:

PRIMARY CHILD: KIDS Child ID# _____
Child's Legal First Name _____ **Legal Last Name** _____

ADDITIONAL CHILD IN PROGRAM: KIDS Child ID# _____
Child's Legal First Name _____ **Legal Last Name** _____

ADDITIONAL CHILD IN PROGRAM: KIDS Child ID# _____
Child's Legal First Name _____ **Legal Last Name** _____

Primary Caregiver's Date of Birth ___/___/_____ **Primary Caregiver's Gender**: ☐ Male ☐ Female
MM/DD/YYYY

CAREGIVER INFORMATION

1. Date Family Demographics Completed: ____/____/_____
MM/DD/YYYY

2. What is the highest level of education of primary caregiver?

- O Elementary or junior high school
- O Some high school
- O High school graduate or GED
- O Trade/vocational training
- O Some college credits
- O Two-year college degree (associates)
- O 4-year college degree or higher

3. What is the Primary Caregiver's relationship to the PRIMARY CHILD involved in this program (if mother or father, circle appropriate relationship)? (Mark one item for each set)

Set 1:

- O Mother
- O Father
- O Grandparent
- O Other relative
- O Other non-relative

Set 2:

- O Biological
- O Adoptive
- O Foster
- O Step
- O Non-biological

4.. Is the primary child the Primary Caregiver's first child?

- O Yes
- O No

5. What is the Primary Caregiver's current marital status?

- O Married
- O Partnered
- O Single
- O Divorced
- O Widowed
- O Separated

FAMILY DEMOGRAPHICS

6. What is the Primary Caregiver's current living situation?

- ○ Own my own home
- ○ Renting
- ○ Sharing housing with relatives/friends (more than 6 months)
- ○ Living somewhere temporary intended for less than 6 months (shelter, temporarily staying with friends/relatives)

7. Was the Primary Caregiver homeless anytime within the last 12 months?

- ○ Yes
- ○ No

8. Is the Primary Caregiver currently employed?

○ Yes, full-time ○ Yes, part-time ○ No

Primary Caregiver Two:

First Name _____ **Last Name**_____

Date of Birth ___/___/_____ **Gender**: ☐ Male ☐ Female
MM/DD/YYYY

What is the highest level of education of Primary Caregiver Two?

- ○ Elementary or junior high school
- ○ Some high school
- ○ High school graduate or GED
- ○ Trade/vocational training
- ○ Some college credits
- ○ Two-year college degree (associates)
- ○ 4-year college degree or higher

FAMILY/HOUSEHOLD

1. What is the primary language spoken in your home?

- ○ English
- ○ Arabic
- ○ European or Slavic language
- ○ Far Eastern Asian languages (Japanese, Vietnamese)
- ○ African language
- ○ Spanish
- ○ Caribbean language (French Creole/Haitian)
- ○ Pacific Island language
- ○ Native North American or Alaska Native language
- ○ Other _____

2. What is the average family income (include all earnings from Work, Welfare/Child Support/Alimony, Pensions/retirement/Social Security or Other income received by adults responsible for the child or children in this family) in a year?

- ○ $0 - $10,000
- ○ $10,001 - $20,000
- ○ $20,001 - $30,000
- ○ $30,001 - $40,000
- ○ $40,001 - $50,000
- ○ More than $50,000

3. Has the total income in your household increased by 5% or more in the past 12 months?

○Yes ○ No

FAMILY DEMOGRAPHICS

4. How many people (including all adults and children) live in the household? _____

5. Is anyone in your household currently on active duty in the Armed Forces or in the reserve component (e.g. National Guard, Reserves)?

O Yes O No

6. Which, if any, of the following does the family currently receive? (Check all that apply)

- O Food stamps
- O TANF
- O Unemployment benefits
- O WIC
- O Earned Income Tax Credit
- O Child Care Subsidy
- O State Health Insurance Medicaid/HealthWave /KanCare
- O Other cash assistance
- O None of the above

7. Which, if any, of the following community services has the family accessed in the past 12 months? (Check all that apply)

- O Public Library
- O Social Service Agency Services
- O Employment Resources
- O Tobacco Cessation Services
- O Public Housing or Utility Resources
- O Health/Medical Serv
- O Adult Ed, Job Training, College
- O Parent Education Classes
- O Recreation/Enrichment Activities in the community including Parks
- O Community Transportation Resources
- O Mental Health Services
- O English Language Classes
- O Substance Abuse Treatment
- O Nutrition or Food Resources
- O Domestic Violence Services
- O None of the above

PROGRAM PARTICIPATION

Start Date: ____/____/_____ MM/ DD/ YYYY

Exit Date: ____/____/_____ MM/ DD/ YYYY

Exit Reason:

- O Child is too old to participate or the family completed the service cycle.
- O The family or child transitioned to another early childhood or family support program.
- O The child/family moved out of the service area.
- O The family regularly missed scheduled personal visits.
- O Family could not be located.
- O Family was dissatisfied with the program.
- O Left program for other reasons/unknown.

1. Number of Personal Visits completed over the last 12 months? _____

2. Number of Group Connections attended over the last 12 months? _____

3. Number of Parent Educators providing Personal Visits over the last 12 months? _____