



Healthy Start Profile Form – Add Caregiver

Client or Adult Caregiver’s Name? (First and Last) _____

Enrollment Date: ___/___/___

Client or Adult Caregiver’s Date of birth? ___/___/___

Client or Adult Caregiver’s Sex? (Select one)

- Female Male

Client or Adult Caregiver’s Race? (Select all that apply)

- White
 Black or African American
 American Indian or Alaskan Native
 Asian
 Native Hawaiian or Other Pacific Islander
 Unknown/Not reported

Client or Adult Caregiver’s Ethnicity? (Select one)

- Hispanic or Latino
 Not Hispanic or Latino
 Unknown/Refused

Client or Adult Caregiver’s Primary Language? (Select one)

- English Spanish
 Other- please specify: _____

Is the client/caregiver able to have a conversation (i.e., proficient) in English? (Select one)

- Yes No
 Unknown/Not Reported

Is this the primary caregiver of a child? (Select one)

- Yes
 No

Revised May 2016



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