DAISEY
connecting the first five years to a lifetime of success

Intake and Demographic Form for Child Profiles

Child Profile

Program Information

DAISEY Program Affiliation (list all) _____

*Enrollment Date _____ Discharge Date _____

Child Information

Child First Name _____ Child Last Name _____

*Child Date of Birth _____ * Child Gender ☐ Male ☐ Female

*Child Ethnicity: ☐ Hispanic/Latino/Spanish Origin ☐ Non-Hispanic/Non-Latino/Not Spanish Origin

*Child Race (select all that apply):

☐ American Indian or Alaska Native
☐ Asian
☐ African American or Black
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Other _____

Child Alternate IDs

Alternate ID _____ Child's myIGDI ID _____

State Student ID
(as assigned by KSDE) _____

Caregiver Information

* Was either biological parent of this child a teen (19 or younger) when the child was born?

☐ Yes ☐ No

* Child's Relationship to Primary Caregiver (select one)

☐ Son ☐ Daughter ☐ Niece ☐ Nephew
☐ Sibling ☐ Foster Child ☐ Grandchild
☐ Other (please explain) _____

First and Last Name of Child's Primary Caregiver _____

* *Indicates mandatory field in DAISEY*

Demographics & Risk Factors

Program Info

Currently Enrolled Children: If this child WAS enrolled during the prior year, the information entered on this demographic form for the current year should reflect their status as of July 1 of the current year.

Newly Enrolled Children: If this child WAS NOT enrolled during the prior year, the information entered on this demographic form for the current year should reflect their status as of their enrollment date into the ECBG program.

Prenatal Enrollment: Do NOT complete this form for a child that is not yet born; even if caregiver is receiving prenatal services. Only complete once the child is born.

* Program/Academic Year ___

Location & Contact Info

Address 1: _____

Address 2: _____

City: _____ State: KS *ZIP: _____

*County: _____ Telephone: _____

Child Info

* Child Insurance Status (select one):

- ☐ Medicaid/State Children Insurance Program (SCHIP) - Title XXI
- ☐ Tri-Care
- ☐ Private or other
- ☐ No Insurance Coverage

* Is the child living in foster care, custodial kinship care (e.g., grandparent, aunt uncle, etc.), or another out-of-home placement and/or was this child or their family referred to the program by the Kansas Department of Child & Families (DCF)? The DCF referral must document the child, or their families, need to receive the programs services and be signed by the DCF agent.

Children and families that ONLY receive Child Care subsidies from DCF and do not meet the out-of-home placement or documented DCF referral criteria should select "No."

☐ Yes ☐ No

* *Indicates mandatory field in DAISEY*

* Does the child have an Individualized Family Service Plan (IFSP) or an Individualized Education Plan (IEP)?

☐ Yes ☐ No

* Is this child participating in Part B (Assistance for Education of All Children with Disabilities) or Part C (Early Intervention) services?

☐ Yes ☐ No

English Proficiency

* What language does the primary caregiver speak/use the most with the child?

☐ English	☐ Arabic	☐ Chinese	☐ French
☐ Italian	☐ Japanese	☐ Korean	☐ Polish
☐ Russian	☐ Spanish	☐ Tagalog	☐ Tribal languages
☐ Vietnamese	☐ Other		

If "Other was chosen as language, please indicate which language. _____

* What language does the child speak/use the most at home? Do not include language learned in a class or through television or other such programming.

☐ English	☐ Arabic	☐ Chinese	☐ French
☐ Italian	☐ Japanese	☐ Korean	☐ Polish
☐ Russian	☐ Spanish	☐ Tagalog	☐ Tribal languages
☐ Vietnamese	☐ Other		

If "Other was chosen as language, please indicate which language. _____

* What language do the adults regularly present or living in the child's home speak/use the most while in presence of the child?

☐ English	☐ Arabic	☐ Chinese	☐ French
☐ Italian	☐ Japanese	☐ Korean	☐ Polish
☐ Russian	☐ Spanish	☐ Tagalog	☐ Tribal languages
☐ Vietnamese	☐ Other		

If "Other was chosen as language, please indicate which language. _____

* *Indicates mandatory field in DAISEY*

* What language did the child first learn to speak/use?

- ☐ English
- ☐ Arabic
- ☐ Chinese
- ☐ French
- ☐ Italian
- ☐ Japanese
- ☐ Korean
- ☐ Polish
- ☐ Russian
- ☐ Spanish
- ☐ Tagalog
- ☐ Tribal languages
- ☐ Vietnamese
- ☐ Other

If "Other was chosen as language, please indicate which language. _____

Caregiver Info

* Primary Caregiver's Education Level

- ☐ Currently enrolled in high school
- ☐ Of high school age not enrolled
- ☐ Less than HS diploma
- ☐ GED
- ☐ High School Diploma
- ☐ Some college/training
- ☐ Technical Training Certification/ Associate Degree
- ☐ Bachelor Degree or higher

* Secondary Caregivers Education Level

- ☐ Currently enrolled in high school
- ☐ Of high school age not enrolled
- ☐ Less than HS diploma
- ☐ GED
- ☐ High School Diploma
- ☐ Some college/training
- ☐ Technical Training Certification/ Associate Degree
- ☐ Bachelor Degree or higher
- ☐ No Secondary Caregiver

* Primary Caregiver's Marital Status

- ☐ Never Married
- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Widowed

* Secondary Caregiver's Marital Status

- ☐ Never Married
- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Widowed
- ☐ No Secondary Caregiver

* *Indicates mandatory field in DAISEY*

Primary Caregiver's Military Status

☐ Current Armed Forces Member ☐ Former Armed Forces Member ☐ Never served (none)

Secondary Caregiver's Military Status

☐ Current Armed Forces Member ☐ Former Armed Forces Member ☐ Never served (none) ☐ No Secondary Caregiver

* Is this a child of Migratory Workers? Child's guardian (or their guardian's spouse) is a migratory agricultural worker or fisher who has moved in the past 36 months to obtain seasonal or temporary agricultural or fishing employment.

☐ Yes ☐ No

Household Info

* # of people in household (include everyone) _____

Must enter a value of 2 or more

* In the last year, has the child's family had to sleep in a temporary living arrangement?

☐ Yes ☐ No

* Total Yearly Household Income Range

☐ Less than $10,000
☐ $10,000 – $19,999
☐ $20,000 – $29,999
☐ $30,000 – $39,999
☐ $40,000 – $49,999
☐ $50,000 – $59,999
☐ $60,000 – $69,999
☐ $70,000 – $79,999
☐ $80,000 – $99,999
☐ $90,000 – $99,999
☐ Greater than $100,000

Total Yearly Household Income _____

Enter exact income amount, if known

* *Indicates mandatory field in DAISEY*