OMB No:

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***KIPP Caregiver Initial Information Sheet***

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

| **PERSON A (Parent in Home)** | | | **PERSON B (Person A’s Spouse/Partner)** | | |
| --- | --- | --- | --- | --- | --- |
| ☐ Parent living in home *(preferred)*  *If no parent living in home:*  ☐ Person with primary child care responsibility living in the home | | | ☐ A’s spouse/partner living in home *(preferred)*  *If no spouse/partner of Person A living in home:*  ☐ Other person with child care responsibility living in home  *If no other child care person in home, skip this column.* | | |
| **1a. Age** |  | (approximate years) | **1b. Age** |  | (approximate years) |
| **2a. Gender** ☐ Male ☐ Female | | | **2b. Gender** ☐ Male ☐ Female | | |
| **3a. Person A race** *(select one or more)*  ☐ American Indian or Alaska Native  ☐ Asian  ☐ Black or African American  ☐ Native Hawaiian or Other Pacific Islander  ☐ White | | | **3b. Person B race** *(select one or more)*  ☐ American Indian or Alaska Native  ☐ Asian  ☐ Black or African American  ☐ Native Hawaiian or Other Pacific Islander  ☐ White | | |
| **4a. Person A ethnicity** *(select one)*  ☐ Hispanic or Latino  ☐ Not Hispanic or Latino | | | **4b. Person B ethnicity** *(select one)*  ☐ Hispanic or Latino  ☐ Not Hispanic or Latino | | |
| **5a. Person A is child’s** *(select one or more)*   * Biological parent * Stepparent * Adoptive parent * Grandparent * Guardian * Friend * Other relative *(specify)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Other nonrelative *(specify)* \_\_\_\_\_\_\_\_\_\_\_ * Unknown/Not Available | | | **5b. Person B is child’s** *(select one or more)*   * Biological parent * Stepparent * Adoptive parent * Grandparent * Guardian * Friend * Other relative *(specify)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Other nonrelative *(specify)* \_\_\_\_\_\_\_\_\_\_\_\_ * Unknown/Not Available | | |
| **6a. Person A is** *(select one)*  ☐ A single parent/person  ☐ Living with spouse  ☐Living with unmarried partner  ☐ Other *(specify)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐ Unknown/Not Available | | | **6b. Person B is Person A’s** *(select one)*  ☐ Spouse  ☐ Unmarried live-in partner  ☐ Roomer/boarder/housemate/roommate  ☐ Parent  ☐ Sibling  ☐ Son or daughter  ☐ In-law  ☐ Other relative *(specify)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐ Other non-relative *(specify)* \_\_\_\_\_\_\_\_\_\_\_\_  ☐ Unknown/Not Available | | |
| **7a. Person A current living situation** *(select one)*  ☐ House/apartment  ☐ Staying with friends/family  ☐ Homeless shelter/no housing  ☐ Residential treatment  ☐ Other *(specify)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **7b. Person B current living situation** *(select one)*  ☐ House/apartment  ☐ Staying with friends/family  ☐ Homeless shelter/no housing  ☐ Residential treatment  ☐ Other *(specify)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **8a. Person A education** *(select one)*  ☐ Less than high school graduate  ☐ High school graduate/GED  ☐ More than high school | | | **8b. Person B education** *(select one)*  ☐ Less than high school graduate  ☐ High school graduate/GED  ☐ More than high school | | |
| **9a. Person A current employment status** *(select one)*  ☐ Not employed  ☐ Employed full-time  ☐ Employed part-time or seasonally | | | **9b. Person B current employment status** (*select one)*  ☐ Not employed  ☐ Employed full-time  ☐ Employed part-time or seasonally | | |
| **10a. Person A financial hardship – past 12 months** *(select one or more)*  ☐ Lacked money for family clothing or shoes  ☐ Lacked money to pay rent or mortgage  ☐ Lacked money to buy enough food for family  ☐ Used food pantry or community meal program  ☐ Utilities shut off  ☐ Evicted from home  ☐ Moved in with family or friends  ☐ Furniture, car, other belongings repossessed  ☐ Homeless | | | **10b. Person B financial hardship – past 12 months** *(select one or more)*  ☐ Lacked money for family clothing or shoes  ☐ Lacked money to pay rent or mortgage  ☐ Lacked money to buy enough food for family  ☐ Used food pantry or community meal program  ☐ Utilities shut off  ☐ Evicted from home  ☐ Moved in with family or friends  ☐ Furniture, car, other belongings repossessed  ☐ Homeless | | |
| **11a. Person A history of foster care** *(select one)*  ☐ Caregiver spent time in foster care as a child  ☐ Caregiver has no history of foster care | | | **11b. Person B history of foster care** *(select one)*  ☐ Caregiver spent time in foster care as a child  ☐ Caregiver has no history of foster care | | |
| **12a. Person A history of trauma** (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.) *(select one)*  ☐ Yes ☐ No | | | **12b. Person B history of trauma** (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.) *(select one)*  ☐ Yes ☐ No | | |
| **13a. Person A history of psychiatric hospitalization – past 5 years** *(select one)*  ☐ Yes ☐ No | | | **13b. Person B history of psychiatric hospitalization – past 5 years** *(select one)*  ☐ Yes ☐ No | | |