

Family Information Sheet for Defiance County Early Intervention Program

	Legal Last Name	Legal First Name	Legal Middle Name	Nick Name	Sex	Birth Date Mo/Day/Yr	Social Security Number	Place of Birth		
								City	State	Zip
Child:										
Mother:					Child's Address:					
Father:										
Step Parent/ Guardian:					Home phone#					
Step Parent/ Guardian:					Medicaid MMIS# <i>(if applicable)</i>					
Step Parent/ Guardian:					Child lives with: Both Parents Father Mother <i>(Circle)</i> Guardian Stepmother Stepfather					

Child's Ethnic origin (Circle): Non-Hispanic Cuban Hispanic Mexican/Mexican American/Chicana Other Hispanic/Latino Puerto Rican

Child's Race origin (Circle): American Indian or Alaska Native Black or African American White Asian, Chinese, Filipino, Japanese, Korean,
 Vietnamese, Asian Indian Native Hawaiian or Other Pacific Islander, Samoan, Guamanian, or Chamorro



Mother's Information:	Father's Information:	Brothers(s), Sister(s)			Permission for Pictures
Address:	Address:	Age	Name	School/Grade	My child's picture may be used for educational training, promotional, or other program purposes. Please circle: Yes No Parent Signature: X Date: X
Email address:	Email address:				
Home phone#:	Home phone#:				
Cell phone#	Cell phone#				
Place of Employment:	Place of Employment:				
Work Phone#:	Work Phone#:				
Mother's Maiden Name:					

List 2 Local adults (other than parents/guardians) who will assume temporary care of your child in case of an emergency:

Name:	Address:	Phone#	Relationship:
<hr/>	<hr/>	<hr/>	<hr/>
Name:	Address:	Phone#	Relationship:
<hr/>	<hr/>	<hr/>	<hr/>

X _____ **X** _____
Signature of Parent/Guardian **Date:**