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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 |