



Family Demographics 2015-20

- FOR OFFICE USE ONLY -

Intake Staff: _____ Date: ____/____/____

Data Entry Staff: _____ Date: ____/____/____

Persimmony Family ID: _____

Participant Type	Parent/Legal Guardian	<input type="radio"/> Parent/Legal Guardian <input type="radio"/> Child	Child	Child
Client ID <i>(Leave blank – Data Entry Staff to populate)</i>				
AB99 (HIPAA IDENTIFIERS)				
Birth First Name				
Birth Middle Name				
Birth Last Name				
Current/Married Last Name <i>(female only)</i>				
Date of Birth <i>(mm/dd/yyyy)</i>	/ /	/ /	/ /	/ /
Gender	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Male <input type="radio"/> Female
Relationship	<input type="radio"/> Father <input type="radio"/> Foster Parent <input type="radio"/> Grandparent <input type="radio"/> Legal Guardian <input type="radio"/> Mother <input type="radio"/> Other Relative	<input type="radio"/> Daughter <input type="radio"/> Father <input type="radio"/> Foster or other non-related child <input type="radio"/> Foster Parent <input type="radio"/> Grandchild <input type="radio"/> Grandparent <input type="radio"/> Legal Guardian <input type="radio"/> Mother <input type="radio"/> Other Relative <input type="radio"/> Son	<input type="radio"/> Daughter <input type="radio"/> Father <input type="radio"/> Foster or other non-related child <input type="radio"/> Foster Parent <input type="radio"/> Grandchild <input type="radio"/> Grandparent <input type="radio"/> Legal Guardian <input type="radio"/> Mother <input type="radio"/> Other Relative <input type="radio"/> Son	<input type="radio"/> Daughter <input type="radio"/> Father <input type="radio"/> Foster or other non-related child <input type="radio"/> Foster Parent <input type="radio"/> Grandchild <input type="radio"/> Grandparent <input type="radio"/> Legal Guardian <input type="radio"/> Mother <input type="radio"/> Other Relative <input type="radio"/> Son
Race/Ethnicity <i>(choose one)</i>	<input type="radio"/> Alaskan Native / American Indian <input type="radio"/> Asian <input type="radio"/> Black / African-American <input type="radio"/> Hispanic / Latino <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White <input type="radio"/> Two or more races <input type="radio"/> Other (Specify): _____ <input type="radio"/> Unknown	<input type="radio"/> Alaskan Native / American Indian <input type="radio"/> Asian <input type="radio"/> Black / African-American <input type="radio"/> Hispanic / Latino <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White <input type="radio"/> Two or more races <input type="radio"/> Other (Specify): _____ <input type="radio"/> Unknown	<input type="radio"/> Alaskan Native / American Indian <input type="radio"/> Asian <input type="radio"/> Black / African-American <input type="radio"/> Hispanic / Latino <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White <input type="radio"/> Two or more races <input type="radio"/> Other (Specify): _____ <input type="radio"/> Unknown	<input type="radio"/> Alaskan Native / American Indian <input type="radio"/> Asian <input type="radio"/> Black / African-American <input type="radio"/> Hispanic / Latino <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White <input type="radio"/> Two or more races <input type="radio"/> Other (Specify): _____ <input type="radio"/> Unknown
Primary Language <i>(choose one)</i>	<input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Cantonese <input type="radio"/> Mandarin <input type="radio"/> Vietnamese <input type="radio"/> Korean <input type="radio"/> Other (Specify): _____ <input type="radio"/> Unknown	<input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Cantonese <input type="radio"/> Mandarin <input type="radio"/> Vietnamese <input type="radio"/> Korean <input type="radio"/> Other (Specify): _____ <input type="radio"/> Unknown	<input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Cantonese <input type="radio"/> Mandarin <input type="radio"/> Vietnamese <input type="radio"/> Korean <input type="radio"/> Other (Specify): _____ <input type="radio"/> Unknown	<input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Cantonese <input type="radio"/> Mandarin <input type="radio"/> Vietnamese <input type="radio"/> Korean <input type="radio"/> Other (Specify): _____ <input type="radio"/> Unknown
Has this child been identified with a special need?* *Children with special needs include those identified with disabilities, health, or mental conditions requiring early intervention, special services, or other specialized services and supports.		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown



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Participant Type	Parent/Legal Guardian	<input type="radio"/> Parent/Legal Guardian <input type="radio"/> Child	Child	Child
Phone Number	() -	<input type="radio"/> same as primary guardian () -	<input type="radio"/> same as primary guardian () -	<input type="radio"/> same as primary guardian () -
Address	<input type="radio"/> not collected _____ _____	<input type="radio"/> not collected <input type="radio"/> same as primary guardian _____ _____	<input type="radio"/> not collected <input type="radio"/> same as primary guardian _____ _____	<input type="radio"/> not collected <input type="radio"/> same as primary guardian _____ _____
City				
ZIP Code				
What is the total annual gross family income in this child's household? <i>(choose one)</i>	<input type="radio"/> Less than \$11,670 <input type="radio"/> \$11,671 - \$15,730 <input type="radio"/> \$15,731 - \$19,790 <input type="radio"/> \$19,790 - \$23,850 <input type="radio"/> \$23,851 - \$27,910 <input type="radio"/> \$27,911 - \$31,970 <input type="radio"/> \$31,971 - \$36,030 <input type="radio"/> \$36,031 - \$40,090 <input type="radio"/> \$40,091 or more	<input type="radio"/> Less than \$11,670 <input type="radio"/> \$11,671 - \$15,730 <input type="radio"/> \$15,731 - \$19,790 <input type="radio"/> \$19,790 - \$23,850 <input type="radio"/> \$23,851 - \$27,910 <input type="radio"/> \$27,911 - \$31,970 <input type="radio"/> \$31,971 - \$36,030 <input type="radio"/> \$36,031 - \$40,090 <input type="radio"/> \$40,091 or more		
How many people live in your household? _____	_____	_____		
What is the highest education level achieved in the household? If currently enrolled, select the highest degree received. <i>(choose one)</i>	<input type="radio"/> 8 th grade or less <input type="radio"/> 9 th to 12 th grade, no graduation <input type="radio"/> High School diploma/GED <input type="radio"/> Trade/Vocational School <input type="radio"/> Associate's Degree (AA or AS) <input type="radio"/> Bachelor's Degree (BA or BS) <input type="radio"/> Graduate or Professional Degree <input type="radio"/> Unknown	<input type="radio"/> 8 th grade or less <input type="radio"/> 9 th to 12 th grade, no graduation <input type="radio"/> High School diploma/GED <input type="radio"/> Trade/Vocational School <input type="radio"/> Associate's Degree (AA or AS) <input type="radio"/> Bachelor's Degree (BA or BS) <input type="radio"/> Graduate or Professional Degree <input type="radio"/> Unknown		

**Please use extra form(s) for additional child(ren).*