A picture containing holding, person

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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

**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 vial 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.*

**Are you a parent, guardian or primary caregiver?**  Yes No

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

Grade \_\_\_\_\_\_\_\_  HS Diploma/GED  Some College  Associate Degree  Bachelor’s Degree  Graduate Degree

**Are you proficient in English?**  Yes  No

**Other language(s) spoken in your home**  Spanish  Haitian Creole  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_  None

**Ethnicity**  Hispanic  Haitian  Other, please specify:

**Race** (select one)  American Indian or Alaskan  Asian  Black or African American

Pacific Islander  White  Multiracial  Other

***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)***.***

**I give my permission for this information to be submitted to The Children's Trust for program quality and evaluation purposes. The Children’s Trust provides funding for the program and follows strict data privacy protections for the information collected.**

**PARTICIPANT SIGNATURE**  **DATE**

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

ORGANIZATION SITE

POPULATION MEMBERSHIP (check all that apply):  Dep Syst  Delin Syst