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

PERSON A (Parent in Home)	PERSON B (Person A's Spouse/Partner)
<p>6a. Person A is <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>6b. Person B is Person A's <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>7a. Person A current living situation <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>7b. Person B current living situation <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>8a. Person A education <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>8b. Person B education <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>9a. Person A current employment status <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>9b. Person B current employment status <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>10a. Person A financial hardship - past 12 months <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>10b. Person B financial hardship - past 12 months <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>11a. Person A history of foster care <i>(select one)</i></p>	<p>11b. Person B history of foster care <i>(select one)</i></p>

PERSON A (Parent in Home)	PERSON B (Person A's Spouse/Partner)
<input type="checkbox"/> Caregiver spent time in foster care as a child <input type="checkbox"/> Caregiver has no history of foster care	<input type="checkbox"/> Caregiver spent time in foster care as a child <input type="checkbox"/> Caregiver has no history of foster care
<p>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.) <i>(select one)</i></p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>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.) <i>(select one)</i></p> <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>13a. Person A history of psychiatric hospitalization - past 5 years <i>(select one)</i></p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>13b. Person B history of psychiatric hospitalization - past 5 years <i>(select one)</i></p> <input type="checkbox"/> Yes <input type="checkbox"/> No