



Alternate ID: _____

First Name _____ **Last Name** _____

Enrollment Date _____ **Date of Birth** _____ **Sex** (circle one) Female Male
(Date client profile created in DAISEY) (mm/dd/yyyy) (mm/dd/yyyy)

- Race** (Select all that apply)
- White
 - Black or African American
 - American Indian or Alaska Native
 - Asian
 - Native Hawaiian or Other Pacific Islander
 - Unknown/Not Reported

- Ethnicity** (Select One)
- Hispanic or Latino
 - Not Hispanic or Latino
 - Not Reported

- Primary Language**
- English
 - Spanish
 - Other

- Limited English Proficiency?**
- Yes
 - No
 - Unknown/Not Reported

Name of primary caregiver/adult client associated to this child: _____

Primary caregiver/adult date of birth: _____