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**PARENT, GUARDIAN OR PRIMARY CAREGIVER INFORMATION FORM**

**Participant's Last Name**  **First**  **Middle Name**

**Date of Birth** (MM/DD/YYYY))  **/ /**

**Gender**  [ ]  Female [ ]  Male [ ]  Non-binary/Gender non-conforming [ ]  Transgender [ ]  Other

**Street Address**  **City**  **ZIP Code**

**Primary Phone Number ( )**  **-**  **Is this a cell/mobile phone?** [ ]  Yes [ ]  No

**Email Address**

*Please note that The Children’s Trust may contact you via postal mail, email and/or text to ask about your satisfaction with services, and to make you aware of other Trust-funded programs, initiatives and events that may interest you.*

**What primary role do you play as a parent, guardian, or primary caregiver? (Please select only one):**

[ ]  Mother [ ]  Father [ ]  Step-mother [ ]  Step-father [ ]  Grandparent [ ]  Foster Parent [ ]  Other

**How many children are in your care?**

**How many of the children in your care have a disability or condition expected to last** **for a year or more that makes it harder for them to do things that other children of the same age can do?**

**What is your preferred language for contact? (Please select only one)**

[ ]  English [ ]  Spanish [ ]  Haitian Creole

**What language(s) do you feel comfortable communicating in? (Select all that apply)**

[ ]  English [ ]  Spanish [ ]  Haitian Creole [ ]  Portuguese [ ]  French [ ]  Other:

**Ethnicity**

Do you identify as Hispanic or Latina/o/x? [ ]  Yes [ ]  No Do you identify as Haitian? [ ]  Yes [ ]  No

**Race** (Please select only one)

[ ]  American Indian or Alaskan [ ]  Asian [ ]  Black or African American [ ]  Pacific Islander [ ]  White

[ ]  Biracial or Multiracial [ ]  Prefer to self-describe

**What is the highest level of education you’ve completed?**

Grade [ ]  HS Diploma/GED [ ]  Some College [ ]  Associate Degree [ ]  Bachelor’s Degree [ ]  Graduate Degree

***If you are interested in other services funded by The Children’s Trust, please call 211 or visit*** [***www.thechildrenstrust.org***](http://www.thechildrenstrust.org)**.
*For special needs resources for your child/youth, visit*** [***www.advocacynetwork.org***](http://www.advocacynetwork.org) ***or***[***www.thechildrenstrust.org/content/children-disabilities***](http://www.thechildrenstrust.org/content/children-disabilities)***.***

**As part of my voluntary participation in this program, I give my permission for the information collected through this program to be submitted to The Children's Trust for program evaluation and quality purposes. The Children’s Trust provides funding for the program to operate and follows strict data privacy protections for the information collected.**

**PARTICIPANT SIGNATURE**  **DATE**

**FOR STAFF USE ONLY (*MUST BE COMPLETED*)**

ORGANIZATION SITE

Referred From: