



Provider Registration Form

Complete one form for each provider participating in First 5 Fresno County funded activities.

First Name: _____ Middle Initial: _____

Last Name: _____

Please choose the option that best describes your professional sector (select only one):

- Early Learning and Care
 Health Care
 Higher Education
 Local Education Agency
 Nonprofit/Community Benefit Organization
 Private Agency/Consultant
 State, City or County Government
 Unknown
 Other (please specify): _____

Race or Ethnicity (select all that apply):

- Alaskan Native/Native American
 Asian
 Black/African American
 Hispanic/Latino
 Hmong
 Native Hawaiian/Pacific Islander
 White
 Unknown
 Other (please specify): _____

Primary language you speak at home (select only one):

- Cantonese
 English
 Hmong
 Indigenous Mexican
 Korean
 Mandarin
 Spanish
 Vietnamese
 Unknown
 Other (please specify): _____

Secondary language(s) you speak (optional):

- Cantonese
 English
 Hmong
 Indigenous Mexican
 Korean
 Mandarin
 Spanish
 Vietnamese
 Unknown
 Other (please specify): _____

Name of Employer (if applicable): _____

Work Phone Number: (____) _____ - _____ Work Address: _____

STE/AP #: _____ City: _____ State: _____ Zip Code: _____

Evaluation Consent: To assist programs to better serve the community, I agree to share the above information and information regarding services I receive with First 5 Fresno County (F5FC); the organization(s)/agency(ies) providing the program I am participating in; and F5FC's evaluation partners. Participation is voluntary and is not required to participate in this program. For more information please see the attached Evaluation and Data Collection Information Sheet.

- YES
 NO

By signing below, I certify the information on this form is true and correct.

Signature: _____ Date: _____

This section to be completed by program staff.

Agency Name: _____ Program Name: _____ Contract # _____



Evaluation and Data Collection Information Sheet

Background

First 5 Fresno County (F5FC) funds programs throughout the community to create a seamless system of quality, accessible services that support the well-being of every child and family. As part of our commitment to hold ourselves and partners to the highest standards of quality, we look at information from all funded programs to find ways to improve services to families and community partners. As a participant in a program that receives funds from F5FC, you are being asked to help by agreeing to share information that will assist programs to better serve children, families and providers across Fresno County.

How does it work?

Information is being gathered for F5FC and the program/organization you are participating in. This information may include things like: name, ethnicity, language(s) spoken, etc. We may also gather information at different times about how programs may be helping you in your service to children and families. The information you share will be combined with information from other participants to help us provide better services to the community. We also provide some aggregate/summary information to First 5 California.

Do I have to participate?

Participating is completely voluntary. You do not have to agree to share your information. At any time you can stop sharing information and you will continue to receive services. In addition, you can decline to answer any individual questions. Your consent to share information will stay in effect for ten (10) years or until revoked.

Benefits

While there are no direct benefits to you, it will help us improve future programs and services for children, families and providers throughout Fresno County.

Risk or Harm

There is no direct risk for participating in F5FC's evaluation. By participating, you will share some demographic and contact information, the F5FC funded services you are receiving, and any benefit from those services. We and our funded partners follow very strict rules to keep your information confidential. Only F5FC staff, our contracted evaluation partners and the organization(s)/agency(ies) listed below will be allowed to view your information:

Name(s) of organization(s)/agency(ies) information will be shared with

Your name and personal information will never be used in reports. The only time we would share your information is if we believe you were in danger of being hurt, you were a danger to someone else, or a court orders it.

Questions

If you have any questions please contact us at 559-558-4900 or info@first5fresno.org.