

Caregiver ID \_\_\_\_\_



MADISON COUNTY PARTNERSHIP  
FOR CHILDREN AND FAMILIES

## Kith and Kin Project

Thank you for helping us gather information that will let us describe the group of families who participate in the Kith and Kin Project. All of your information will be kept confidential. Your identifying information will be given an ID number.

Date \_\_\_\_\_ Group (Please circle): Hot Springs Marshall Beech Glen

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email address \_\_\_\_\_

Street address \_\_\_\_\_

Name(s) and date(s) of birth (DOB) of the child(ren) participating in Kith and Kin:

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_

1. What is your relationship to the child(ren) participating in Kith and Kin?

\_\_\_\_\_

2. Where/How did you find out about Kith and Kin Play Days?

\_\_\_\_\_

3. What is your age?  Younger than 18  18-20 years  21-25 years  26-30 years  
 31-35 years  36-40 years  41-50 years  51-55 years  Older than 55

4. How many years of school have you completed?  Elementary School  Middle School  
 Some High School  High School  Some College  College Graduate  Graduate School

5. Do you have a paid job?  Full-Time  Part-Time  Unemployed  Retired

6. Please describe what you do to earn your living: \_\_\_\_\_

7. Have you ever been told that your child(ren) has a disability, medical condition, or delay in his/her development?  No  Yes

If yes, child's name \_\_\_\_\_

8. If yes, please describe: \_\_\_\_\_

If you are the child's parent or guardian, please also complete the back page.

Thank you.

1. How many people live in your household? # of adults\_\_\_\_ # of children\_\_\_\_

2. Do you receive any of the following forms of assistance? (Check all that apply)

Food stamps WIC Food pantry/food bank Housing Help with utility bills

3. What kind of health insurance/health coverage does your child have?

Employer-sponsored Privately-paid Medicaid None

Other\_\_\_\_\_

4. How often each week do you read stories or look at books together with your child?

Once or twice a week 3 or 4 times a week 5 or 6 times a week

Every day during the week Several times during the day

5. Are you familiar with ALL the developmental stages of your growing child?

Yes definitely Most A little Not at all

6. Do you know what are "developmentally age-appropriate activities" for your child?

Yes definitely A few Not really Not at all

7. Are you currently living with a spouse or partner? Yes No

**(If yes, please answer questions below)**

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1. What is the age of your spouse/partner? Younger than 18

18-20 years 21-25 years 26-30 years 31-35 years

36-40 years 41-50 years 51-55 years Older than 55

2. How many years of school has your spouse/partner completed?

Elementary School Middle School Some High School High School

Some College College Graduate Graduate School

3. Does your spouse/partner have a paid job? Full-Time Part-Time Unemployed

Retired

4. Describe what your spouse/partner does to earn a living:\_\_\_\_\_

