

## Child's Information

Child's Name First:

\_\_\_\_\_

Middle:

\_\_\_\_\_

Last:

\_\_\_\_\_

Is it ok to contact the child by cell phone? \_\_\_\_\_

Is it ok to contact the child by e-mail? \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Child's City of Birth: \_\_\_\_\_

Does the child have more than one home address?

☐ Yes

☐ No

Child's Primary Home Address Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ How many years has the child lived at the Primary Home Address? \_\_\_\_\_ (Number of years.)

Child's Secondary Home Address Street Address:

\_\_\_\_\_

City:

\_\_\_\_\_

State:

\_\_\_\_\_

Zip Code:

\_\_\_\_\_

How many years has the child lived at the Secondary Home Address? \_\_\_\_\_

(Number of years.)

Name and Address of Child's School: \_\_\_\_\_ How many years has the child attended this school? \_\_\_\_\_ (Number of years.)

**Your Information (Parent/Guardian Completing This Form)**

Your Information: First Name:

\_\_\_\_\_

Last Name:

\_\_\_\_\_

Email:

\_\_\_\_\_

Home Phone:

\_\_\_\_\_

Cell Phone:

\_\_\_\_\_

Work Phone:

\_\_\_\_\_

What is your relationship to the child?

- ☐ biological mother
  - ☐ biological father
  - ☐ adoptive mother
  - ☐ adoptive father
  - ☐ step-mother
  - ☐ step-father
  - ☐ foster parent
  - ☐ other
- (If other, please specify: \_\_\_\_\_)

Does the child live with you full-time?

- ☐ Yes
- ☐ No

What is the frequency of contact between you and the child?

- ☐ no contact
  - ☐ 1-2 days per month
  - ☐ 3-4 days per month
  - ☐ 5-9 days per month
  - ☐ 10 or more days per month
  - ☐ not on a regular basis (e.g. vacations only or one time per year)
- (If not on a regular basis, how many days per year? \_\_\_\_\_)

Does the child have a second parent/guardian?

- ☐ Yes
- ☐ No

Is it ok to contact this person about the child?

- ☐ Yes
- ☐ No

**Information on Parent/Guardian 2**

Parent/Guardian 2 Information: Full Name:

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Email:

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Home Phone:

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Cell Phone:

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Work Phone:

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What is the relationship of Parent/Guardian 2 to the child?

- ☐ biological mother  
☐ biological father  
☐ adoptive mother  
☐ adoptive father  
☐ step-mother  
☐ step-father  
☐ foster parent  
☐ other  
(If other, please specify: \_\_\_\_\_)

Does the child live full-time with Parent/Guardian 2?

- ☐ Yes  
☐ No

What is the frequency of contact between the child and Parent/Guardian 2?

- ☐ no contact  
☐ 1-2 days per month  
☐ 3-4 days per month  
☐ 5-9 days per month  
☐ 10 or more days per month  
☐ not on a regular basis (e.g. vacations only or one time per year)  
(If not on a regular basis, how many days per year? \_\_\_\_\_)

**Client Locator Form**

**Please give us the name, address, and phone number of three individuals who will be able to contact you, in the event that you move, if we are unable to locate you for your participation in any follow-up appointments. This person does not necessarily have to live in this area. We will not share any confidential information, only that you were at FIU for research purposes.**

Person 1 Name:

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Address:

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Phone Number:

Relationship:

\_\_\_\_\_

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Person 2 Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone Number:

\_\_\_\_\_

Relationship:

\_\_\_\_\_

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Person 3 Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone Number:

\_\_\_\_\_

Relationship:

\_\_\_\_\_