

Referred By \_\_\_\_\_

<b>Child Information</b>				
<input type="checkbox"/> <b>There are concerns about this child's development/child has a diagnosed delay</b>				
First Name	Last Name	Middle Initial	Gender	Birthdate
<b>Ethnicity:</b>		<b>Race: (You may select more than one)</b>		
<input type="checkbox"/> Hispanic or Latino Origin		<input type="checkbox"/> Asian		
<input type="checkbox"/> Non-Hispanic or Latino Origin		<input type="checkbox"/> Black or African American		
		<input type="checkbox"/> White		
		<input type="checkbox"/> American Indian or Alaskan Native		
		<input type="checkbox"/> Native Hawaiian or other Pacific Islander		
<b>Family Information</b>				
Address (Street, City, State, Zip Code)				
Phone Number		Alternate Phone Number		Email Address
<b>Child lives in the following housing (Check all that apply.):</b>				
<input type="checkbox"/> <b>Own or Rent</b> House, condo, or apartment (name is on the mortgage or lease/sub-lease)				
<input type="checkbox"/> Long-term, stable, <b>cooperative living arrangement</b> with a friend or relative				
<input type="checkbox"/> <b>Temporary shared housing</b> with friends or relatives due to <b>loss of personal housing or economic hardship</b>				
<input type="checkbox"/> Hotel/Motel				
<input type="checkbox"/> Foster Care Provider: Child has been placed here since: _____				
<input type="checkbox"/> Other: _____				
<b>Parental Status:</b>		<b>Total # of people in family</b>		<b>Primary Language at home:</b> _____
<input type="checkbox"/> One parent family		_____		
<input type="checkbox"/> Two parent family				
<b>Primary Parent/Guardian</b>				
<input type="checkbox"/> <b>Lives with Family</b> <input type="checkbox"/> <b>Custody</b> <input type="checkbox"/> <b>Provides Financial Support</b> <input type="checkbox"/> <b>Teen Parent</b>				
Last	First	Birthday	Gender	
<b>Employment Status:</b>		<b>School Status:</b>		<b>Relationship to Child:</b>
<input type="checkbox"/> Full Time <input type="checkbox"/> Retired or disabled		<input type="checkbox"/> Full Time <input type="checkbox"/> Starting school soon		<input type="checkbox"/> Parent <input type="checkbox"/> Guardian
<input type="checkbox"/> Part Time <input type="checkbox"/> Seasonally employed		<input type="checkbox"/> Part Time <input type="checkbox"/> Not in School		<input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster Parent
<input type="checkbox"/> Unemployed				<input type="checkbox"/> Adopted Parent
<b>Secondary Parent/Guardian</b>				
<input type="checkbox"/> <b>Lives with Family</b> <input type="checkbox"/> <b>Custody</b> <input type="checkbox"/> <b>Provides Financial Support</b> <input type="checkbox"/> <b>Teen Parent</b>				
Last	First	Birthday	Gender	
<b>Employment Status:</b>		<b>School Status:</b>		<b>Relationship to Child:</b>
<input type="checkbox"/> Full Time <input type="checkbox"/> Retired or disabled		<input type="checkbox"/> Full Time <input type="checkbox"/> Starting school soon		<input type="checkbox"/> Parent <input type="checkbox"/> Guardian
<input type="checkbox"/> Part Time <input type="checkbox"/> Seasonally employed		<input type="checkbox"/> Part Time <input type="checkbox"/> Not in School		<input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster Parent
<input type="checkbox"/> Unemployed				<input type="checkbox"/> Adopted Parent
<b>Other Family Members</b>				
First Name	Last Name	Birthday	Gender	Relationship to Parent

Parent Signature: \_\_\_\_\_  
(Or Staff Signature if completed on parent's behalf)

Date: \_\_\_\_\_

For information regarding Parents-As-Teachers or Early Head Start, contact Alicia Kruk at 734-994-8100 x 1272

FOR STAFF ONLY:    DATE OF REVIEW \_\_\_\_\_    DATE OF CONTACT \_\_\_\_\_