

**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