

Parent QUESTIONNAIRE: Please print so it is easy to read your answers.

Youth Participant Information

Last Name

DOB (MMDDYYYY)

--	--	--	--	--	--	--	--

First Name

MI

--	--	--	--	--	--	--	--

SSN

--	--	--	--	--	--	--	--

Street Address

City

State

--	--

ZIP

--	--	--	--	--

()					
---	--	---	--	--	--	--	--

Parent/Guardian Phone

()					
---	--	---	--	--	--	--	--

Alternate Phone

Family E-mail Address

County

Household Information

1. Number of People in Household

2. Number of Household Members Under 18 (including youth participant)

3. Youth Living Arrangements

Two-parent/guardian family

Group Home

Other Institution (Explain)

Single-parent/guardian family

Foster Care

Other family/guardian

On own (or with non-relatives/guardians)

4. Primary Language Spoken at Home

English

Spanish

ASL

Other (Fill-in Below)

5. Annual Household Income

<\$10,000

\$10,000 - \$24,999

>=\$25,000

6. Household Public Assistance (Check All That Apply)

TANF

SSDI/Disability

SSI (non-youth)

Unemployment Insurance

Housing Assistance/Section 8/ HUD

Other (Fill-in Below)

Food Stamps/ SNAP

None/NA

Youth Participant

7. Race/Ethnicity: Please choose **one**

- | | |
|--|---|
| <input type="checkbox"/> White, non-Hispanic | <input type="checkbox"/> Asian, non-Hispanic |
| <input type="checkbox"/> Black | <input type="checkbox"/> Other/Unknown, non-Hispanic |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> American Indian/AK/HI/Pacific Islander, non-Hispanic |

8. Gender

- Male
- Female

9. School Attendance

- Does not attend
- Attends traditional high school
- Attends non-traditional high school
- Attends other school

Education

10. Highest Grade Completed

- 7th or lower 8th
- 9th 10th
- 11th 12th
- Some college or technical school
- Other (Explain) _____

11. High School Completion Type

- NA/has not completed
- GED
- Diploma
- Certificate of completion/attendance

12. Ever Received Special Education Services?

- Yes
- No

13. Individualized Education Program (IEP) Status

- Has current IEP
- Does not have current IEP
- Has never had an IEP

14. Employment (Check All That Apply)

- Worked for pay in the last 12 months
- Has worked for pay in the past (but not in the last year)
- Received job training in last 12 months
- Completed volunteer work in the last 12 months
- Has not previously worked for pay

15. Expectations About Future (Check All That Apply)

- Expects to live independently
- Expects to continue education
- Expects to work for pay
- Expects to receive SSI after age-18 redetermination

Youth Participant Health Status

16. Please select the option which best describes the PROMISE participant's overall health status:

Excellent
 Very Good
 Good
 Fair
 Poor

17. Please indicate how often the participant does the following activities alone, when he or she has a chance to do the activity. Select one box for each activity.

	Participant Almost Always Does This By Him or Herself	Participant Sometimes Does This By Him or Herself	Participant Never Does This By Him or Herself	Participant Never Has a chance To Do This By Him or Herself	Don't Know
	1	2	3	4	5
A) Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) Getting Dressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C) Using the Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D) Taking a Shower/Bath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E) Getting in or out of bed/chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F) Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G) Decide How To Spend Own Money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H) Pick Clothes To Wear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I) Make Meals or Snacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J) Ride the Bus Alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K) Make Friends with People My Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L) Decide How to Spend Free Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M) Help Out With Chores At Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N) Talk on the Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M) Buy Things at the Store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Please use the space below to provide additional information for any questions requiring further explanation. Provide the number for the question you are answering.

19. Primary Disability Type: Please choose **one**

Physical/mobility
 Developmental (Cognitive Disability)
 Long-Term Illness (Medical)

Psychiatric (Emotional/ Behavioral Disability)
 Sensory (Deaf/ Blind/ Hard of Hearing)
 Traumatic Brain Injury (Head Injury)

Other _____

Parent/Guardian #1 Information

Last Name		DOB (MMDDYYYY)					
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	MI	SSN					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

20. Relationship to Youth PROMISE Participant

<input type="checkbox"/> Parent/Stepparent	<input type="checkbox"/> Brother or sister	<input type="checkbox"/> Guardian
<input type="checkbox"/> Grandparent	<input type="checkbox"/> Aunt or uncle	<input type="checkbox"/> Other non-relative
	<input type="checkbox"/> Other relative	

21. Race/Ethnicity

<input type="checkbox"/> White, non-Hispanic	<input type="checkbox"/> Asian, non-Hispanic
<input type="checkbox"/> Black	<input type="checkbox"/> Other/Unknown, non-Hispanic
<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/AK/HI/Pacific Islander, non-Hispanic

