



Last Name: _____ First Name: _____ Date of Birth: __/__/_____

1. Hispanic Ethnicity [of child/youth]: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure <input type="checkbox"/> Refused
2. Single parent household: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure <input type="checkbox"/> Refused
3. Number of persons in [child/youth]'s household: (Used to determine % FPL) # _____ <input type="checkbox"/> Don't Know/Not Sure <input type="checkbox"/> Refused
4. Annual income in [child/youth]'s household: (Used to determine % FPL) \$ _____ <input type="checkbox"/> Don't Know/Not Sure <input type="checkbox"/> Refused
5. Highest education level in [child/youth]'s household: <input type="checkbox"/> 8 th Grade or Less <input type="checkbox"/> Some High School <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Don't Know/Not Sure <input type="checkbox"/> Refused
6. Age range of biological mother [at child's birth]: <input type="checkbox"/> 16 years or younger <input type="checkbox"/> 17 years or older <input type="checkbox"/> Don't Know/Not Sure <input type="checkbox"/> Refused