

MIECHV Family Demographic Form

♦Home Visitor: _____

Timeframe: Intake Update

♦Agency ID: _____

♦Date Completed: _____

Participant ID#: _____

♦Time spent on form: _____ (min.)

Completed with primary caregiver at intake and updated every 12 months

In order to provide you and your family with the most appropriate and responsive services, I'm going to ask you some questions about yourself, your children, and others living in your home.

"Index Child" refers to the child who will primarily be served through the Home Visiting Program.

Parent or Caregiver #1 (person who is completing the form)

♦ First Name: _____ ♦ Middle Initial: ____ ♦ Last Name: _____

♦ Date of Birth: _____ ♦ Gender: Female Male

♦ Relationship to Index Child: Mother Father Step Parent Grandparent Other: _____

Race refers to biological traits, usually related to where your ancestors came from. Ethnicity refers to your cultural heritage (language, traditions, etc.) regardless of your race.

♦ Race (check all that apply):

- African American American Indian or Alaska Native Asian
 Caucasian Native Hawaiian or Pacific Islander Declined to answer race

♦ Ethnicity (check only one): Hispanic/Latino Non-Hispanic/Latino

Declined to answer ethnicity

♦ Language used most often in the home: _____

♦ Marital status (check only one):

- Never Married (single) Married Divorced Separated Widowed Other: _____

♦ Highest level of education completed (check only one):

- Enrolled in high school High school age, not enrolled Less than HS diploma GED
 High school diploma Vocational School/Technical Training Some college
 Associate degree Bachelor degree or higher Other: _____

♦ Enrolled in education or workforce training program: No Yes → # hours studying/in class: _____ per week

Your living environment affects the wellbeing of yourself, your children and your family. I want to ask you about your....

Current living situation:

Is this a temporary living arrangement? Yes No

- Apartment House (rental) House (own) Mobile home or trailer Hotel or motel
 Vehicle Campground Community Shelter Migrant Housing Other: _____

Living with (check all that apply): Children Mother/father of index child Family Friends Alone

Moved in past 12 months: No Yes → Number of moves: _____ → Reason moved: _____

Primary mode of transportation: Own car Friends or family Bicycle Bus Other: _____

♦ Employment situation:

Declined to answer

Yes → Income: \$ _____ Frequency: each week every two weeks twice per month month Other _____

Job description: _____ Typical Hours/week: _____ # Weeks worked/year: _____

No → Describe income situation: _____

♦ Current or previously served in the military? No Yes → Number of deployments outside U.S.: _____

♦ Receive the following services/benefits:

- TANF/TAFI Medicaid SNAP (food stamps) PSR (Psych Rehab Services) SSI (social security)
 Foster Care/Adoption Subsidy Unemployment Energy Program Assistance Housing Assistance WIC
 Child Support or Alimony Other: _____ None

Caring for your child(ren) is important work, but it might not be considered a "job."

♦ Number of unpaid hours spent caring for your children: _____ per week

We are here to help you. Our program uses a variety of written materials. Please tell us if you have trouble reading.

Difficulty reading? Yes No Comments: _____

In this section we'd like to collect information for another adult who shares caregiving responsibilities with you. This could be the child's father, a grandparent, your partner, or any other adult who cares for the Index Child.

Parent or Caregiver #2

♦ **First Name:** _____ ♦ **Middle Initial:** ____ ♦ **Last Name:** _____

♦ **Date of Birth:** _____ ♦ **Gender:** Female Male

♦ **Relationship to Index Child:** Mother Father Step Parent Grandparent Other: _____

Relationship to caregiver #1: Partner Spouse Parent (child's grandparent) Other: _____

♦ **Race (check all that apply):**
 African American American Indian or Alaska Native Asian
 Caucasian Native Hawaiian or Pacific Islander Declined to answer race

♦ **Ethnicity (check only one):** Hispanic/Latino Non-Hispanic/Latino Declined to answer ethnicity

♦ **Language used most often in the home:** _____

♦ **Marital status (check only one):**
 Never Married (single) Married Divorced Separated Widowed Other: _____

♦ **Highest level of education completed (check only one):**
 Enrolled in high school High school age, not enrolled Less than HS diploma GED
 High school diploma Vocational School/Technical Training Some college
 Associate degree Bachelor degree or higher Other: _____

♦ **Enrolled in education or workforce training program:** No Yes → # hours studying/in class: _____ per week

♦ **Current or previous military service?** No Yes → Number of deployments outside U.S.: _____

♦ **Employment situation:**
 Yes → Income: \$ _____ Frequency: each week every two weeks twice per month month Other _____
Job description: _____ Typical Hours/week: _____ # Weeks worked/year: _____
 No → Describe income situation: _____

♦ **Number of unpaid hours spent caring for children:** _____ per week

♦ **Receive any of the following services/benefits?**
 TANF/TAFI Medicaid SNAP (food stamps) PSR (Psych Rehab Services) SSI (social security)
 Foster Care/Adoption Subsidy Unemployment Energy Program Assistance Housing Assistance WIC
 Child Support or Alimony Other: _____ None

Difficulty reading? Yes No Comments: _____

OTHER FAMILY MEMBERS

♦ Indicate other people living in the home:
 Children → Go to *Child* section – pages 3-4
 Adults → Go to optional *Other People in the Home* section – page 5
 No one else (*Family Demographic Form* is complete)

NOTES

Next Family Demographic Form due:

"Index Child" refers to the child who will be served through the Home Visiting Program. Older siblings or other children are important although they are not called an index child.

