

Alternate ID: _____

First Name _____ **Last Name** _____

Enrollment Date _____ **Date of Birth** _____ **Sex** Female Male
(Date client profile created in DAISEY)

Race (Select all that apply)

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Unknown/Not Reported

Ethnicity (Select One)

- Hispanic or Latino
- Not Hispanic or Latino
- Not Reported

Primary Language

- English
- Spanish
- Other
- Specify Other Language _____

Limited English Proficiency?

- Yes
- No
- Unknown/Not Reported

Name of primary caregiver/adult client associated to this child: _____

Primary caregiver/adult date of birth: _____