

Child Demographic Form

Family code: Client code:

First Name _____ Last Name _____

Street _____ City _____ State _____ Zip _____

Daytime phone _____ Evening phone _____

Gender: Female Male Unknown

SSN _____ DOB _____ Age _____ Child Order _____

Education: Early Intervention Pre-K Elementary School (K-6) Middle School (7-8)
 High School (9-12) Child not in school Unknown

Special Education Needs: Yes—IEP initiated/completed Yes—No action taken No
 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

Receives SSI: Yes No Unknown

HIV/AIDS Status: HIV+, not AIDS AIDS diagnosis HIV- HIV exposed Other _____
 Unknown

Date of Diagnosis _____

HIV+ at Birth: Yes No Unknown

HIV+ at Intake: Yes No Unknown

Child aware of his/her HIV diagnosis: Yes No NA/Child is not HIV+

Drug Exposed at Birth: Yes No Unknown

Special Care Needs at Birth: Yes No Unknown

Has child experienced a loss: Yes No Unknown

Has child experienced the death of a sibling: Yes No Unknown

Has child experienced the death of a caregiver (non parent): Yes No Unknown Other _____

Has child experienced the death of a parent: Yes No Unknown Other _____

Legal Status of Child:

- Biological Parent(s) parental rights intact/maintain legal custody
- Primary biological parent caregiver has sole legal custody
- Non-biological parent caregiver has sole legal custody
- Non-biological parent caregiver has joint legal custody with biological parent(s)
- Adopted
- Foster Care/CWS jurisdiction/Active CWS case
- Adult/Majority age
- Other _____
- Unknown

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

Child Demographic Form, continued

Family code: Client code:

CWS Case Status: Active Case Case closed with CWS No history of involvement with CWS Unknown

Primary Caregiver(s): Biological Parents Biological Mother Biological Father
 Biological Mother with partner Biological Father with partner Other _____

Current Placement:

- Home with Biological Parent(s) (no CWS involvement)
- Home with Biological Parent(s) (with CWS involvement)
- Home with Biological Parent(s) (with CWS involvement and host family involvement)
- Home with other relative (non-biological parent)
- Foster Care Home
- Group home or residential care
- Hospitalized
- Pre-adoptive/adoptive home
- Formal kinship foster care (per CWS program)
- Treatment/Specialized family foster care
- Residential treatment with biological parent
- Use of standby guardianship or other legal plan for permanency
- Other _____
- Unknown

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

Stability of Housing Situation: Yes No Unknown

Housing Financial Support: None Section 8 HOPWA Other Unknown

Health Insurance: Medicaid Medicare Private CHIPS None Unknown

Child's Father—Identified/Known: Yes No Other

Is Child's Father Alive: Yes No Unknown

Whereabouts of Biological Mother: Lives with child Does not live with child—Location known
 Does not live with child—Location unknown Does not live with child—In residential treatment
 Does not live with child—Incarcerated Deceased

Whereabouts of Biological Father: Lives with child Does not live with child- Location known
 Does not live with child- Location unknown Does not live with child- In residential treatment
 Does not live with child- Incarcerated Deceased

Medical Provider: _____

Current Case Manager Agency: _____

NUMBER	DESCRIPTION
	Children in the home
	Adults in the home
	Total in home

Date of Completion: _____ Completed by: _____