

**CHILD DEMOGRAPHIC INFORMATION FORM TO BE COMPLETED BY PARENT (17years & younger)**

Date of Visit \_\_\_\_\_ Reason for Visit \_\_\_\_\_

Legal Last Name \_\_\_\_\_ Legal 1st Name \_\_\_\_\_ MI \_\_\_\_\_

DOB \_\_\_\_\_ Sex at Birth \_\_\_\_\_ Race (e.g. Asian/ Black/ Japanese/ White/ Other) \_\_\_\_\_

Language (e.g. English/Arabic/French/Spanish) \_\_\_\_\_ Hispanic - Yes  No

Marital Status - Single  Married  Divorced  Separated  Widow/Widower

Birth Status - Single  Twin  Triplet  Other  Birth Order (if twin, triplet, etc.) - 1st  2nd  3rd  Other

Social Security # \_\_\_\_\_ Communication Preference (mail, email, cell phone, etc.) \_\_\_\_\_

Email Address \_\_\_\_\_ May we contact you via email? Yes  No

Home Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

County \_\_\_\_\_ Home # \_\_\_\_\_ Cell/ # \_\_\_\_\_ Best time to call (morning, evening, etc.) \_\_\_\_\_

Mother's 1st & Last Name \_\_\_\_\_ Father's 1st & Last Name \_\_\_\_\_

Your Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Legal Guardian Y  N

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Are you covered by Medicaid/ Medicare? Yes  No  Medicaid/ Medicare Number \_\_\_\_\_ / \_\_\_\_\_

Do you have Health Insurance? Yes  No  INS. Name/Policy # \_\_\_\_\_ / \_\_\_\_\_

Highest Level of Education \_\_\_\_\_ Migrant Worker - Yes  No  Seasonal Agricultural Worker - Yes  No

Country of Birth \_\_\_\_\_ Was client born in U.S or born abroad to a parent who was a U.S citizen? - Yes  No

Date Arrived in US \_\_\_\_\_ Immigration Status (Immigrant, Student Visa, Refugee, etc.): \_\_\_\_\_ Alien Number: \_\_\_\_\_

Did the child live outside the US for more than 2 months? Yes  No  Country lived in for more than 2 months \_\_\_\_\_

**Please list all family members living in the home and note monthly income if applicable**

(Income includes all earnings from jobs, pensions, child support, social security, death benefit, alimony, unemployment/worker's compensation, veteran benefits, investments, trust funds, rental income, self-employment, Public Assistance, grants or any other income received.)

Name	Date of Birth	SS#	Relationship	Monthly Income

Do you pay child care? Yes  No  Monthly Amount \_\_\_\_\_ Do you pay court ordered child support? Yes  No  Mo. Amount \_\_\_\_\_

Do you live in? (check all that apply) STABLE PERMANENT HOUSING --- OWN  RENT  / SUBSIDIZED  UNSUBSIDIZED  / OTHER

TEMPORARY HOUSING --  HOMELESS  HOUSING SUBSIDY (I.E. Ryan White)  FAMILY/FRIEND  PRISON  JAIL  OTHER

Do you have ...? (check all that apply)

REFRIGERATOR  FAN  WATER INSIDE FOR BATHING  STOVE  INDOOR TOILET  HOT PLATE  WATER INSIDE FOR DRINKING

# of rooms (bedroom/bathrooms/kitchen, etc.)? \_\_\_\_\_ Method to heat/cool? (Central/Window Units/Portable Heater/None) \_\_\_\_\_ / \_\_\_\_\_

I affirm the information I am providing is true and correct to the best of my knowledge. I understand if I provide false or inaccurate information services may be discontinued and I may have to pay for all services received per the appropriate fee schedule. FACS64f10.003 (5).

Signature \_\_\_\_\_ Date \_\_\_\_\_