 **Participant Enrollment Form**

 **This questionnaire contains demographic questions about you and your family. All the**

 **information you share will be kept confidential and will not affect the services**

 **you receive.**

**Enrollment Date: / / County:**

**Program Name: Date Completed: / / 6**

**Your Name: Other Caregiver Name:**

**First/last if applicable First/last**

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| **For this section, we will be asking questions about you and others in your family. Remember all information will be kept confidential and nothing you say will impact your services. Please only include information on caregivers that are considered to be in the same household. If there is one caregiver in the home please leave questions about “other caregiver” blank.** |

 **Your Gender: Female** [ ]  **Male** [ ]  **Other Caregiver: Female** [ ]  **Male**[ ]

 **Your Date of Birth: Other Caregiver Date of Birth:**

 **/ / 6 / / 6**

**MM/DD/YY MM/DD/YY**

 **Are you currently pregnant or expecting a baby?** [ ]  **Yes** [ ]  **No**

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| **Race/Et Race/Ethnicity** |
| **Please select all that apply for you:** | **Please select all that apply for any other caregivers in the household** |
| [ ]  **Black or African American**[ ]  **Asian**[ ]  **White**[ ]  **American Indian or Alaska Native**[ ]  **Native Hawaiian/ Pacific Islander**[ ]  **Other** | [ ]  **Black or African American**[ ]  **Asian**[ ]  **White**[ ]  **American Indian or Alaska Native**[ ]  **Native Hawaiian/ Pacific Islander**[ ]  **Other** |
| **Ethnicity**  |
|  **You (please select one)** | **Other Caregiver (please select one)**  |
| [ ]  **Hispanic/Latino** [ ]  **Not Hispanic/Latino** | [ ]  **Hispanic/Latino** [ ]  **Not Hispanic/Latino** |

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| **Please indicate your marital status: Other Caregiver:** |
| [ ]  **Married** [ ]  **Married**[ ]  **Single** [ ]  **Single**[ ]  **Partnered** [ ]  **Partnered**[ ]  **Separated** [ ]  **Separated**[ ]  **Divorced** [ ]  **Divorced**[ ]  **Widowed** [ ]  **Widowed** |

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| **Please list the highest level of education completed for caregivers in the home** |
| **You:** | **Other Caregiver:** |
| [ ]  **Middle school or lower**[ ]  **Some high school**[ ]  **High school diploma or GED**[ ]  **Trade or Vocational training**[ ]  **Some college**[ ]  **2-year college degree (Associate/Certificate)**[ ]  **4-year college degree (Bachelor’s)**[ ]  **Master’s degree or higher** | [ ]  **Middle school or lower**[ ]  **Some high school**[ ]  **High school diploma or GED**[ ]  **Trade or Vocational training**[ ]  **Some college**[ ]  **2-year college degree (Associate/Certificate)**[ ]  **4-year college degree (Bachelor’s)**[ ]  **Master’s degree or higher** |

**Please indicate annual family income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of people (including any prenatal children) in your family’s household? \_\_\_\_\_\_\_\_\_\_\_**

 **Do any of the child’s caregivers have a disability?** [ ]  **Yes** [ ]  **No**

 **If yes, please indicate who:** [ ]  **Primary Caregiver** [ ]  **Other Caregiver**

 **Are any of the caregivers in the home currently incarcerated?** [ ]  **Yes** [ ]  **No**

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| **Language** |
| **Please indicate the primary language spoken in the home:** |
| [ ]  **English**[ ]  **Spanish**[ ]  **Burmese**[ ]  **Karen** | [ ]  **Arabic**[ ]  **Karenni**[ ]  **Chin**[ ]  **Other** |

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| **For office use only:****Caregiver ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­****Other ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****FSW:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |