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**PARENT, GUARDIAN OR PRIMARY CAREGIVER INFORMATION FORM**

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

**Date of Birth** (MM/DD/YYYY))  **/ /**

**Gender**   Female  Male  Non-binary/Gender non-conforming  Transgender  Other

**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 via 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.*

**What primary role do you play as a parent, guardian, or primary caregiver? (Please select only one):**

Mother  Father  Step-mother  Step-father  Grandparent  Foster Parent  Other

**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 your preferred language for contact? (Please select only one)**

English  Spanish  Haitian Creole

**What language(s) do you feel comfortable communicating in? (Select all that apply)**

English  Spanish  Haitian Creole  Portuguese  French  Other:

**Ethnicity**

Do you identify as Hispanic or Latina/o/x?  Yes  No Do you identify as Haitian?  Yes  No

**Race** (Please select only one)

American Indian or Alaskan  Asian  Black or African American  Pacific Islander  White

Biracial or Multiracial  Prefer to self-describe

**What is the highest level of education you’ve completed?**

Grade  HS Diploma/GED  Some College  Associate Degree  Bachelor’s Degree  Graduate Degree

***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)***.***

**As part of my voluntary participation in this program, I give my permission for the information collected through this program to be submitted to The Children's Trust for program evaluation and quality purposes. The Children’s Trust provides funding for the program to operate and follows strict data privacy protections for the information collected.**

**PARTICIPANT SIGNATURE**  **DATE**

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

ORGANIZATION SITE

Referred From: