



## **KDHE Caregiver/Adult Profile**

Alternate ID:									
				Last Name					
Enrollment Date			Date of Birth			Sex (check one)	Female	Male	
(Profile created)		(mm/dd/yyyy)		(mm/dd/yyyy)					
Race (	Black or African American American Indian or Alaska Native			0	Primary Language  o English o Spanish o Other Specify Other Language				
0		iian or Other Paci t Reported	fic Islander		_	h Proficiency?			
Ethnicity (Select One)  o Hispanic or Latino o Not Hispanic or Latino o Not Reported			0 0	Yes No Unknow	/n/Not Reported				