

2018-2019 32p Data Reporting: Harmony Garden

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:	IF you are Homeless what is your Status:	Family income under:
		Family Size: Income:
American Indian or Alaska Native	Shelters	2 \$32,920
Asian	Transitional Housing	3 \$41,560
Black or African American	Awaiting Foster Care Placement/Temporary Foster Care	4 \$50,200
Native Hawaiian or Other Pacific Islander	Doubled-Up	5 \$58,840
White	Hotel/Motel	6 \$67,480
Hispanic or Latino	Unsheltered	7 \$76,120
		8 \$84,760

Program Information

Enrollment Date: _____

Exit Date: _____

Delivery Method: 01 School Based

Exit Reason: 063 Program Complete

02 Community Based

064 Parent Initiated Transfer

03 Home Based

065 Program Initiated Transfer

066 Child's Behavior

067 Parents Withdrew Child

068 Death of Child

069 Program Terminated

999 Other Reason/Unknown