



Internal Use Only

Client#: _____ County Name: _____ County ID#: _____
 EHR Data Entry By: _____ EHR Data Entry Date: _____
 Program: Onsite: Offsite – KidScope Offsite – Other (specify): _____

Please indicate if services are primarily for your child or yourself: Child Self

PAGE 1: CLIENT/CHILD INFORMATION – complete information as it pertains to the **client/child**.

PAGE 2: PARENT/GUARDIAN INFORMATION – complete information as it pertains to **responsible adult(s)**.

CLIENT/CHILD INFORMATION:

Current Information:

Last Name: _____ First Name: _____ MI: _____ Suffix: _____ Gender: M F
 Date of Birth: _____
 Living Arrangement: House/Apt Foster Home Group Home Other (specify): _____
 Address: _____ City: _____ State: _____ Zip: _____ County: _____
 Employment Status: Not in Labor Force Full-Time Part-Time
 Primary Language (language used most of the time by the client/child): _____
 Education Level/Grade in School: _____

Background Information:

Birth Name: _____	LAST NAME	FIRST NAME	MI	SUFFIX
Alias or Other Names Used: _____	LAST NAME	FIRST NAME	MI	SUFFIX
_____	LAST NAME	FIRST NAME	MI	SUFFIX
_____	LAST NAME	FIRST NAME	MI	SUFFIX

First Name of Client/Child's Biological Mother: _____
 Client/Child's Place of Birth: _____
COUNTY STATE COUNTRY

Preferred Language (in what language would client/child prefer to receive services?): _____

Hispanic Ethnicity: Yes No

Primary Race (check all that apply):

- | | | | | |
|-------------------------------------------------|------------------------------------|------------------------------------------|-------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Hawaiian Native | <input type="checkbox"/> Laotian | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> Chinese | <input type="checkbox"/> Hmong | <input type="checkbox"/> Mien | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Filipino | <input type="checkbox"/> Japanese | <input type="checkbox"/> Other Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Korean | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Unknown/Not Reported |
| <input type="checkbox"/> Other (specify): _____ | | | | |

Other Information:

Is the Client a Caregiver: No Yes (if yes, how many persons is client responsible for at least 50% of the time)

Number of Adults 18 Years Old and Older: _____ Number of Children Under 18 Years of Age: _____

Legal/Court/Conservatorship Status: Not Applicable Juvenile Court (Dependent)
 Juvenile Court (Ward State) Juvenile Court (Ward Juvenile)

ALL INFORMATION MUST BE UPDATED ANNUALLY.

PARENT/GUARDIAN INFORMATION:

Parent/Guardian (A)

Name: _____ | _____ Relationship to Client: _____
LAST NAME FIRST NAME

Marital Status: Single/Never Married Married Separated Divorced Widowed Remarried Unknown

Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____ County: _____

Home Phone#: _____ Okay to leave message? Yes No

Cell Phone#: _____ Okay to leave message? Yes No

Work Phone#: _____ Okay to leave message? Yes No

Email Address: _____

Communication Preference: Home Phone Cell Phone Work Phone Email

Employer Name: _____

Employer Address: _____ City: _____ State: _____ Zip: _____ County: _____

Does Parent/Guardian (A) live with Client/Child? Yes No

What is the legal custody status of Parent/Guardian (A)? Full Joint None

Yearly Household Income (this information is used only for program evaluation purposes): Less than \$25,000 \$25,000-\$49,999
 \$50,000-74,999 \$75,000-\$99,999 \$100,000 or more Declined to answer

Parent/Guardian (B)

Name: _____ | _____ Relationship to Client: _____
LAST NAME FIRST NAME

Marital Status: Single/Never Married Married Separated Divorced Widowed Remarried Unknown

Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____ County: _____

Home Phone#: _____ Okay to leave message? Yes No

Cell Phone#: _____ Okay to leave message? Yes No

Work Phone#: _____ Okay to leave message? Yes No

Email Address: _____

Communication Preference: Home Phone Cell Phone Work Phone Email

Employer Name: _____

Employer Address: _____ City: _____ State: _____ Zip: _____ County: _____

Does Parent/Guardian (B) live with Client/Child? Yes No

What is the legal custody status of Parent/Guardian (B)? Full Joint None

Yearly Household Income (this information is used only for program evaluation purposes): Less than \$25,000 \$25,000-\$49,999
 \$50,000-74,999 \$75,000-\$99,999 \$100,000 or more Declined to answer

Form Completed By:

Signature: _____ Printed Name: _____ Date: _____

ALL INFORMATION MUST BE UPDATED ANNUALLY.