**Annual Parent, Guardian, or Primary Caregiver Participant Information Form**

TO BE UPDATED EVERY AUGUST FOR CONTINUING SERVICES

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| --- | --- | --- | --- |
| **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 |
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| --- | --- |
| **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