



ACKNOWLEDGMENT AND CONSENT

I, _____, as the parent, guardian or legally authorized
Parent name(s)

representative of _____
Child(ren)'s name(s)

have been informed and understand that FIRST 5 Santa Clara County may share confidential information about my family with other persons or agencies that work with FIRST 5 to plan and provide services to my family.

Participating agencies working with FIRST 5 to plan and provide services may include, but are not limited to: medical providers, the Department of Mental Health, the Public Health Department, the Social Services Agency, Pre-school and Head Start Programs, the Regional Center, early education providers and other providers of early childhood services.

Each agency will only release or exchange confidential information or records to other participating agencies when the information may be relevant to the services to be provided or for evaluation purposes as explained below.

A separate authorization form is required for the release of medical information from a health care provider. I understand that I may be requested to sign other forms for the release of medical information.

I understand that FIRST 5 is required to conduct evaluations of the services they provide to my family. This requires collecting and analyzing information and data that may include confidential information about my family. I understand that this information will help improve services to families like mine and that no confidential information will be included in any public report.

FIRST 5 requires my permission to collect and analyze confidential information for evaluation purposes. Such information may be shared with FIRST 5 evaluators, partners and providers of early childhood services. Each agency understands that they must maintain the confidentiality of such information and can further disclose such information only as required by law or as authorized by a written consent to release the information. There are minimal risks to my family from sharing this information.

I give my permission to FIRST 5 and its evaluators and partners to collect and analyze my family's personal information for program evaluation purposes.

I understand that if I choose not to sign this Acknowledgment and Consent, my family will still receive services and for that purpose my name and address will be entered into the FIRST 5 database and will be available to the administrator of the database.

I also understand that I may cancel this consent at any time by writing to the Research and Evaluation Department, FIRST 5 Santa Clara County, 4000 Moorpark Avenue, Suite 200, San Jose, CA 95117. Cancellation of my permission will not affect any information that has already been collected.

This consent shall remain in effect for 10 years.



ACKNOWLEDGMENT AND CONSENT (continued)

I have read this form, or it has been fully explained to me, and I understand the provisions.

Parent(s), Legal Guardian or Legal Representative:

Print Name

Print Name

Signature

Signature

Relationship to Child(ren)

Relationship to Child(ren)

Child(ren)'s Name(s)

Date

Name of Agency obtaining parent signature and holding original form

Name of Person obtaining parent signature

FIRST 5 Santa Clara County Family Resource Center Family Intake Questionnaire

Suggested introduction: We are asking families in FIRST 5 programs to complete an interview. Your answers will help us to serve you and others in the community better. You do not have to complete this interview, and you can choose not to answer any question. We are here to help you if you do not understand a question.

Date form completed (MM/DD/YYYY)

CAREGIVER'S FULL NAME (First Middle Last)		DATE OF BIRTH (MM/DD/YYYY)	
RELATIONSHIP TO CHILD (<i>check one only</i>)		GENDER	
<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Other Relative
RACE/ETHNICITY (<i>check all that apply</i>)		<input type="checkbox"/> Multiracial	
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> White
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Alaska Native or American Indian	<input type="checkbox"/> Other: _____	
PRIMARY LANGUAGE (<i>check one only</i>)		<input type="checkbox"/> Mandarin	
<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Cantonese
<input type="checkbox"/> Khmer	<input type="checkbox"/> Other: _____		<input type="checkbox"/> Korean
PHONE #		E-MAIL ADDRESS	
ADDRESS		ZIP CODE	
CITY		INSURANCE (<i>select one</i>)	
<input type="checkbox"/> Private Insurance		<input type="checkbox"/> Medi-Cal	<input type="checkbox"/> Kaiser
<input type="checkbox"/> Healthy Kids		<input type="checkbox"/> Uninsured	<input type="checkbox"/> Covered California
<input type="checkbox"/> Unknown			

CAREGIVER'S FULL NAME (First Middle Last)		DATE OF BIRTH (MM/DD/YYYY)	
RELATIONSHIP TO CHILD (<i>check one only</i>)		GENDER	
<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Other Relative
RACE/ETHNICITY (<i>check all that apply</i>)		<input type="checkbox"/> Multiracial	
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> White
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Alaska Native or American Indian	<input type="checkbox"/> Other: _____	
PRIMARY LANGUAGE (<i>check one only</i>)		<input type="checkbox"/> Mandarin	
<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Cantonese
<input type="checkbox"/> Khmer	<input type="checkbox"/> Other: _____		<input type="checkbox"/> Korean
PHONE #		E-MAIL ADDRESS	
ADDRESS		ZIP CODE	
CITY		INSURANCE (<i>select one</i>)	
<input type="checkbox"/> Private Insurance		<input type="checkbox"/> Medi-Cal	<input type="checkbox"/> Kaiser
<input type="checkbox"/> Healthy Kids		<input type="checkbox"/> Uninsured	<input type="checkbox"/> Covered California
<input type="checkbox"/> Unknown			

GENERAL FAMILY INFORMATION

1. Which is closest to your family's total income last year? *(check one only)*

- | | | |
|--|--|--|
| <input type="checkbox"/> \$5,000 or less | <input type="checkbox"/> \$5,001 – \$10,000 | <input type="checkbox"/> \$10,001 – \$20,000 |
| <input type="checkbox"/> \$20,001 – \$30,000 | <input type="checkbox"/> \$30,001 – \$40,000 | <input type="checkbox"/> \$40,001 – \$50,000 |
| <input type="checkbox"/> \$50,001 - \$60,000 | <input type="checkbox"/> \$60,001 - \$70,000 | <input type="checkbox"/> \$70,001 and above |
| <input type="checkbox"/> Unknown/Declined | | |

2. Number of adults who live with you, not including yourself: _____

3. Number of children who live with you: _____

4. **In the past 3 months**, how much do you agree with the following statements...?

