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**KIPP Caregiver Initial Information Sheet**

After consent has been given, complete information for each parent/caregiver.

| <b>PERSON A (Parent in Home)</b>  |  |                     | <b>PERSON B (Person A's Spouse/Partner)</b>   |  |                     |
|---|--|---------------------|---|--|---------------------|
| <input type="checkbox"/> Parent living in home ( <i>preferred</i> )<br><br><i>If no parent living in home:</i><br><input type="checkbox"/> Person with primary child care responsibility living in the home   |  |                     | <input type="checkbox"/> A's spouse/partner living in home ( <i>preferred</i> )<br><br><i>If no spouse/partner of Person A living in home:</i><br><input type="checkbox"/> Other person with child care responsibility living in home<br><br><i>If no other child care person in home, skip this column.</i>              |  |                     |
| <b>1a.</b>  |  | (approximate years) | <b>1b.</b>  |  | (approximate years) |
| <b>Age</b>  |  |                     | <b>Age</b>  |  |                     |
| <b>2a. Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female   |  |                     | <b>2b. Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female   |  |                     |
| <b>3a. Person A race</b> ( <i>select one or more</i> )  |  |                     | <b>3b. Person B race</b> ( <i>select one or more</i> )  |  |                     |
| <input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> White   |  |                     | <input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> White   |  |                     |
| <b>4a. Person A ethnicity</b> ( <i>select one</i> )   |  |                     | <b>4b. Person B ethnicity</b> ( <i>select one</i> )   |  |                     |
| <input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino  |  |                     | <input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino  |  |                     |
| <b>5a. Person A is child's</b> ( <i>select one or more</i> )  |  |                     | <b>5b. Person B is child's</b> ( <i>select one or more</i> )  |  |                     |
| <ul style="list-style-type: none"> <li>• Biological parent</li> <li>• Stepparent</li> <li>• Adoptive parent</li> <li>• Grandparent</li> <li>• Guardian</li> <li>• Friend</li> <li>• Other relative (<i>specify</i>) _____</li> <li>• Other nonrelative (<i>specify</i>) _____</li> <li>• Unknown/Not Available</li> </ul> |  |                     | <ul style="list-style-type: none"> <li>• Biological parent</li> <li>• Stepparent</li> <li>• Adoptive parent</li> <li>• Grandparent</li> <li>• Guardian</li> <li>• Friend</li> <li>• Other relative (<i>specify</i>) _____</li> <li>• Other nonrelative (<i>specify</i>) _____</li> <li>• Unknown/Not Available</li> </ul> |  |                     |

