**ADULT INFORMATION FORM (SAMIS)**

**Participant's** **Last Name** , **First**  \_ **Middle** \_\_\_\_\_\_\_\_

**Date of Birth** (mo/day/yr) **Gender** [ ]  Male [ ]  Female

**Are you a Parent, Guardian or Primary Caregiver?**  [ ]  Yes [ ] No

*If yes, how many children are in your care?*

**Are You Proficient in English?** [ ]  Yes [ ]  No

**Other language(s) spoken in the home** [ ]  Spanish [ ]  Haitian-Creole [ ] Other:\_\_\_\_\_\_\_\_\_\_ [ ]  None

**Street Address** \_\_\_\_ **City** \_ **ZIP Code** \_

**Ethnicity** [ ]  Hispanic [ ]  Haitian [ ]  Other, please specify:

**Race** [ ]  American Indian or Alaskan [ ]  Asian [ ]  Black or African American

 [ ]  Pacific Islander [ ]  White [ ]  Other, please specify:

**What is the Highest Grade You Completed?** Grade [ ]  HS Diploma/GED

[ ]  Some College [ ]  Associate’s Degree [ ]  Bachelor’s Degree [ ]  Graduate Degree

**Email** \_\_\_\_\_ \_\_\_\_\_\_\_\_

**Primary Phone Number**

*(You may be contacted by The Children’s Trust for quality improvement purposes)*

***If you are interested in other services funded by The Children’s Trust,***

***please call 211 or visit*** [***www.thechildrenstrust.org***](http://www.thechildrenstrust.org)

**I give my permission for this information to be submitted to The Children's Trust for program monitoring and evaluation purposes. The Children’s Trust provides funding for the program.**

**PARTICIPANT’S SIGNATURE**  \_\_\_\_ **DATE**:

**FOR STAFF USE ONLY (*MUST BE COMPLETED*)**

ORGANIZATION: \_\_\_\_\_ \_\_

SITE LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_