eVIBE
A PROGRAM OF THE SACRAMENTO CHILDREN'S HOME

Primary Caregiver

People to include on this Info Form please:
- *Yourself*
- *Children you included on your consent form*
- *Anyone age 18 years or older who signed their own consent form.*

Info Form NPP

Today's Date: _____

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

Race (Check up to 5)

☐African American ☐Amer. Indian/Alaskan Native ☐Asian Indian ☐White/Caucasian ☐Chinese ☐Cambodian ☐Filipino ☐Former Soviet ☐Hawaiian ☐Hmong ☐Japanese ☐Korean ☐Laotian ☐Mexican or Latino ☐Mien ☐Other (write below) ☐Other Pacific Islander ☐Samoan ☐Ukrainian ☐Unk./Unreported ☐Vietnamese

Preferred Language (Check only one)

☐Arabic ☐Armenian ☐ASL ☐Cambodian ☐Cantonese ☐English ☐Farsi ☐French ☐Hebrew ☐Hmong ☐Ilocano ☐Italian ☐Japanese ☐Korean ☐Lao ☐Mandarin ☐Mien ☐Other Chinese ☐Other Non-Eng. ☐Polish ☐Portuguese ☐Russian ☐Samoan ☐Spanish ☐Tagalog ☐Thai ☐Turkish ☐Unk./Unreported ☐Vietnamese

Family Member Demographics

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 (Check up to 5)

☐African American ☐Amer. Indian/Alaskan Native ☐Asian Indian ☐White/Caucasian ☐Chinese ☐Cambodian ☐Filipino ☐Former Soviet ☐Hawaiian ☐Hmong ☐Japanese ☐Korean ☐Laotian ☐Mexican or Latino ☐Mien ☐Other (write below) ☐Other Pacific Islander ☐Samoan ☐Ukrainian ☐Unk./Unreported ☐Vietnamese

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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 (Check up to 5)

☐African American ☐Amer. Indian/Alaskan Native ☐Asian Indian ☐White/Caucasian ☐Chinese ☐Cambodian ☐Filipino ☐Former Soviet ☐Hawaiian ☐Hmong ☐Japanese ☐Korean ☐Laotian ☐Mexican or Latino ☐Mien ☐Other (write below) ☐Other Pacific Islander ☐Samoan ☐Ukrainian ☐Unk./Unreported ☐Vietnamese

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SACRAMENTO COUNTY
This program is funded by the Division of Behavioral Health Services through the voter approved Proposition 63, Mental Health Services Act (MHSA).

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Family Member Demographics (continued)

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 (Check up to 5)
☐ African American ☐ Amer. Indian/Alaskan Native ☐ Asian Indian ☐ White/Caucasian ☐ Chinese ☐ Cambodian
☐ Filipino ☐ Former Soviet ☐ Hawaiian ☐ Hmong ☐ Japanese
☐ Korean ☐ Laotian ☐ Mexican or Latino ☐ Mien ☐ Other (write below)
☐ Other Pacific Islander ☐ Samoan ☐ Ukrainian ☐ Unk./Unreported ☐ Vietnamese

Preferred Language (Check only one)
☐ Arabic ☐ Armenian ☐ ASL ☐ Cambodian ☐ Cantonese
☐ English ☐ Farsi ☐ French ☐ Hebrew ☐ Hmong ☐ Ilocano
☐ Italian ☐ Japanese ☐ Korean ☐ Lao ☐ Mandarin ☐ Mien
☐ Other Chinese ☐ Other Non-Eng. ☐ Polish ☐ Portuguese ☐ Russian ☐ Samoan
☐ Spanish ☐ Tagalog ☐ Thai ☐ Turkish ☐ Unk./Unreported ☐ 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 (Check up to 5)
☐ African American ☐ Amer. Indian/Alaskan Native ☐ Asian Indian ☐ White/Caucasian ☐ Chinese ☐ Cambodian
☐ Filipino ☐ Former Soviet ☐ Hawaiian ☐ Hmong ☐ Japanese
☐ Korean ☐ Laotian ☐ Mexican or Latino ☐ Mien ☐ Other (write below)
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☐ Other Chinese ☐ Other Non-Eng. ☐ Polish ☐ Portuguese ☐ Russian ☐ Samoan
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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

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☐ Korean ☐ Laotian ☐ Mexican or Latino ☐ Mien ☐ Other (write below)
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☐ Italian ☐ Japanese ☐ Korean ☐ Lao ☐ Mandarin ☐ Mien
☐ Other Chinese ☐ Other Non-Eng. ☐ Polish ☐ Portuguese ☐ Russian ☐ Samoan
☐ Spanish ☐ Tagalog ☐ Thai ☐ Turkish ☐ Unk./Unreported ☐ Vietnamese

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

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