

**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: <input type="checkbox"/> Parents <input type="checkbox"/> Relative <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> 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: 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
Name	Relationship	Name	Relationship	

Foster Care Information:	Child Care Arrangements:
Agency Name:	<input type="checkbox"/> None <input type="checkbox"/> Day Care Center/Nursery School
Contact Person:	<input type="checkbox"/> Family Daycare <input type="checkbox"/> 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:
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native American or Alaskan	County of Birth:
<input type="checkbox"/> Native Hawaiian/ other Pacific Islander	Wks Gestation:
Ethnicity:	Birth Weight: ____ lbs. ____ ozs or gms ____
<input type="checkbox"/> Hispanic <input type="checkbox"/> 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
	<input type="checkbox"/> A- Adaptive N S C U
	<input type="checkbox"/> B- Cognitive N S C U
	<input type="checkbox"/> C- Communication N S C U
	<input type="checkbox"/> E - Social/ Emocional N S C U
<input type="checkbox"/> F- Physical N S C U	