	Strongly agree	Agree	Disagree	Strongly disagree
a) I have enough food to feed my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I have housing I can afford.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I have enough money to provide basic needs for my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I feel unsafe or threatened by someone in my home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Someone in my close family has a drug or alcohol problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I feel sad or depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. **In the past 3 months**, how much do you agree with the following statements...?

	Strongly agree	Agree	Disagree	Strongly disagree
a) I can get the services my family needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I feel connected to my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I have people in my community I can turn to for support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. **In the last 6 weeks**, to what extent do the following statements describe your experience as a parent?

	Not at all	Slightly	Moderately	Very	Extremely
a) Parenting is rewarding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Parenting is demanding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Parenting is stressful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Parenting is fulfilling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Parenting is depressing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. **During the past week**, on how many days did all the family members who live in the household eat a meal together? _____

8. Have you, or anyone who lives with you, smoked at all in the past 30 days? *(Check one only)*

- Yes No Declined to state

9. What is the highest grade of schooling that you have completed? *(Check one only)*

- | | |
|---|--|
| <input type="checkbox"/> Some grade school or high school | <input type="checkbox"/> High school diploma/GED |
| <input type="checkbox"/> Associate degree or technical degree | <input type="checkbox"/> Bachelor degree |
| <input type="checkbox"/> Master, Doctorate or professional degree | <input type="checkbox"/> Other/Unknown/Declined |

10. What is your current employment status? *(Check one only)*

- | | | |
|------------------------------------|---|---|
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Unemployed, seeking employment | <input type="checkbox"/> Other/declined |
| <input type="checkbox"/> Part-time | <input type="checkbox"/> Unemployed, not seeking employment | |

11. What is your marital status? *(Check one only)*

- Not married Married/Domestic Partnership Declined to state

12. Currently, where do you and your family sleep at night?

- In a house or apartment we own or rent
 With another family or friend in their home/apartment temporarily (staying as a guest)
 In a shelter (including motel/hotel paid for by an organization)
 In a transitional housing program
 In a car or RV
 In a park, campground, or public place
 Other (please specify: _____)
 I decline to state

13. Is there any risk you and your family may lose your current residence in the next month?

- Yes No Declined to state

14. How did you hear about the Family Resource Center? *(Check all that apply)*

- | | | |
|--|--|---|
| <input type="checkbox"/> FIRST 5 Community Worker | <input type="checkbox"/> Friend/family | <input type="checkbox"/> Preschool/School |
| <input type="checkbox"/> Probation Officer | <input type="checkbox"/> Website/newspaper | <input type="checkbox"/> Walk-in/self |
| <input type="checkbox"/> Public Health Nurse | <input type="checkbox"/> Child Welfare/ CPS | <input type="checkbox"/> Brochure/flier |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Early Start/Special Education | <input type="checkbox"/> Radio/TV |
| <input type="checkbox"/> Family childcare provider | | |

15. Do any of these programs serve you or another family member? *(Check all that apply)*

- | | | |
|--|--|--|
| <input type="checkbox"/> None of these programs | <input type="checkbox"/> Child Welfare/CPS services | <input type="checkbox"/> Differential Response program |
| <input type="checkbox"/> Mental Health services | <input type="checkbox"/> Court programs/workshops | <input type="checkbox"/> Early Start/Special Education |
| <input type="checkbox"/> Probation or parole services | <input type="checkbox"/> Alcohol and Drug services | <input type="checkbox"/> Public assistance (e.g., WIC, CalWorks) |
| | <input type="checkbox"/> Child Signature Program (CSP) | <input type="checkbox"/> Other: _____ |

FRC staff will complete this box

<p>Is this parent participating in the following?</p> <p><input type="checkbox"/> Volunteer/ Associate Community Worker</p> <p><input type="checkbox"/> Parent Advisory Committee (PAC)</p>

6. **In a usual week**, how many times does your family do these things with this child?

	<i>Not at all</i>	<i>1-2 times</i>	<i>3 -6 times</i>	<i>Every day</i>
a) Color, draw, or paint.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Go on outings (to the playground, library, museum.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Read to or show picture books.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Tell stories or sing songs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Exercise or play sports together.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Have a bedtime routine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<i>Not at all</i>	<i>1-2 times</i>	<i>3 -6 times</i>	<i>Every day</i>
7. In a usual week , how many days does your child have 2 or more hours of "screen time"? Examples include watching TV, playing video games, or using iPad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. **In a usual week**, how many servings does this child have of...? (Note: only answer if this child is **1 year of age or older**.)

	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5 or more</i>
a) Glasses of soda or other sweetened drinks (fruit punch).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Servings of sweets (cookies, candy, pastries).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Servings of fast food. For example, McDonalds, Burger King, In N Out, taco trucks, Taco Bell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Is this child currently enrolled in an Educare classroom?

- Yes No Don't know/Declined