

Adult Demographic Form

Family code: Client code:

Relationship of adult to child(ren): Biological mother Other _____

First Name _____ Last Name _____

Street _____ City _____ State _____ Zip _____

Daytime phone _____ Evening phone _____

Gender: Female Male Unknown

SSN _____ DOB _____ Age _____

Marital Status: Single, never married Married Separated/Divorced Lives with Partner
 Widowed Other _____ Unknown

Race/Ethnicity: African American/Black Asian/Pacific Islander Hispanic/Latina White/Non-Hispanic
 Native American Other Unknown

Primary Language: English Spanish Other _____ Unknown

Highest Educational Level Completed: Less than high school Some high school High school graduate/GED
 Trade School/Vocational Training Some college College graduate Other _____
 Unknown

Employment Earnings: Yes No Unknown TANF: Yes No Unknown

Unemployment Earnings: Yes No Unknown SSDI: Yes No Unknown

Foster Care Payments: Yes No Unknown SSI: Yes No Unknown

Food Stamps: Yes No Unknown WIC: Yes No Unknown

Child Support: Yes No Unknown Retirement/Pension: Yes No Unknown

Current Housing: House/Apartment Boarding House/SRO/Hotel-Motel Homeless Shelter/on street
 Residential treatment Supported Living (with care) Incarcerated Other _____
 Unknown

Is current housing stable: Yes No Unknown N/A

Housing Situation: Lives with no other adult Lives with child's father/other partner
 Lives with parents or other relatives Lives with nonrelatives Other living arrangement Unknown

Housing Financial Support: None Section 8 HOPWA Other _____ Unknown

NUMBER	DESCRIPTION
	Birth children in home
	Non-birth children in home
	Total children in home
	Adults in home (including client)
	Total people in home

Client's relationship to non-birth children in home _____

Does client have primary caregiving responsibility for non-birth children in home: Yes No Unknown

Adult Demographic Form, continued

Family code: Client code:

Does client have legal custody for non-birth children in home: No Yes, has legal custody
 Yes, is foster parent (child welfare system) Other _____ Unknown

Health Insurance: Medicaid Medicare Private CHIPS None Unknown

Pregnancy Status: Pregnant Not Pregnant Recently delivered (within the last 30 days) NA (male)

If HIV+ and Pregnant is client on o76 protocol: Yes No Other _____ Unknown

HIV/AIDS Diagnosis: HIV+/Not AIDS AIDS Unknown Date of Diagnosis: _____

Last CD4 Count _____ Date of last CD4 Count _____ Last Viral Load _____ Date of last Viral Load _____

On Antiretroviral treatment: Yes No Unknown

Current Medical Provider: _____ Current Case Manager Agency: _____

History of mental illness: Yes No Unknown History of physical abuse: Yes No Unknown

History of sexual abuse: Yes No Unknown History of domestic violence: Yes No Unknown

History of substance abuse: Yes No Unknown History of criminal behavior/incarceration: Yes No Unknown

History of child(ren) removed from home due to abuse/neglect: Yes No Unknown

Is client currently using drugs/alcohol: Yes No Unknown

Substance Abuse Treatment History: Detoxification Outpatient treatment Hospital-based treatment
 Residential treatment Self-help Other treatment modality Unknown

NUMBER	DESCRIPTION
	Living birth children
	Birth children living with client
	Birth children living with other biological parent
	Birth children living with other relatives
	Birth children living with adoptive parents
	Birth children living with foster parents
	Birth children incarcerated
	Birth children living in other arrangements
	Birth children whose living arrangements are unknown
	Adult children living in other households/independent
	Deceased birth children
	Deceased birth children due to HIV/AIDS
	Deceased birth children due to murder/violence
	Deceased birth children due to substance abuse
	Deceased birth children due to other causes
	Deceased birth children due to unknown causes

Date of Completion: _____ Completed by: _____