**Parent Demographic Form**

**Site ID: \_ \_ \_ \_ \_**

**Please provide some information about yourself by completing this questionnaire. We will not report any of your responses by name. Thank you.**

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| **BACKGROUND** | | |
| 1. **In what county do you currently live?** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| 1. **Do you currently describe yourself as male, female or transgender** | * Male * Female * Transgender * None of these | |
| 1. **Would you describe yourself as Hispanic or Latino?** | * Yes * No | |
| 1. **How would you describe your racial background? Select all that apply.** | * American Indian or Alaska Native * Asian * Black or African American | * Native Hawaiian or Other Pacific Islander * White |
| 1. **What is your current marital status?** | * Single * Married * Living with someone | * Separated * Divorced * Widowed |
| 1. **How many children under the age of 18 do you have?** | * 1 * 2 * 3 | * 4 * 5 * 6 or more |
| 1. **How many of these children live with you full time** | * 1 * 2 * 3 | * 4 * 5 * 6 or more |
| 1. **What is the highest education level completed? Select one.** | * 11th grade or less * 12th grade but no high school diploma * High school diploma or GED * Some college or technical school | * Associate’s degree * Bachelor’s degree * Master’s degree * Doctoral degree * Professional degree (MD, JD, etc.) |
| 1. **What is your current employment status** | * Full-time employment for wages * Part-time employment for wages * Self-employed for wages * Presently not employed outside the home, looking for work | * Presently not employed outside the home, not looking for work * Disabled/unable to work * Refused/unknown |
| 1. **What is your total household income?** | * $0 - $3,000 * $3,001 - $16,500 * $16,501 - $24,000 * $24,001 - $34,500 | * $34,501 - $49,999 * $50,000 - $74,999 * $75,000 - $99,999 * $100,000 - $124,999 * $125,000 and greater * I prefer not to say |
| 1. **Do you currently receive any public government benefits or benefits from “state-specific name” (e.g., Medicaid, food stamps, SSI, or welfare cash assistance)?** | * Child care subsidies * Child Tax Credit * Disability benefits * Earned Income Tax Credit * Education and training assistance * Housing voucher or public housing * Medicaid * Medicare * Military medical insurance * Retirement benefits * Social Security Insurance (SSI) * State Children’s Health Insurance Program (SCHIP) * State or local emergency assistance program * Supplemental Nutrition Assistance Program (SNAP) * Temporary Assistance to Needy Families (TANF) * Transportation subsidies * Unemployment compensation * Veteran’s benefits | |