**A picture containing text

Description automatically generated**Birth & Beyond Family Resource Centers

**Family Information Form: Caregiver/Adult Information**

|  |  |  |  |
| --- | --- | --- | --- |
| COMPLETED BY STAFF: | Staff ID: |  | |
| Client ID: |  | |
| ***Funding Source***: |  | |
| ***Date completed*** *(Month/Day/Year)****:*** | |  | | | | |
| **First Name:** | |  | | | | |
| **Middle Name:** | |  | | | | |
| **Last Name:** | |  | | | | |
| **Date of Birth** *(Month/Day/Year)***:** | |  | | | | |
| **Gender:** | | M Male F Female X Non-Binary  NL Not Listed  Prefer not to answerLogo  Description automatically generated | | | | |
| **Relationship to Child(ren):** | | 1 Mother 2 Father 5 Grandparent 7 Foster Parent  9 Other Relative 10 Other Adult (Not Related) | | | | |
| **Race/Ethnicity:** | | 2 Asian 3 Black/African American 4 Latino/Hispanic 5 Pacific Islander 6 White 7 Hmong 8 Russian Ukrainian 9 Multiracial 10 Other | | | | |
| **Primary Language(s):** | | 8 [*translated language]* 1 English 8 Other *(please specify)*: | | | | |
| **Email address:** | |  | | | | |
|  | | Would you like to receive our email newsletter (in English)? Y Yes N No | | | | |
| **Address:** | |  | | | | |
| **City:** | |  | | | | |
| **Zip Code:** | |  | | | | |
| **Phone Number(s):** | |  | | | Texts OK?  Calls OK? | |
| **Healthcare/Medical Insurance:** | | M Medi-Cal O Other N None U Unknown | | | | |
| Dental Insurance: | | M Medi-Cal O Other N None U Unknown | | | | |
| ***Current Employment Status:*** | | Full time Part Time Not Employed Unknown/prefer not to say | | | | |
| ***5. Are you Pregnant?*** | | 2 No 1 Yes | **If yes, Due Date:** | | |  |
| ***5b. Are you receiving regular prenatal check-ups?*** | | | | | | 1 Yes 2 No |

**Complete for Families with Children 5 Years Old and Younger**

*Your answers to the questions below will help us understand which services are most helpful for participants:*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***12. Please mark the option that best describes  how much you agree or disagree with the statement*** | **Strongly**  **Disagree**1 | **Disagree**2 | **Neutral**3 | **Agree**4 | **Strongly**  **Agree**5 |
| ***a.* I know what to expect at each stage of my child’s development** |  |  |  |  |  |
| ***b.* I know what program to contact in my community when  I need help for basic needs***(e.g. housing, food, employment)* |  |  |  |  |  |
| ***c.* I know what program to contact in my community when  I need advice on how to raise my child** |  |  |  |  |  |
| ***d.* I attend events in the community with my child***(e.g. FRC events, faith-based events, mommy-and-me, library story time)* |  |  |  |  |  |
| ***e.* I involve my child in day-to-day tasks for our family***(e.g. folding laundry, deciding what to make for dinner)* |  |  |  |  |  |
| ***f.* I know of safe places for my child to play that are outside of my home** |  |  |  |  |  |
| ***g.* I am able to take a break and do something enjoyable  at least once a week** |  |  |  |  |  |
| ***h.* I have people in my life who provide me with support when I need it** |  |  |  |  |  |
| ***i.* I am able to handle the stresses of day-to-day parenting** |  |  |  |  |  |
| ***j.* I find myself in stressful situations at least once a week** |  |  |  |  |  |
| ***k.* In the past 2 weeks, I have felt down, depressed, or hopeless** |  |  |  |  |  |
| **If Yes, are you receiving counseling or other care for your concern?** 1 Yes 2 No | | | | | |
| ***m.* Do you need help accessing mental health counseling for you or your child?** 1 Yes 2 No | | | | | |

|  |  |  |
| --- | --- | --- |
| ***10. Have you used any of these  Programs/Services  in the past 6 months?***  *(Highlight ALL that apply)* | | Food/nutrition (ex: WIC, CalFresh, food bank)🞎  Parent education/support classes🞎  (ex: Workshops or classes about parenting, child development, or behavior)  Home Visits from a nurse, community worker, or other program🞎  Services offered through a Family Resource Center🞎 |
| Any other programs/groups?  *(ex: recreation, faith, AOD recovery)* | |  |
| Reasons for enrolling in home visitation?  *(Highlight ALL  that apply)* | Learn about child development & parenting Increase social support  Support for education/employment Support for obtaining healthcare  Support/Information on family planning Support for economic/housing needs  Support for maternal health and well-being Support for mental health  Other *(please specify)*: | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Cash Sources of Income  *(Highlight ALL that apply)* | CalWORKs  Social Security/Disability | | Child support/alimony  Unemployment | Salary/wages  Unknown/prefer not to say |
| Other: | | | |
| Non-Cash Sources of Income  *(Highlight ALL that apply)* | CalFresh  Energy assistance  Housing assistance | WIC  Unknown/prefer not to say  Other *(specify)*: | | |
| Number in household depending on this income |  | | | |
| ***11. Approximate Family Income Per Year*** | 1Less than $15,000 2$15,000-$25,000  3 $25,001-$50,000  4$50,001-$75,000 5$75,001-$100,000 6More than $100,000  7Don’t Know 8Prefer not to say | | | |

|  |  |
| --- | --- |
| Current Marital Status | Divorced Married Never Married Widowed  Not married but living with partner Unknown/Prefer not to say |
| Adult’s Highest Level of Education  *(GED, high school, some college, AA, bachelor’s…)* |  |
| Current Education/Training *(full or part time?)* |  |
| Military History/Status |  |
| Housing Status & History  *(rent, own, with parent, public, transitional, unhoused...)* |  |