

Caregiver Profile

Program Information

DAISEY Program Affiliation (list all) _____

Alternate ID _____

* Enrollment Date _____ Discharge Date _____

Caregiver Information

Caregiver First Name _____ Caregiver Last Name _____

* Caregiver Date of Birth _____ Caregiver Gender ☐ Male ☐ Female

Caregiver Ethnicity:

☐ Hispanic/Latino/Spanish Origin

☐ Non-Hispanic/Non-Latino/Not Spanish Origin

Caregiver Race (select all that apply):

☐ American Indian or Alaska Native

☐ Asian

☐ African American or Black

☐ Native Hawaiian or Other Pacific Islander

☐ White

☐ Other _____

Is this the primary caregiver of the child?

☐ Yes ☐ No

If not, please provide primary caregiver's first and last name _____

Caregiver's Relation to Primary Caregiver

☐ Self

☐ Spouse

☐ Partner

☐ Child

☐ Parent

☐ Grandparent

☐ Aunt

☐ Uncle

☐ Niece

☐ Nephew

☐ Sibling

☐ Other _____