



Data Collection Form

Agency Name _____
Youth Profile

*Last Name		*First Name		MI
*SSN#	*DOB	*Gender	*Ethnicity	
English Language Learner Status		*Primary language spoken in the home		Additional languages spoken by child
Child in kinship/relative foster care				
*Street Address		*City	*State	*Zip Code
Home Phone		Cell Phone		Email address
*Last completed grade	School District		Name of School	
IEP	504 Plan		*Date Enrolled	

Household Profile – Primary Caregiver

Number of Household Members		Household Income Level		
*Last Name		*First Name		MI
*Relationship to child	DOB	*Gender	Ethnicity	
Highest educational level completed		Currently enrolled in GED/engaged in post-secondary pursuit		Employment status
Disability status		Marital Status		
Street Address		City	State	Zip Code
*Home Phone	Work Phone/Cell Phone		Email address	

Household Profile – Additional Caregiver

Last Name		First Name		MI
Relationship to child	DOB	Gender	Ethnicity	
Highest educational level completed		Currently enrolled in GED/engaged in post-secondary pursuit		Employment status
Disability status		Marital Status		
Street Address		City	State	Zip Code
Home Phone	Work Phone/Cell Phone		Email address	

SAMPLE