2018-2019 32p Data Reporting: Family Services and Children's Aid

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