Child #1

Index child: Yes No

- ♦ **First Name:** _____ ♦ **Middle Initial:** ___ ♦ **Last Name:** _____
♦ **Date of Birth:** _____ ♦ **Gender:** Female Male
♦ **Race (check all that apply):**
 African American American Indian or Alaska Native Asian
 Caucasian Native Hawaiian or Pacific Islander Declined to answer race
♦ **Ethnicity (check only one):** Hispanic/Latino Non-Hispanic/Latino Declined to answer ethnicity

Sometimes while you are working or in school, your child is in child care. The child care may be a center, home, or family member's house. About how many hours does the "index child" spend in child care?

Child spends majority of time:

- Home with parent Home with other caregiver Preschool or kindergarten
 Child care → # hours: _____ per week Child care name: _____
Address: _____

♦ **Special needs or developmental delay:**

- No Yes → Describe diagnosis or severity of delay: _____

Child has:

- IFSP-Individualized Family Service Plan IEP-Individualized Education Plan Private provider plan No service plan
Contact: _____ Phone: (____) ____-____ Location: _____

♦ **Child involved with Child Welfare because of child abuse or neglect:** No In the past (closed)

- Currently → Case worker: _____ Phone: (____) ____-____

♦ **Child in foster care:** No Yes → Foster parents: _____

Foster placement address: _____

Child #2

Index child: Yes No

- ♦ **First Name:** _____ ♦ **Middle Initial:** ___ ♦ **Last Name:** _____
♦ **Date of Birth:** _____ ♦ **Gender:** Female Male
♦ **Race (check all that apply):**
 African American American Indian or Alaska Native Asian
 Caucasian Native Hawaiian or Pacific Islander Declined to answer race
♦ **Ethnicity (check only one):** Hispanic/Latino Non-Hispanic/Latino Declined to answer ethnicity

Child spends majority of time:

- Home with parent Home with other caregiver Preschool or kindergarten
 Child care → # hours: _____ per week Child care name: _____
Address: _____

♦ **Special needs or developmental delay:**

- No Yes → Describe diagnosis or severity of delay: _____

Child has:

- IFSP-Individualized Family Service Plan IEP-Individualized Education Plan Private provider plan No service plan
Contact: _____ Phone: (____) ____-____ Location: _____

♦ **Child involved with Child Welfare because of child abuse or neglect:** No In the past (closed)

- Currently → Case worker: _____ Phone: (____) ____-____

♦ **Child in foster care:** No Yes → Foster parents: _____

Foster placement address: _____

Child #3Index child: Yes No

♦ **First Name:** _____ ♦ **Middle Initial:** ___ ♦ **Last Name:** _____

♦ **Date of Birth:** _____ ♦ **Gender:** Female Male

♦ **Race (check all that apply):**
 African American American Indian or Alaska Native Asian
 Caucasian Native Hawaiian or Pacific Islander Declined to answer race

♦ **Ethnicity (check only one):** Hispanic/Latino Non-Hispanic/Latino Declined to answer ethnicity

Child spends majority of time:
 Home with parent Home with other caregiver Preschool or kindergarten
 Child care → # hours: _____ per week Child care name: _____
 Address: _____

♦ **Special needs or developmental delay:**
 No Yes → Describe diagnosis or severity of delay: _____

Child has:
 IFSP-Individualized Family Service Plan IEP-Individualized Education Plan Private provider plan No service plan
 Contact: _____ Phone: (____) ____-____ Location: _____

♦ **Child involved with Child Welfare because of child abuse or neglect:** No In the past (closed)
 Currently → Case worker: _____ Phone: (____) ____-____

♦ **Child in foster care:** No Yes → Foster parents: _____
 Foster placement address: _____

Child #4Index child: Yes No

♦ **First Name:** _____ ♦ **Middle Initial:** ___ ♦ **Last Name:** _____

♦ **Date of Birth:** _____ ♦ **Gender:** Female Male

♦ **Race (check all that apply):**
 African American American Indian or Alaska Native Asian
 Caucasian Native Hawaiian or Pacific Islander Declined to answer race

♦ **Ethnicity (check only one):** Hispanic/Latino Non-Hispanic/Latino Declined to answer ethnicity

Child spends majority of time:
 Home with parent Home with other caregiver Preschool or kindergarten
 Child care → # hours: _____ per week Child care name: _____
 Address: _____

♦ **Special needs or developmental delay:**
 No Yes → Describe diagnosis or severity of delay: _____

Child has:
 IFSP-Individualized Family Service Plan IEP-Individualized Education Plan Private provider plan No service plan
 Contact: _____ Phone: (____) ____-____ Location: _____

♦ **Child involved with Child Welfare because of child abuse or neglect:** No In the past (closed)
 Currently → Case worker: _____ Phone: (____) ____-____

♦ **Child in foster care:** No Yes → Foster parents: _____
 Foster placement address: _____

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OTHER PEOPLE IN THE HOME

Additional Person #1

♦ First Name: _____ ♦ Last Name: _____

Relationship to Caregiver #1: Sibling Parent (child's grandparent) Spouse Other: _____

♦ Does person contribute income to family:

No

Yes → ♦ Income: \$ _____

Frequency: each week every two weeks twice per month month Other _____

Additional Person #2

♦ First Name: _____ ♦ Last Name: _____

Relationship to Caregiver #1: Sibling Parent (child's grandparent) Spouse Other: _____

♦ Does person contribute income to family:

No

Yes → ♦ Income: \$ _____

Frequency: each week every two weeks twice per month month Other _____

Additional Person #3

♦ First Name: _____ ♦ Last Name: _____

Relationship to Caregiver #1: Sibling Parent (child's grandparent) Spouse Other: _____

♦ Does person contribute income to family:

No

Yes → ♦ Income: \$ _____

Frequency: each week every two weeks twice per month month Other _____

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