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OMB control Number 0990-0421

Expiration Date: October 12, 2020

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.

BACKGROUND

1. In what county do you currently live?	_____	
2. Do you currently describe yourself as male, female or transgender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> None of these	
3. Would you describe yourself as Hispanic or Latino?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. How would you describe your racial background? Select all that apply.	<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
5. What is your current marital status?	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Living with someone	<input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
6. How many children under the age of 18 do you have?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 or more
7. How many of these children live with you full time	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 or more
8. What is the highest education level completed? Select one.	<input type="checkbox"/> 11 th grade or less <input type="checkbox"/> 12 th grade but no high school diploma <input type="checkbox"/> High school diploma or GED <input type="checkbox"/> Some college or technical school	<input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctoral degree <input type="checkbox"/> Professional degree (MD, JD, etc.)
9. What is your current employment status	<input type="checkbox"/> Full-time employment for wages <input type="checkbox"/> Part-time employment for wages <input type="checkbox"/> Self-employed for wages <input type="checkbox"/> Presently not employed outside the home, looking for work	<input type="checkbox"/> Presently not employed outside the home, <u>not</u> looking for work <input type="checkbox"/> Disabled/unable to work <input type="checkbox"/> Refused/unknown
10. What is your total household income?	<input type="checkbox"/> \$0 - \$3,000 <input type="checkbox"/> \$3,001 - \$16,500 <input type="checkbox"/> \$16,501 - \$24,000 <input type="checkbox"/> \$24,001 - \$34,500	<input type="checkbox"/> \$34,501 - \$49,999 <input type="checkbox"/> \$50,000 - \$74,999 <input type="checkbox"/> \$75,000 - \$99,999 <input type="checkbox"/> \$100,000 - \$124,999 <input type="checkbox"/> \$125,000 and greater <input type="checkbox"/> I prefer not to say
11. Do you currently receive any public government benefits or benefits from "state-specific	<input type="checkbox"/> Child care subsidies	

name” (e.g., Medicaid, food stamps, SSI, or welfare cash assistance)?

- 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