## New York City Early Intervention Program
## FAMILY INFORMATION FORM

Child's Name: _____ EI #:_____ DOB: ____/____/____
                   (Last)               (First)

Service Coordinator: _____ SC #:_____ Phone #: _____

Date Form Completed: ___/____/_____

| Child Lives With: ☐ Parents ☐ Relative ☐ Foster Parent(s) ☐ Surrogate Parent(s) | | |
|---|---|---|
| **Mother:** | Home #: (_____) | Work # (_____) |
| Cell #: | Email * | |
| **Father:** | Home #: (_____) | Work # (_____) |
| Cell #: | Email * | |
| Address: | Apt. # | School District: |
| City/Borough | State: | Zip Code: |
| Language(s) spoken at home: | | |

**\*Email can only be included with consent**

| OTHER MEMBERS OF HOUSEHOLD (use codes below) | | | | Relationship Codes: |
|---|---|---|---|---|
| **Name** | **Relationship** | **Name** | **Relationship** | **A**- Mother    **I**- Foster Mother |
|  |  |  |  | **B**- Father    **J**- Foster Father |
|  |  |  |  | **C**- Grandmother   **K**- Parent Partner |
|  |  |  |  | **D**- Grandfather   **L**- Sibling |
|  |  |  |  | **E**- Aunt    **M**- Other |
|  |  |  |  | **F**- Uncle    **N**-Not Related |
|  |  |  |  | **G**- Stepmother   **O**- Kinship Foster |
|  |  |  |  | **H**- Stepfather    Care Grandmother |
|  |  |  |  | **U**- Unknown   **P**-Kinship Foster Care Other |

| **Foster Care Information:** | | **Child Care Arrangements:** | |
|---|---|---|---|
| **Agency Name:** | | ☐ None ☐ Day Care Center/Nursery School | |
| **Contact Person:** | | ☐ Family Daycare ☐ Babysitter/Relative | |
| **Address:** | | (Weekdays) | |
| **City:**    **State:**    **Zip Code:** | | Name: | |
| **Phone: (   )**    **Fax: (   )** | | Phone: | |

| **Race/Ethnicity : THIS AREA MUST BE COMPLETED FOR EVERY CHILD** | **Birth History** |
|---|---|
| Check all that apply: | Hospital of Birth: |
| **Race:** | County of Residence: |
| ☐ White ☐ Black ☐ Asian ☐ Native American or Alaskan | County of Birth: |
| ☐ Native Hawaiian/ other Pacific Islander | Wks Gestation: |
| **Ethnicity:** | Birth Weight: _____lbs. _____ozs or gms _____ |
| ☐ Hispanic ☐ Not Hispanic | If multiple births (twins etc): _____ of _____ |

| **Family Concerns: What brought you to Early Intervention?** | Area(s) of Suspected Delay: Check as many as applicable & circle status codes* |
|---|---|
|  | *\* Codes: N – No Delay S- Suspected C- Confirmed U- Unknown* |
|  | ☐ A- Adaptive    N  S  C  U |
|  | ☐ B- Cognitive    N  S  C  U |
|  | ☐ C- Communication    N  S  C  U |
|  | ☐ E - Social/ Emocional    N  S  C  U |
|  | ☐ F- Physical    N  S  C  U |