



Welcome to Family 2 Family Connection! Please take the time to respond to all questions so we may better serve our community.

All questions in this section refer to the guardian & household.

Guardian Name: Phone Number:

Additional Guardian Name: Phone Number:

Date Completed: Guardian Date of Birth:

Address:

City: State: Zip:

Email:

1. Primary Language Spoken at Home: English Spanish Other:

2. Sex:  A. Male  B. Female  C. Gender non-conforming/non-binary  D. Prefer not to answer

3. Relationship Status:  A. Married  B. Partnered  C. Single  
 D. Divorced  E. Widowed  F. Separated

4. Race/Ethnicity of Guardian (Please choose as many as apply):

A. Native American or Alaskan Native  B. Asian  C. African American  
 D. Hispanic or Latino  E. Middle Eastern  F. Native Hawaiian/Pacific Islander  
 G. White (Non-Hispanic/European American)  H. Multi-racial  I. Other:

5. Family Housing:

A. Own  B. Rent  C. Shared housing with relatives/friends  
 D. Homeless  E. Temporary (shelter, temporary with friends/relatives)

6. Total Family Income:

A. \$0 - \$10,000  B. \$10,001 - \$20,000  C. \$20,001 - \$30,000  
 D. \$30,001 - \$40,000  E. \$40,001 - \$50,000  F. Above \$50,000

7. Highest Level of Education:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> A. Elementary or junior high school      | <input type="checkbox"/> B. Some high school   | <input type="checkbox"/> C. High school diploma or GED             |
| <input type="checkbox"/> D. Trade/Vocational training             | <input type="checkbox"/> E. Some college       | <input type="checkbox"/> F. 2-year college degree<br>(Associate's) |
| <input type="checkbox"/> G. 4-year college degree<br>(Bachelor's) | <input type="checkbox"/> H. Master's or higher | <input type="checkbox"/> I. PhD or other advanced<br>degree        |

8. Which, if any, of the following do you or your family currently receive? (Check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> A. Supplemental Nutrition Assistance Program (SNAP/foodstamps) | <input type="checkbox"/> B. Social Security Disability Income (SSDI)                       | <input type="checkbox"/> C. Medicaid                             |
| <input type="checkbox"/> D. Earned Income Tax Credit (EITC)                             | <input type="checkbox"/> E. Temporary Assistance for Needy Families (TANF)                 | <input type="checkbox"/> F. Head Start/Early Head Start Services |
| <input type="checkbox"/> G. Unemployment Benefits                                       | <input type="checkbox"/> H. State Health Insurance (including children's health insurance) | <input type="checkbox"/> I. Supplemental Security Income (SSI)   |
| <input type="checkbox"/> J. None of the above   | <input type="checkbox"/> K. Other  |  |

The following questions refer to the children living in your household. Please ask for supplemental form for additional children attending the center.

CHILD #1

1. Name:

2. Date of Birth:

3. Sex:  A. Male  B. Female  C. Other/Decline

4. This child lives in my house:  A. Yes  B. No

5. Race/Ethnicity of Child #1 (Please choose as many as apply):

- A. Native American or Alaskan Native  B. Asian  C. African American  
 D. Hispanic or Latino  E. Middle Eastern  F. Native Hawaiian/Pacific Islander  
 G. White (Non-Hispanic/European American)  H. Multi-racial  I. Other:

6. What is your relationship to this child?

- A. Birth parent  B. Step-parent  C. Adoptive parent  
 D. Foster parent  E. Grand/Great-grandparent  F. Sibling  
 G. Other relative  H. Other

CHILD #2

1. Name:

2. Date of Birth:

3. Sex:  A. Male  B. Female  C. Other/Decline

4. This child lives in my house:  A. Yes  B. No

5. Race/Ethnicity of Child #2 (Please choose as many as apply):

- A. Native American or Alaskan Native  B. Asian  C. African American  
 D. Hispanic or Latino  E. Middle Eastern  F. Native Hawaiian/Pacific Islander  
 G. White (Non-Hispanic/European American)  H. Multi-racial  H. Other:

6. What is your relationship to this child?

- A. Birth parent  B. Step-parent  C. Adoptive parent  
 D. Foster parent  E. Grand/Great-grandparent  F. Sibling  
 G. Other relative  H. Other