22. Gender

<input type="checkbox"/> Male
<input type="checkbox"/> Female

23. Highest Level of Education Completed

<input type="checkbox"/> 12th grade or less (without diploma)	<input type="checkbox"/> Associates Degree
<input type="checkbox"/> GED/High School Diploma	<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> Some college (no degree)	<input type="checkbox"/> Graduate Degree (e.g. MA, PhD, JD)

24. Employment Status

<input type="checkbox"/> Not currently employed
<input type="checkbox"/> Employed PT (less than 40 hours/week)
<input type="checkbox"/> Employed FT

25. Expectations About Youth Participant's Future
(Check All That Apply)

<input type="checkbox"/> Expects youth to live independently
<input type="checkbox"/> Expects youth to continue education
<input type="checkbox"/> Expects youth to work for pay
<input type="checkbox"/> Expects youth to continue to receive SSI after age-18 redetermination

Parent/Guardian #2 Information (optional)

Last Name	DOB (MMDDYYYY)											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> </tr> </table>											
First Name	MI											
	SSN											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.3%; height: 20px;"></td> <td style="width: 33.3%; height: 20px;"></td> <td style="width: 33.3%; height: 20px;"></td> </tr> </table>				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> </tr> </table>								

26. Relationship to Youth PROMISE Participant

<input type="checkbox"/> Parent/Stepparent	<input type="checkbox"/> Brother or sister	<input type="checkbox"/> Guardian
<input type="checkbox"/> Grandparent	<input type="checkbox"/> Aunt or uncle	<input type="checkbox"/> Other non-relative
	<input type="checkbox"/> Other relative	

27. Race/Ethnicity

<input type="checkbox"/> White, non-Hispanic	<input type="checkbox"/> Asian, non-Hispanic
<input type="checkbox"/> Black	<input type="checkbox"/> Other/Unknown, non-Hispanic
<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/AK/HI/Pacific Islander, non-Hispanic

28. Gender

<input type="checkbox"/> Male
<input type="checkbox"/> Female

29. Highest Level of Education Completed

<input type="checkbox"/> 12th grade or less (without diploma)	<input type="checkbox"/> Associates Degree
<input type="checkbox"/> GED/High School Diploma	<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> Some college (no degree)	<input type="checkbox"/> Graduate Degree (e.g. MA, PhD, JD)

30. Employment Status

<input type="checkbox"/> Not currently employed
<input type="checkbox"/> Employed PT (less than 40 hours/week)
<input type="checkbox"/> Employed FT

31. Expectations About Youth Participant's Future
(Check All That Apply)

<input type="checkbox"/> Expects youth to live independently
<input type="checkbox"/> Expects youth to continue education
<input type="checkbox"/> Expects youth to work for pay
<input type="checkbox"/> Expects youth to continue to receive SSI after age-18 redetermination

OPTIONAL: The following information for **all other household members 15 and over** is optional.

Household Member #:

Last Name DOB (MMDDYYYY)

First Name MI SSN

Relationship to Youth PROMISE Participant

Parent/Stepparent Brother or sister Guardian

Grandparent Aunt or uncle Other non-relative

Other Relative

Gender

Male

Female

Household Member #:

Last Name DOB (MMDDYYYY)

First Name MI SSN

Relationship to Youth PROMISE Participant

Parent/Stepparent Brother or sister Guardian

Grandparent Aunt or uncle Other non-relative

Other Relative

Gender

Male

Female

Household Member #:

Last Name DOB (MMDDYYYY)

First Name MI SSN

Relationship to Youth PROMISE Participant

Parent/Stepparent Brother or sister Guardian

Grandparent Aunt or uncle Other non-relative

Other Relative

Gender

Male

Female

OPTIONAL: The following information for **all other household members 15 and over** is optional.

Household Member #:

Last Name DOB (MMDDYYYY)

First Name MI SSN

Relationship to Youth PROMISE Participant

Parent/Stepparent Brother or sister Guardian

Grandparent Aunt or uncle Other non-relative

Other Relative

Gender

Male

Female

Household Member #:

Last Name DOB (MMDDYYYY)

First Name MI SSN

Relationship to Youth PROMISE Participant

Parent/Stepparent Brother or sister Guardian

Grandparent Aunt or uncle Other non-relative

Other Relative

Gender

Male

Female

Household Member #:

Last Name DOB (MMDDYYYY)

First Name MI SSN

Relationship to Youth PROMISE Participant

Parent/Stepparent Brother or sister Guardian

Grandparent Aunt or uncle Other non-relative

Other Relative

Gender

Male

Female

If your contact information changes, is there someone we can contact to get your most recent contact information? If so, please provide their contact information below.

Last Name

First Name

Street Address

City

State

ZIP

Phone

Alternate Phone

E-mail Address

Relationship to Youth _____

Once you complete the enrollment form, you are eligible to receive \$30 in gift cards. There are 2 gift card options available. Which gift card would you like? Choose one (1) option below:

Walmart

Target

Promise Intake Coordinator: _____