



Today's Date: _____ Date Consent Form Signed: _____

Parent/Guardian Information - PERSIMMONY HOME SCREEN
(Must be completed by all PARENTS at intake PRIOR to services beginning)

A. Parent/Guardian First Name: _____ Middle Name: _____

B. Parent/Guardian Last Name: _____

C. Parent/Guardian Date of Birth: ____/____/____ D. Parent/Guardian Gender: M F

E. Parent/Guardian Type (or relationship to the child participating in this program) (check ONE only):

- Mother/Step Mother Foster Parent Legal Guardian/Other
 Father/Step Father Grandparent (If legal guardian only)

F. Parent/Guardian Race/Ethnicity (check ONE only):

- White/Caucasian Hispanic/Latino Black/African-American
 Asian Alaska Native or American Indian Multi-Racial
 Hmong Pacific Islander Other /Unknown

G. Primary Language Spoken at Home (check ONE only):

- English Spanish Indigenous Mexican (such as Mixteco)
 Cantonese Korean Mandarin
 Hmong Vietnamese Other/Unknown: _____

H. Home Phone: _____ I. Work Phone: _____ J. Cell Phone _____

K. Parent/Guardian Address

Street # _____ City: _____ ZIP Code: _____

Child Information - PERSIMMONY HOME SCREEN

(Must be completed for ALL CLIENTS at intake prior to services beginning)

L. Last Name: _____ Middle Initial: _____ First Name: _____

M. Date of Birth: ____/____/____ N. Gender: M F

O. Child Race/Ethnicity (check ONE only):

- White/Caucasian Hispanic/Latino Black/African-American
 Asian Alaska Native or American Indian Multi-Racial
 Hmong Pacific Islander Other/Unknown: _____

P. Language: *What language does the child speak most at home?* (check ONE only)

- English Spanish Indigenous Mexican (such as Mixteco)
 Cantonese Korean Mandarin
 Hmong Vietnamese Other/Unknown: _____

