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**ADULT INFORMATION FORM**

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

**Date of Birth** (MM/DD/YYYY) **Gender** [ ]  Male [ ]  Female

**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 your child to do things that other children
of the same age can do?**

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

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

**Street Address**  \_\_\_\_ **City**  \_ **Zip Code**  \_

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

**Race** [ ]  American Indian or Alaskan [ ]  Asian [ ]  Black or African-American

 [ ]  Pacific Islander [ ]  White [ ]  Other [ ]  Multiracial

**What is the highest level of education you’ve completed?** Grade [ ]  HS Diploma/GED

[ ]  Some College [ ]  Associate Degree [ ]  Bachelor’s Degree [ ]  Graduate Degree

**Email Address**  \_\_\_\_\_ \_\_\_\_\_\_\_\_

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

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

***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)**.**

**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.**

**PARTICIPANT SIGNATURE**  \_\_\_\_ \_\_\_\_ **DATE**:

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

ORGANIZATION SITE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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