# 2018-2019 32p Data Reporting: Child Care Network

**Child's Legal Name:**_____

**Last** **First** **Middle** **Suffix (JR./III etc.)**

**Date of Birth (Month/Date/Year):** _____ **Gender (M/F):**____ **Multiple Birth Order (1,2,3 etc.)**_____

**Street Address:**_____

**PO Box/Apt./Lot #:**_____

**City:**_____

**State:**_____

**Zip Code:**_____

**School District of Residence:**_____

**County of Residence:** _____

**Primary Language Spoken in the Home:**_____

**Circle ALL that Apply**

**Ethnicity:**

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Hispanic or Latino

**IF you are Homeless what is your Status:**

Shelters

Transitional Housing

Awaiting Foster Care Placement/Temporary Foster Care

Doubled-Up

Hotel/Motel

Unsheltered

**Family income under:**

| Family Size: | Income: |
|---|---|
| 2 | $32,920 |
| 3 | $41,560 |
| 4 | $50,200 |
| 5 | $58,840 |
| 6 | $67,480 |
| 7 | $76,120 |
| 8 | $84,760 |

## Program Information

**Enrollment Date:**_____

**Delivery Method:** 01 School Based

02 Community Based

03 Home Based

**Exit Date:**_____

**Exit Reason:** 063 Program Complete

064 Parent Initiated Transfer

065 Program Initiated Transfer

066 Child's Behavior

067 Parents Withdrew Child

068 Death of Child

069 Program Terminated

999 Other Reason/Unknown