**A green sign with white text

AI-generated content may be incorrect.Annual Parent, Guardian, or Primary Caregiver Participant Information Form**

TO BE UPDATED EVERY AUGUST FOR CONTINUING SERVICES

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  |  |  |
| **Last** | **First** | **Middle** |

|  |  |  |
| --- | --- | --- |
| **Date of Birth** | **Gender** | **Race/Ethnicity** (please select only one) |
| **/ /** | Female  Male  Prefer not to answer | Biracial or Multiracial  Hispanic  Black non-Hispanic/African American  Haitian  White non-Hispanic  Other  Prefer not to answer |
| Month / Day / Year |

|  |
| --- |
| **What is the highest level of education you’ve completed?** (please select only one) |
| HS Diploma/GED  Some College  Associate Degree  Grade 1-12 (specify)  Bachelor’s Degree  Graduate Degree |
|

|  |  |
| --- | --- |
| **How many total children are in your care?** | How many of the children in your care have a disability or condition expected to last for a year or more that makes it harder for them to do things that other children of the same age can do? |
|  |  |

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| --- |
| **What primary role do you play as a parent, guardian, or primary caregiver?** (please select only one) |
| Mother  Father  Step-mother  Step-father  Grandparent  Foster Parent  Other |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **Home**  **Address** |  |  |  |
| **Street** | **City** | **ZIP Code** |

|  |  |
| --- | --- |
| **Primary Phone Number** | **Email address** |
| **( )**  **-**  **Is this a cell/mobile phone?**  Yes  No |  |
|

**Preferred language for contact from The Children’s Trust** (please select only one)

English  Spanish  Haitian Creole

Please note that The Children’s Trust may contact you via postal mail, email and/or text to ask about your satisfaction with services, and to make you aware of other Trust-funded programs, initiatives and events that may interest you.

How did you hear about this program?

As part of my voluntary participation in this program, I give my permission for the information collected through this program to be submitted to The Children's Trust for program evaluation and quality purposes. The Children’s Trust provides funding for the program to operate and follows strict data privacy protections for the information collected.

|  |  |
| --- | --- |
| **Participant Signature** | **Date Signed** |
|  | **/ /** |
|  | Month / Day / Year |

If you are interested in other community services or resources, you can call the **211 Miami Helpline, visit** [**211miami.org**](http://211miami.org), or learn more about **The Children’s Trust programs at** [**www.thechildrenstrust.org**](http://www.thechildrenstrust.org). For special needs resources for individuals with disabilities and their families, visit [**www.advocacynetwork.org/services/individual-family-support**](www.advocacynetwork.org/services/individual-family-support) **or** [**www.thechildrenstrust.org/cwd**](http://www.thechildrenstrust.org/cwd).

ORGANIZATION SITE