

Family Demographics

MOTHER

Name _____ DOB _____

Address _____

Attorney _____

Ethnicity

- Hispanic or Latino
 Non-Hispanic or Latino

Federally Recognized Racial Categories:

- | | |
|---|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Mixed Race |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native American/Alaska Native |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |

- Single Parent Substance Abuse Incarcerated Homeless

Disabilities: _____

Concerns:

- | | | |
|---|---|--|
| <input type="checkbox"/> Alcohol/Substance Abuse | <input type="checkbox"/> Domestic Violence Victim | <input type="checkbox"/> No GED/no high school diploma |
| <input type="checkbox"/> Criminal History | <input type="checkbox"/> Illiterate | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Developmental delays | <input type="checkbox"/> Lack of support system | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> Domestic Violence Abuser | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Unemployment |

Employment:

Company _____ Title _____

Supervisor _____ Start Date _____

FATHER

Name _____ DOB _____

Address _____

Attorney _____

Ethnicity

- Hispanic or Latino
 Non-Hispanic or Latino

Federally Recognized Racial Categories:

- | | |
|---|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Mixed Race |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native American/Alaska Native |
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| <input type="checkbox"/> Domestic Violence Abuser | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Unemployment |

Employment:

Company _____ Title _____

Supervisor _____ Start Date _____

Other Involved Family Member(s) (i.e. Grandparents, Aunt/Uncle):

Name _____ Gender M F

Relation to child _____ Involvement _____

Name _____ Gender M F

Relation to child _____ Involvement _____