| <b>PERSON A (Parent in Home)</b>  | <b>PERSON B (Person A's Spouse/Partner)</b>   |
|---|---|
| <p><b>6a. Person A is</b> <i>(select one)</i></p> <p><input type="checkbox"/> A single parent/person</p> <p><input type="checkbox"/> Living with spouse</p> <p><input type="checkbox"/> Living with unmarried partner</p> <p><input type="checkbox"/> Other <i>(specify)</i> _____</p> <p><input type="checkbox"/> Unknown/Not Available</p>  | <p><b>6b. Person B is Person A's</b> <i>(select one)</i></p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Unmarried live-in partner</p> <p><input type="checkbox"/> Roomer/boarder/housemate/roommate</p> <p><input type="checkbox"/> Parent</p> <p><input type="checkbox"/> Sibling</p> <p><input type="checkbox"/> Son or daughter</p> <p><input type="checkbox"/> In-law</p> <p><input type="checkbox"/> Other relative <i>(specify)</i> _____</p> <p><input type="checkbox"/> Other non-relative <i>(specify)</i> _____</p> <p><input type="checkbox"/> Unknown/Not Available</p>   |
| <p><b>7a. Person A current living situation</b> <i>(select one)</i></p> <p><input type="checkbox"/> House/apartment</p> <p><input type="checkbox"/> Staying with friends/family</p> <p><input type="checkbox"/> Homeless shelter/no housing</p> <p><input type="checkbox"/> Residential treatment</p> <p><input type="checkbox"/> Other <i>(specify)</i> _____</p>  | <p><b>7b. Person B current living situation</b> <i>(select one)</i></p> <p><input type="checkbox"/> House/apartment</p> <p><input type="checkbox"/> Staying with friends/family</p> <p><input type="checkbox"/> Homeless shelter/no housing</p> <p><input type="checkbox"/> Residential treatment</p> <p><input type="checkbox"/> Other <i>(specify)</i> _____</p>  |
| <p><b>8a. Person A education</b> <i>(select one)</i></p> <p><input type="checkbox"/> Less than high school graduate</p> <p><input type="checkbox"/> High school graduate/GED</p> <p><input type="checkbox"/> More than high school</p>  | <p><b>8b. Person B education</b> <i>(select one)</i></p> <p><input type="checkbox"/> Less than high school graduate</p> <p><input type="checkbox"/> High school graduate/GED</p> <p><input type="checkbox"/> More than high school</p>  |
| <p><b>9a. Person A current employment status</b> <i>(select one)</i></p> <p><input type="checkbox"/> Not employed</p> <p><input type="checkbox"/> Employed full-time</p> <p><input type="checkbox"/> Employed part-time or seasonally</p>   | <p><b>9b. Person B current employment status</b> <i>(select one)</i></p> <p><input type="checkbox"/> Not employed</p> <p><input type="checkbox"/> Employed full-time</p> <p><input type="checkbox"/> Employed part-time or seasonally</p>   |
| <p><b>10a. Person A financial hardship - past 12 months</b> <i>(select one or more)</i></p> <p><input type="checkbox"/> Lacked money for family clothing or shoes</p> <p><input type="checkbox"/> Lacked money to pay rent or mortgage</p> <p><input type="checkbox"/> Lacked money to buy enough food for family</p> <p><input type="checkbox"/> Used food pantry or community meal program</p> <p><input type="checkbox"/> Utilities shut off</p> <p><input type="checkbox"/> Evicted from home</p> <p><input type="checkbox"/> Moved in with family or friends</p> <p><input type="checkbox"/> Furniture, car, other belongings repossessed</p> <p><input type="checkbox"/> Homeless</p> | <p><b>10b. Person B financial hardship - past 12 months</b> <i>(select one or more)</i></p> <p><input type="checkbox"/> Lacked money for family clothing or shoes</p> <p><input type="checkbox"/> Lacked money to pay rent or mortgage</p> <p><input type="checkbox"/> Lacked money to buy enough food for family</p> <p><input type="checkbox"/> Used food pantry or community meal program</p> <p><input type="checkbox"/> Utilities shut off</p> <p><input type="checkbox"/> Evicted from home</p> <p><input type="checkbox"/> Moved in with family or friends</p> <p><input type="checkbox"/> Furniture, car, other belongings repossessed</p> <p><input type="checkbox"/> Homeless</p> |
| <p><b>11a. Person A history of foster care</b> <i>(select one)</i></p>  | <p><b>11b. Person B history of foster care</b> <i>(select one)</i></p>  |

| <b>PERSON A (Parent in Home)</b>   | <b>PERSON B (Person A's Spouse/Partner)</b>  |
|--|--|
| <input type="checkbox"/> Caregiver spent time in foster care as a child<br><input type="checkbox"/> Caregiver has no history of foster care  | <input type="checkbox"/> Caregiver spent time in foster care as a child<br><input type="checkbox"/> Caregiver has no history of foster care  |
| <p><b>12a. Person A history of trauma</b> (Examples: community violence, domestic violence, sexual abuse/assault, severe neglect, serious emotional and psychological abuse, physical abuse, abandonment, combat-related, accidents, death of caregiver, sudden loss, witnessing violence, disasters, etc.) <i>(select one)</i></p> <input type="checkbox"/> Yes <input type="checkbox"/> No | <p><b>12b. Person B history of trauma</b> (Examples: community violence, domestic violence, sexual abuse/assault, severe neglect, serious emotional and psychological abuse, physical abuse, abandonment, combat-related, accidents, death of caregiver, sudden loss, witnessing violence, disasters, etc.) <i>(select one)</i></p> <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p><b>13a. Person A history of psychiatric hospitalization - past 5 years</b> <i>(select one)</i></p> <input type="checkbox"/> Yes <input type="checkbox"/> No   | <p><b>13b. Person B history of psychiatric hospitalization - past 5 years</b> <i>(select one)</i></p> <input type="checkbox"/> Yes <input type="checkbox"/> No   |