

People to include on this Info Form please:

Info Form NPP Yourself Children you included on your consent form **Primary Caregiver** Today's Date: · Anyone age 18 years or older who signed their own consent form. First Name and Middle Initial: Last Name and Suffix: Address: Phone 1: City and Zip Code: Phone 2: Gender: Male Female Transgender Other D.O.B.: Sexual Orientation: Gay Lesbian Bi-sexual Questioning Straight Intersex Decline to answer **Ethnicity:** Hispanic Not Hispanic Unknown Decline to Answer Other Pacific Islander Race African American Filipino Korean (Check Amer. Indian/Alaskan Native Former Soviet Laotian Samoan Asian Indian Hawaiian Mexican or Latino Ukrainian up to 5) White/Caucasian Hmong Mien Unk./Unreported Chinese Japanese Other (write below) Vietnamese Cambodian Italian Other Chinese **Preferred** English Spanish Arabic Farsi Japanese Other Non-Eng. Tagalog Language (Check only Armenian French Korean Polish lThai Hebrew Lao Portuguese Turkish ASL one) Cambodian Unk./Unreported Hmong Mandarin Russian Mien Cantonese Ilocano Samoan Vietnamese **Family Member Demographics** First Name and Middle Initial: Last Name and Suffix: D.O.B.: ☐Female ☐ Transgender ☐ Other **Gender:** Male **Relationship to Caregiver:** Sexual Orientation: Gav Lesbian Bi-sexual Questioning Straight Intersex Decline to answer **Ethnicity:** Hispanic Not Hispanic Unknown Decline to Answer]Filipino Other Pacific Islander Race African American Korean (Check Amer. Indian/Alaskan Native Former Soviet Laotian Samoan up to 5) Asian Indian Hawaiian Mexican or Latino Ukrainian White/Caucasian Unk./Unreported Hmong Mien Chinese Japanese Other (write below) Vietnamese Cambodian ltalian Other Chinese **Preferred** English Spanish Arabic Farsi Japanese Other Non-Eng. Tagalog Language 7Armenian (Check only one) French Korean Polish Thai ASL Hebrew lLao Portuguese Turkish Cambodian Unk./Unreported Hmong Mandarin Russian Cantonese llocano Mien Samoan Vietnamese First Name and Middle Initial: Last Name and Suffix: D.O.B.: Gender: Male Female Transgender Other **Relationship to Caregiver:** Sexual Orientation: Gay Lesbian Bi-sexual Questioning Straight Intersex Decline to answer Ethnicity: Hispanic Not Hispanic Unknown Decline to Answer Race African American Filipino Korean Other Pacific Islander (Check Amer. Indian/Alaskan Native Former Soviet Laotian Samoan Asian Indian Hawaiian Mexican or Latino Ukrainian up to 5) White/Caucasian Hmong Mien Unk./Unreported Chinese Japanese Other (write below) Vietnamese

SACRAMENTO

Preferred

Language

(Check only one)

Cambodian

Arabic

ASL

□Armenian

Cambodian

Cantonese

English

French

Hebrew

Hmong

llocano

Farsi

Other Chinese

Other Non-Eng.

Polish

Russian

Samoan

Portuguese

ltalian

Japanese

Mandarin

Korean

lao

lMien

Spanish

Tagalog

Turkish

Unk./Unreported

lVietnamese

lThai



Family Member Demographics (continued)

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Sexual Orientation: Gay Lesbian Bi-sexual Questioning Straight Intersex Decline to answer							
Ethnicity: Hispanic Not Hispanic Unknown Decline to Answer							
Race	African America	า	Filipino		Korean	Other Pacific Islander	
(Check	Amer. Indian/Ala	· =			Laotian	Samoan	
up to 5)	Asian Indian		Hawaiiar	า	Mexican or Latino	Ukrainian	
	☐White/Caucasiar	n	Hmong		Mien	Unk./Unreported	
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	Cambodian						
Preferred		English	Italian		Other Chinese	Spanish	
Language	Arabic	Farsi	Japanes	se	Other Non-Eng.	Tagalog	
(Check only one)	Armenian	French	Korean		Polish	☐Thai	
ì	ASL	Hebrew	Lao		Portuguese	Turkish	
	Cambodian	Hmong	Manda	rin	Russian	Unk./Unreported	
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Gender: Male Female Transgender Other Relationship to Caregiver:							
Sexual Orientation: Gay Lesbian Bi-sexual Questioning Straight Intersex Decline to answer							
Ethnicity: Hispanic Not Hispanic Unknown Decline to Answer							
Race	African America	า	Filipino		Korean	Other Pacific Islander	
(Check	 Amer. Indian/Ala	askan Native	Former S	Soviet	Laotian	Samoan	
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Ī	Cambodian						
Preferred		English	Italian		Other Chinese	Spanish	
Language	Arabic	Farsi	Japanes	S.P.	Other Non-Eng.	Tagalog	
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First Name and Mid					me and Suffix:	D.O.B.:	
Gender: Male Female Transgender Other Relationship to Caregiver:							
Sexual Orientation: Gay Lesbian Bi-sexual Questioning Straight Intersex Decline to answer							
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up to 5)	Asian Indian	sian Indian Hawaiiar		า	Mexican or Latino	Ukrainian	
·	White/Caucasian Hmong			Mien	Unk./Unreported		
Ī	Chinese Japanese		2	Other (write below)	Vietnamese		
Ī	Cambodian	,			,		
Preferred		English	Italian		Other Chinese	Spanish	
Language	Arabic	Farsi	Japanes	se	Other Non-Eng.	Tagalog	
(Check only one)	Armenian	French	Korean		Polish	Thai	
(Check only one)	ASL	Hebrew	Lao		Portuguese	Turkish	
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		Hmong	Manda	11/1	Russian	Unk./Unreported	
	Cantonese	Ilocano	Mien		Samoan	Vietnamese	

If consent is provided for more family members than are on this form, please ask for an additional form to continue.