

Parents' English Ability (Check all that apply.): very well well not well not at all

Child's Ethnicity: Caucasian Black Hispanic Asian other _____

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Primary Occupational Status (If two-parent family, please check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Full – time (more than 34 hours per week) | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Part-time | <input type="checkbox"/> With past employment history |
| <input type="checkbox"/> Seasonal-Non Agricultural | <input type="checkbox"/> With no previous job experience |
| <input type="checkbox"/> Seasonal- Agricultural | <input type="checkbox"/> Unable to work due to disability |
| <input type="checkbox"/> Employed and in school | <input type="checkbox"/> Active Military |
| <input type="checkbox"/> Training program with salary | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> Training program without salary | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Other | <input type="checkbox"/> Homemaker |

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 In School

- Towards high school diploma/GED
- Towards trade/business qualification
- Towards college degree
- Towards postgraduate degree
- In school and employed
- Other

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Types of Services or Financial Assistance Received (mark all that apply):

- | | |
|--|---|
| <input type="checkbox"/> No services received | <input type="checkbox"/> Unemployment insurance |
| <input type="checkbox"/> Medical financial assistance (i.e. Medicare/Medicaid) | <input type="checkbox"/> Public housing assistance |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Emergency program assistance |
| <input type="checkbox"/> Public assistance/Welfare (i.e. TANF/AFDC)* | <input type="checkbox"/> LIEP |
| <input type="checkbox"/> WIC | <input type="checkbox"/> Child Support / Alimony |
| <input type="checkbox"/> Supplemental Security income (SSI) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Foster Care/Adoption subsidy | |

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Housing Payment Arrangement:

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Own House | <input type="checkbox"/> Exchange Services for housing | <input type="checkbox"/> Receive subsidized housing |
| <input type="checkbox"/> Rent Housing | <input type="checkbox"/> Make no payment for housing | <input type="checkbox"/> other: Specify _____ |

Type of Housing:

- | | | | |
|------------------------------------|--|--|--|
| <input type="checkbox"/> House | <input type="checkbox"/> Mobile home/trailer | <input type="checkbox"/> Homeless/no housing | <input type="checkbox"/> Migrant housing |
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Community shelter | <input type="checkbox"/> M/Hotel room | <input type="checkbox"/> Other: |

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Family currently has means of transportation: Yes No

Primary mode(s) of transportation used (mark all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Private vehicle (car, truck, van) | <input type="checkbox"/> Public transportation (bus, subway, taxi) |
| <input type="checkbox"/> Friend or relative's vehicle | <input type="checkbox"/> Other: _____ |

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Child to be cared for by someone other than the head of household in addition to participating in Head Start:

Yes No

Day Care Provider (s) (mark all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Older sibling 12 - | <input type="checkbox"/> Adult non-relative in non-relative's home |
| <input type="checkbox"/> Older sibling 12 + | <input type="checkbox"/> Childcare center |
| <input type="checkbox"/> Relative | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Adult non-relative in child's home | <input type="checkbox"/> Not arranged yet |

Do you receive a subsidy for child care; example – Mountainheart? Yes No