PARTICIPANT REGISTRATION FORM

Name_____ **Date**_____

Mailing address_____ **Gender** ☐ Male ☐ Female

City_____ **State** _____ **ZIP** _____ **Date of birth** _____

Phone number(s) _____ **E-mail** _____

How do you prefer to be contacted? ☐ Mail ☐ Phone ☐ E-mail ☐ Text message (Number_____)

1. What is your ethnic/racial background? (check all that apply)

- ☐ Black/African American
- ☐ White
- ☐ Hispanic/Latino
- ☐ Asian/Pacific Islander
- ☐ American Indian/Alaska Native
- ☐ Not listed above: (specify)_____

2. Household type (check all that apply):

- ☐ I live with a spouse or partner
- ☐ I live with my own parent(s) or partner's parent(s)
- ☐ I am a single parent
- ☐ I am a noncustodial parent
- ☐ None of the above

3. How many people are in your household? _____

4. What best describes your employment status? (check only one)

- ☐ Employed full-time at one job
- ☐ Employed part-time at one job
- ☐ Employed at multiple jobs
- ☐ Employed with temporary/seasonal employment
- ☐ Not employed and currently seeking employment
- ☐ Not employed and not currently seeking employment

5. Do you have any significant medical concerns or disabilities (physical, emotional, learning, or developmental)?

☐ Yes ☐ No

6. Do you have health insurance for yourself?

☐ Yes ☐ No ☐ Don't know

7. Do you have a primary care provider? ☐ Yes ☐ No

8. Is English your primary language?

- ☐ Yes
  - Do you read and write in English? ☐ Yes ☐ No
- ☐ No
  - What is your primary language? _____
  - Do you read and write in your primary language? ☐ Yes ☐ No
  - Do you speak and understand English? ☐ Yes ☐ No
  - Do you read and write English? ☐ Yes ☐ No

9. What is the highest level of education you have completed?

- ☐ Less than high school diploma/no GED/no TASC
- ☐ High school diploma/GED/TASC
- ☐ Some College
- ☐ Associate's degree
- ☐ Bachelor's degree or higher

10. What is your annual HOUSEHOLD income before taxes? (Please include wages from employment, child support received, Social Security, retirement benefits, and unemployment insurance)

- ☐ $0-$10,000
- ☐ $10,001-$15,000
- ☐ $15,001-$20,000
- ☐ $20,001-$25,000
- ☐ $25,001-$30,000
- ☐ $30,001-$35,000
- ☐ $35,001-$40,000
- ☐ $40,001-$45,000
- ☐ $45,001- $50,000
- ☐ $50,001 and over

11. Would you like information or assistance in meeting your family's needs in the following areas?

- ☐ Yes ☐ No Food
- ☐ Yes ☐ No Housing
- ☐ Yes ☐ No Clothing/household goods
- ☐ Yes ☐ No Safety

12. Do any of the children in your care have any significant medical concerns, delays, or disabilities (physical, emotional, learning, or developmental)? ☐ Yes ☐ No ☐ Don't know

13. Do all of the children in your care have health insurance?

☐ Yes ☐ No ☐ Don't know

14. Do all of the children in your care have a primary care provider?

☐ Yes ☐ No ☐ Don't know

15. Have all of the children in your care had well –child visits in the past year?

☐ Yes ☐ No ☐ Don't know

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16. Please provide the following information about the children you are responsible for:

Child's Name	**Date of Birth/ Gender**	**Relationship to Child**	**Ethnic/racial background (check all that apply)**	**Will the child participate in this program's services?**
____ (First) ____ (Last)	__/___/__ ☐ Male ☐ Female	☐ Parent/stepparent ☐ Foster parent ☐ Grandparent ☐ Other relative ☐ Child care provider	☐ Black/African American ☐ White ☐ Hispanic/Latino ☐ Asian/Pacific Islander ☐ American Indian ☐ Not listed above: (specify)________________	☐ Yes ☐ No
____ (First) ____ (Last)	__/___/__ ☐ Male ☐ Female	☐ Parent/stepparent ☐ Foster parent ☐ Grandparent ☐ Other relative ☐ Child care provider	☐ Black/African American ☐ White ☐ Hispanic/Latino ☐ Asian/Pacific Islander ☐ American Indian ☐ Not listed above: (specify)________________	☐ Yes ☐ No
____ (First) ____ (Last)	__/___/__ ☐ Male ☐ Female	☐ Parent/stepparent ☐ Foster parent ☐ Grandparent ☐ Other relative ☐ Child care provider	☐ Black/African American ☐ White ☐ Hispanic/Latino ☐ Asian/Pacific Islander ☐ American Indian ☐ Not listed above: (specify)________________	☐ Yes ☐ No
____ (First) ____ (Last)	__/___/__ ☐ Male ☐ Female	☐ Parent/stepparent ☐ Foster parent ☐ Grandparent ☐ Other relative ☐ Child care provider	☐ Black/African American ☐ White ☐ Hispanic/Latino ☐ Asian/Pacific Islander ☐ American Indian ☐ Not listed above: (specify)________________	☐ Yes ☐ No
____ (First) ____ (Last)	__/___/__ ☐ Male ☐ Female	☐ Parent/stepparent ☐ Foster parent ☐ Grandparent ☐ Other relative ☐ Child care provider	☐ Black/African American ☐ White ☐ Hispanic/Latino ☐ Asian/Pacific Islander ☐ American Indian ☐ Not listed above: (specify)________________	☐ Yes ☐ No
____ (First) ____ (Last)	__/___/__ ☐ Male ☐ Female	☐ Parent/stepparent ☐ Foster parent ☐ Grandparent ☐ Other relative ☐ Child care provider	☐ Black/African American ☐ White ☐ Hispanic/Latino ☐ Asian/Pacific Islander ☐ American Indian ☐ Not listed above: (specify)________________	☐ Yes ☐ No

Please add any additional children on a second form.

FOR OFFICE USE ONLY - Referral Source:

- ☐ Self-referred
- ☐ Preventive services
- ☐ Family Court
- ☐ DSS/HRA
- ☐ Community agency
- ☐ CPS/ACS
- ☐ Other: