



Client Information Acknowledgement and Consent

This program is funded by First 5 Sacramento (First 5), an agency that works to build strong communities and help young children and families in Sacramento County. First 5 collects information about participants to coordinate services and learn about ways to improve.

I, _____ understand that First 5 Sacramento may share my family’s basic information and services with other funded programs to plan and provide services to my family (*Coordination of Care*). My private information is protected by state and federal law and will not be shared for any other purpose without my consent.

The information I provide will be:

- Viewed only by First 5, First 5 funded programs, and Applied Survey Research (ASR).
- Combined with information from everyone else who receives these services. *Personal, identifiable information will never be shared or reported publicly.*

Additionally, I understand that First 5 must gather data to assess the services offered by their funded programs. This includes summarizing details about participating families, like answers to surveys, basic information, and what services they get. This process helps make services better for families in our community. Examples of how this information is shared can be found at <https://first5sacramento.saccounty.gov/Results/Pages/EvaluationResults.aspx>

First 5 needs my permission to include my family’s information in any program evaluation.

None of my private information will be included in any public reports. There are very minimal risks to my family by agreeing to share this information. It is my choice to share this information. If I choose not to have my information included, my family will still receive services.



Please initial **ONE** box below

I give my permission for First 5 and ASR to include my family’s information in First 5’s aggregate (group-level) reports. My First 5 consent will be active for **three years** from the date below, unless my program requires annual updates or I contact First 5 to change my mind.

OR

I do not give my permission to be included in First 5’s program evaluation. My information (such as name, contact information, and services) will still be entered into First 5’s database to ensure Coordination of Care and aggregate (group-level) counts for First 5 California.

Printed Name: _____



Signature: _____ Today’s Date: _____

This choice also applies to the following **children ages five or under** for whom I am the parent or legal guardian:

First Name	Middle Name	Last Name

If you have questions or wish to change your consent permissions, please contact Carmen Garcia-Gomez, Evaluation Manager for First 5 Sacramento at 916-876-5869 or GarciaCar@saccounty.gov.

Family Information Form – Parent/Caregiver

First Name: _____ **Middle:** _____ **Last Name:** _____

Date of Birth: ____ / ____ / ____ (mm/dd/yyyy) **City:** _____ **Zip Code:** _____

Email: _____ | **Primary Phone:** (____) _____ - _____

Circle: Cell Home Work Other
 Okay to: Leave a message Text

Gender: Male / Man Female / Woman Non-Binary Not Listed Prefer not to answer

Are you pregnant: N/A No Yes → (Due Date ____/____/20____ | Receiving regular prenatal check-ups? Yes No)

Ethnicity: (Select all that apply)

<input type="checkbox"/> Afghan	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Iranian	<input type="checkbox"/> Russian
<input type="checkbox"/> Alaska Native/American Indian	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Multiracial	<input type="checkbox"/> Ukrainian
<input type="checkbox"/> Arab	<input type="checkbox"/> Hmong	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> White/Caucasian
<input type="checkbox"/> Asian	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Other _____

Preferred Language: (Select One)

<input type="radio"/> English	<input type="radio"/> Spanish	<input type="radio"/> Arabic	<input type="radio"/> Cantonese	<input type="radio"/> Dari	<input type="radio"/> Farsi	<input type="radio"/> Hindi	<input type="radio"/> Hmong
<input type="radio"/> Mandarin	<input type="radio"/> Pashto	<input type="radio"/> Punjabi	<input type="radio"/> Russian	<input type="radio"/> Ukrainian	<input type="radio"/> Vietnamese	<input type="radio"/> Urdu	<input type="radio"/> Other _____

Relationship to child:

Parent Grandparent Foster Parent Other Relative Other Adult (Not Related)

1. **What is your approximate family income per year?** (Select one)
- | | | | |
|--|---|---|---|
| <input type="radio"/> Less than \$15,000 | <input type="radio"/> \$25,001-\$50,000 | <input type="radio"/> \$75,001-\$100,000 | <input type="radio"/> Don't know |
| <input type="radio"/> \$15,000-\$25,000 | <input type="radio"/> \$50,001-\$75,000 | <input type="radio"/> More than \$100,000 | <input type="radio"/> Prefer not to say |

2. **How many people are being supported by your total family income?** _____

Your answers to the questions below will help us understand which services are most helpful for First 5 participants.

3. **Which of the following best describes your housing status?** (Select one)
- I am currently unhoused or facing a pending eviction
 - I am in temporary housing (e.g., shelter, couch surfing, transitional housing)
 - I have stable/permanent housing

4. Please select the option that best describes how much you agree or disagree with the statement.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. I know what to expect at each stage of my child's development.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I know what program to contact in my community when I need help for basic needs (e.g., housing, food, employment).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I know where I can get helpful information about parenting and taking care of children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. In a crisis, I would have the support needed from family or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. In the past 2 weeks, I have felt down, sad, or blue most of the time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. In the past 2 weeks, I have felt nervous, had too many thoughts, or felt suddenly scared for no reason.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I am open to speaking with a professional about my or my child's feelings/worries.	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Already Receiving Services		

Family Information Form – Child

 This form is to be completed for **each child age 5 or under.**

Parent/Caregiver Information

First Name: _____ **Middle:** _____ **Last Name:** _____
Date of Birth: ____ / ____ / ____ (mm/dd/yyyy)
Email: _____ | **Primary Phone:** (____) _____ - _____

Circle: Cell Home Work Other
 Okay to: Leave a message Text

Child Information

First Name: _____ **Middle:** _____ **Last Name:** _____
Date of Birth: ____ / ____ / ____ (mm/dd/yyyy) **Gender:** Male / Boy Female / Girl Not Listed
Relationship to caregiver: Child Grandchild Foster Child Other _____

Ethnicity: (Select all that apply)

<input type="checkbox"/> Afghan	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Iranian	<input type="checkbox"/> Russian
<input type="checkbox"/> Alaska Native/American Indian	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Multiracial	<input type="checkbox"/> Ukrainian
<input type="checkbox"/> Arab	<input type="checkbox"/> Hmong	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> White/Caucasian
<input type="checkbox"/> Asian	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Other _____

Preferred Language: (Select One)

English Spanish Arabic Cantonese Dari Farsi Hindi Hmong
 Mandarin Pashto Punjabi Russian Ukrainian Vietnamese Urdu Other _____

- Has your child been diagnosed with a special need? Yes No Unsure
- What type of health insurance does your child have? No insurance Medi-Cal Other Insurance Unsure

	Yes	No	Unsure
3. Has your child seen a dentist in the last six months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Has your child been seen by a doctor for a routine check-up in the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Please tell us the extent to which each statement is true for this child... <small>Select one answer per question</small>	Not True	Somewhat True	Very True	N/A
a) I can help my child calm down when they are upset.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
b) My child adjusts well to changes in routine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
c) My child has opportunities for fun every day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
d) My child has at least two non-parent adults who take a genuine interest in them (e.g., auntie, teacher).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
e) We are able to do things we enjoy together as a family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
f) My child openly shares their feelings with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. In the past seven days, how many <u>days</u> did you or someone in your family engage in the following activities with this child?	0 days	1	2	3	4	5	6	7 days
a) Read with your child for more than 10 minutes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Told stories or sang songs together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Played one-on-one with your child (e.g., sports, coloring, building with blocks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



PHOTO/VIDEO CONSENT

I, _____, consent to having me and my child(ren) name, photograph, image, quotes or interviews used for publication in various marketing materials including but not limited to social media, newsletters, annual reports, videos, websites, media broadcasts and presentation displays by First 5 Sacramento Commission, its contractors and the County of Sacramento. I understand that my picture and my child(ren) picture/image may be seen by members of the general public.

I understand that I may revoke this consent agreement at any time except when action has already been taken based on this release.

NAME OF CHILD BEING PHOTOGRAPHED OR INTERVIEWED:

(Please Print)

PHONE NUMBER: _____

EMAIL: _____

SIGNATURE: _____
(Parent/Guardian/Authorized Representative Required If Under 18 Years of Age)

DESCRIPTION OF PHOTO: _____

Date:

Event: