



Dear Parent,

This program is funded by the Children and Families Commission of Orange County. The funds are made available through Proposition 10 (also known as “tobacco tax”) are used to support programs that promote early childhood development for children ages zero through five.

Included in this packet are Outcome Collection, Evaluation, and Reporting Service (OCERS) forms to help the Commission gather information about the families that receive services from such programs. You and your child have been invited to provide demographic information because you and/or your child are receiving services that are funded by the Commission. Participation is completely voluntary and not required. The information that you provide will help the Commission learn which programs are successful and help us improve all programs.

Will my information be kept confidential?

Yes, all of your information gathered through this process shall be kept confidential. The only people who will be able to see your personal identifying information are those that provide services to you and the Commission’s computer consultants, who need this information in order to delete and/or correct records. The Commission’s staff and its partners who have access to your personal identifying information have signed an agreement to maintain its privacy.

What happens if you refuse to sign the authorization form?

If you decide that you do not want to participate in the data collection process, you and your child will still receive services. Participation in the data collection is encouraged, but is not required. Also, if you change your mind, you can request to have your data removed.

What does the Commission do with the data?

The data are reported to the Commission and to the State First 5 Commission. The information that you provide will remain protected and you and your child will NEVER be identified by name in reports prepared from the database. The reports inform the Commission about the population receiving Commission-funded services and the outcomes achieved. The reports are available on the Commission’s website, www.occhildrenandfamilies.org.

Thank you for your participation in the Commission’s data collection process. If you have any questions, please feel free to call me at (714) 568-5715 or email me at Sharon.Boles@cfcoc.org.

Sharon Boles
Evaluation Manager
Children & Families Commission of Orange County

Laguna Beach Unified School District

550 Blumont Avenue
Laguna Beach, CA 92651
949-497-7700

Participant Authorization Form – Primary Caregiver and Child

As the parent or legal guardian of _____
(Child's name as listed on birth certificate) (First) (Middle) (Last)

I agree to allow (*organization*) to share information about me and my child with the Children and Families Commission of Orange County, trusted organizations that are partners with the Commission, and Commission representatives. The information will be used to help the Commission learn how the services it funds help children prepare for school and to help plan for future services.

The information about both me and my child may include the following:

- Name, date and place of birth, gender, ethnicity, primary language, current address, services we received, results of the services received
- Medical information (medical/dental care utilization, birth weight, immunizations, etc.)
- Educational information (preschool services, special needs services, etc.)
- Developmental information (developmental screening, assessment, and services)

I understand that:

- I should answer only those questions with which I am comfortable -- I do not have to answer every question asked.
- Providing the information may involve a 10-minute interview when I start the program, when I complete the program and annually while I am receiving services from this program.
- Reports prepared from this information will not identify me or my child in any way.
- My approval to share this information will end on my child's nineteenth (19) birthday, and the information will be removed from the computer system. I also understand that I may cancel this authorization at any time by submitting a Request to Remove Confidential Information Form or by writing to (*organization*) or the Children and Families Commission of Orange County at 1505 E. 17th Street, Suite 230, Santa Ana, California, 92705. My child may also cancel this authorization in writing when he/she is at the age in which the law allows him/her to act on his/her own.
- Signing this Authorization is voluntary; if I choose not to sign this Authorization, my child and I will still receive services from (*organization*).

- This Authorization does **not** include sharing information that may identify me or my child related to participation in alcohol or drug treatment programs or criminal arrests or convictions. Such information may only be shared if I sign a separate, specific written consent form.
- The security and protection of my private information are very important to (*organization*). The only people who will be able to see my personal identifying information are those that provide me services and the Commission's computer consultants, who need this information in order to delete and/or correct records. The Commission's staff and its partners who have access to our personal identifying information have signed an agreement to maintain its privacy.
- After some health information is shared it may no longer be protected by the Federal Privacy Rule, but may still be protected by other state and federal laws.
- A copy of this consent form will be as good as the original. I know that I have a right to get a copy of this form if I ask for one.

Signature of parent or legal guardian: _____

Date: _____

Please print name clearly: _____

Relationship to child: _____

Child's birth date: _____

FOR OFFICE USE ONLY

Name of Commission Funded Program: _____

Child's Name: _____

Alternate ID: _____

CFCOC Client Intake Form

Date of Interview (MM/DD/YYYY)					
Please enter the name and date of birth EXACTLY as they appear on the Child's BIRTH CERTIFICATE.					
* Child's First Name	Child's Middle Name	* Child's Last Name	Child's Name Suffix (i.e. Jr., IV)		
* Child's Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	* Child's Date of Birth (MM/DD/YYYY)	Child's Nicknames			
* Mother's First Name	Mother's Maiden Name	Father's First Name	Father's Last Name		
<p>* Child's Place of Birth</p> <p>If born in Orange County, please select which hospital in Orange County:</p> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 50%;"> <input type="checkbox"/> AHMC Anaheim Regional Medical Center (formerly Anaheim Memorial Medical Center) <input type="checkbox"/> Anaheim General Hospital <input type="checkbox"/> Anaheim Memorial Medical Center West <input type="checkbox"/> Chapman Medical Center <input type="checkbox"/> Coastal Communities Hospital <input type="checkbox"/> Fountain Valley Regional Hospital & Medical Center <input type="checkbox"/> Garden Grove Hospital and Medical Center <input type="checkbox"/> Hoag Memorial Hospital Presbyterian <input type="checkbox"/> Irvine Regional Hospital and Medical Center <input type="checkbox"/> Kaiser Foundation Hospital – Irvine <input type="checkbox"/> Kaiser Foundation Hospital – Anaheim <input type="checkbox"/> La Palma Intercommunity Hospital <input type="checkbox"/> Los Alamitos Medical Center <input type="checkbox"/> Mission Hospital </td> <td style="vertical-align: top; width: 50%;"> <input type="checkbox"/> Orange Coast Memorial Medical Center <input type="checkbox"/> Placentia Linda Hospital <input type="checkbox"/> Saddleback Memorial Medical Center <input type="checkbox"/> San Clemente Hospital & Medical Center <input type="checkbox"/> Santa Ana Hospital Medical Center <input type="checkbox"/> South Coast Medical Center <input type="checkbox"/> St. Joseph Hospital – Orange <input type="checkbox"/> St. Jude Medical Center <input type="checkbox"/> University of California Irvine Healthcare <input type="checkbox"/> West Anaheim Medical Center <input type="checkbox"/> Western Medical Center – Santa Ana <input type="checkbox"/> Western Medical Center – Anaheim <input type="checkbox"/> Other <input type="checkbox"/> Home/Birthing Center <input type="checkbox"/> Do not know / Decline to Answer </td> </tr> </table> <p>If child was not born in Orange County, select one option and complete the information to the right:</p> <p><input type="checkbox"/> In California.....County _____</p> <p><input type="checkbox"/> In U.S.....State _____</p> <p><input type="checkbox"/> Outside U.S.....Country _____</p>				<input type="checkbox"/> AHMC Anaheim Regional Medical Center (formerly Anaheim Memorial Medical Center) <input type="checkbox"/> Anaheim General Hospital <input type="checkbox"/> Anaheim Memorial Medical Center West <input type="checkbox"/> Chapman Medical Center <input type="checkbox"/> Coastal Communities Hospital <input type="checkbox"/> Fountain Valley Regional Hospital & Medical Center <input type="checkbox"/> Garden Grove Hospital and Medical Center <input type="checkbox"/> Hoag Memorial Hospital Presbyterian <input type="checkbox"/> Irvine Regional Hospital and Medical Center <input type="checkbox"/> Kaiser Foundation Hospital – Irvine <input type="checkbox"/> Kaiser Foundation Hospital – Anaheim <input type="checkbox"/> La Palma Intercommunity Hospital <input type="checkbox"/> Los Alamitos Medical Center <input type="checkbox"/> Mission Hospital	<input type="checkbox"/> Orange Coast Memorial Medical Center <input type="checkbox"/> Placentia Linda Hospital <input type="checkbox"/> Saddleback Memorial Medical Center <input type="checkbox"/> San Clemente Hospital & Medical Center <input type="checkbox"/> Santa Ana Hospital Medical Center <input type="checkbox"/> South Coast Medical Center <input type="checkbox"/> St. Joseph Hospital – Orange <input type="checkbox"/> St. Jude Medical Center <input type="checkbox"/> University of California Irvine Healthcare <input type="checkbox"/> West Anaheim Medical Center <input type="checkbox"/> Western Medical Center – Santa Ana <input type="checkbox"/> Western Medical Center – Anaheim <input type="checkbox"/> Other <input type="checkbox"/> Home/Birthing Center <input type="checkbox"/> Do not know / Decline to Answer
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Current Street Address		Start Date of Current Address (MM/DD/YYYY)			
City, ST, Zip Code		<input type="checkbox"/> I decline to share my address information			

Child's Name: _____

Alternate ID: _____

CFCOC Client Intake Form

* Child's Ethnicity

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> More than one of the ethnicities listed |
| <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Other |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Do not know |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Decline to answer |
| <input type="checkbox"/> Vietnamese | |

CAREETHN. What is the ethnicity of the primary caregiver for this child? Please select only one (If there is more than one primary caregiver, enter the ethnicity of just one of the caregivers)

- | | | |
|---|---|---|
| <input type="checkbox"/> a. American Indian or Alaskan Native | <input type="checkbox"/> e. Hispanic or Latino | <input type="checkbox"/> i. Other |
| <input type="checkbox"/> b. Asian | <input type="checkbox"/> f. Vietnamese | <input type="checkbox"/> j. Do not know |
| <input type="checkbox"/> c. Pacific Islander | <input type="checkbox"/> g. White | <input type="checkbox"/> k. Decline to answer |
| <input type="checkbox"/> d. Black/African American | <input type="checkbox"/> h. More than one of the ethnicities listed | |

MARSTAT. What is the marital status of the adults with whom the child lives most or all of the time?

- | | |
|---|---|
| <input type="checkbox"/> a. Married or legal domestic partnership | <input type="checkbox"/> d. Other |
| <input type="checkbox"/> b. Single parent household | <input type="checkbox"/> e. Do not know |
| <input type="checkbox"/> c. Cohabiting – living with partner | <input type="checkbox"/> f. Decline to answer |

PRIMLANG. What is the primary language spoken by the primary caregiver for this child?

- | | | |
|--|--|--|
| <input type="checkbox"/> a. English | <input type="checkbox"/> d. Korean | <input type="checkbox"/> g. Filipino (Tagalog) |
| <input type="checkbox"/> b. Spanish | <input type="checkbox"/> e. Mandarin (Putonghua) | <input type="checkbox"/> h. Other |
| <input type="checkbox"/> c. Vietnamese | <input type="checkbox"/> f. Farsi (Persian) | <input type="checkbox"/> i. Decline to answer |

CHILDLANG. What is the primary language spoken by the child?

- | | | |
|--|--|--|
| <input type="checkbox"/> a. English | <input type="checkbox"/> d. Korean | <input type="checkbox"/> g. Filipino (Tagalog) |
| <input type="checkbox"/> b. Spanish | <input type="checkbox"/> e. Mandarin (Putonghua) | <input type="checkbox"/> h. Other |
| <input type="checkbox"/> c. Vietnamese | <input type="checkbox"/> f. Farsi (Persian) | <input type="checkbox"/> i. Decline to answer |

MOEDUC. What is the highest level of school or degree completed by the child's mother?

- | | | |
|--|--|---|
| <input type="checkbox"/> a. No formal schooling | <input type="checkbox"/> f. Associates degree or technical school degree | <input type="checkbox"/> i. Other |
| <input type="checkbox"/> b. 8 th grade or less | <input type="checkbox"/> g. Bachelor's degree | <input type="checkbox"/> j. Information on Mother unknown |
| <input type="checkbox"/> c. 9 th to 12 th grade or vocational school | <input type="checkbox"/> h. Graduate or Professional degree | <input type="checkbox"/> k. Decline to answer |
| <input type="checkbox"/> d. High School diploma/GED | | |
| <input type="checkbox"/> e. Some college or some technical school | | |

Child's Name: _____

Alternate ID: _____

CFCOC Client Intake Form

HHINCOME. Please mark the most appropriate range below for the total annual household income of this child's family.

- | | | |
|---|---|---|
| <input type="checkbox"/> a. Less than \$10,000 (<i>less than \$833/month</i>) | <input type="checkbox"/> e. \$25,000 - \$29,999 (\$2084 - \$2500/month) | <input type="checkbox"/> i. \$75,000 - \$99,999 (\$6251 - \$8333/month) |
| <input type="checkbox"/> b. \$10,000 - \$14,999 (\$834 - \$1250/month) | <input type="checkbox"/> f. \$30,000 - \$39,999 (\$2501 - \$3333/month) | <input type="checkbox"/> j. \$100,000 or more (\$8334/month or more) |
| <input type="checkbox"/> c. \$15,000 - \$19,999 (\$1251 - \$1667/month) | <input type="checkbox"/> g. \$40,000 - \$49,999 (\$3334 - \$4167/month) | <input type="checkbox"/> k. Do not know |
| <input type="checkbox"/> d. \$20,000 - \$24,999 (\$1668 - \$2083/month) | <input type="checkbox"/> h. \$50,000 - \$74,999 (\$4168 - \$6250/month) | <input type="checkbox"/> l. Decline to answer |

FAMSIZE. Including you and your children, how many family members live with you and depend on the total annual income reported above? (Family members means the child's parents/guardians, siblings, and/or other dependent adults)

_____ Family Members

If the answer to the above question is "Decline to answer" or "Do not know", please place an "X" in the box below.

Decline to answer or do not know

HLTHCVG. What type of primary health insurance is this child currently covered by?

- | | |
|--|--|
| <input type="checkbox"/> a. Public insurance (e.g. Medi-Cal, CalOptima, Healthy Families) | <input type="checkbox"/> c. Private insurance (through employer or self) |
| <input type="checkbox"/> b. Public insurance – infant covered temporarily under the mother's insurance | <input type="checkbox"/> d. No coverage |
| | <input type="checkbox"/> e. Do not know |
| | <input type="checkbox"/> f. Decline to answer |

The following questions ONLY apply if the child is over 3 months old

LEARNPROG. How did you learn about this program?

- | | | |
|---|--|---|
| <input type="checkbox"/> a. Friend or family member (word of mouth) | <input type="checkbox"/> g. Help Me Grow | <input type="checkbox"/> n. 211 Phone Line |
| <input type="checkbox"/> b. Childcare Provider | <input type="checkbox"/> h. Regional Center | <input type="checkbox"/> o. Internet |
| <input type="checkbox"/> c. Flyer | <input type="checkbox"/> i. Newspaper, radio, television | <input type="checkbox"/> p. Other _____ |
| <input type="checkbox"/> d. Professional Referral | <input type="checkbox"/> j. Health fair or community event | <input type="checkbox"/> q. Do not know |
| <input type="checkbox"/> e. Family Resource Center | <input type="checkbox"/> k. Orange County Fair | <input type="checkbox"/> r. Decline to answer |
| <input type="checkbox"/> f. Community Organization | <input type="checkbox"/> l. Outreach Worker | |
| | <input type="checkbox"/> m. School District | |

READTO. In a typical week, how often does a family member read to or show picture books to this child?

- | | | |
|--|--|---|
| <input type="checkbox"/> a. Every Day | <input type="checkbox"/> c. Once or twice a week | <input type="checkbox"/> e. Do not know |
| <input type="checkbox"/> b. 3 – 6 times a week | <input type="checkbox"/> d. Not at all | <input type="checkbox"/> f. Decline to answer |

BOOKS. Think back to the last week. On any given day, how many children's books were available in your home to read to this child? Please include books you own or borrowed.

- | | | |
|-----------------------------------|--|---|
| <input type="checkbox"/> a. None | <input type="checkbox"/> d. 6 – 10 | <input type="checkbox"/> f. Do not know |
| <input type="checkbox"/> b. 1 – 2 | <input type="checkbox"/> e. More than 10 | <input type="checkbox"/> g. Decline to answer |
| <input type="checkbox"/> c. 3 - 5 | | |

Child's Name: _____

Alternate ID: _____

CFCOC Client Intake Form

MEDPLACE. In general, what is the primary location where you take this child for routine medical care like well-child check-ups? Well-child check-up means a general check-up. (Select one)

- | | |
|--|---|
| <input type="checkbox"/> a. A doctor's office, private clinic, or HMO | <input type="checkbox"/> d. Other |
| <input type="checkbox"/> b. Public health department or community health center/clinic | <input type="checkbox"/> e. Have never taken child for routine medical care |
| <input type="checkbox"/> c. The emergency room at a hospital | <input type="checkbox"/> f. Do not know |
| | <input type="checkbox"/> g. Decline to answer |

DEVSCRN. Have you ever been asked to fill out a checklist of activities that this child can do, such as certain physical tasks, whether this child can draw certain objects, or ways this child can communicate with you?

- | | |
|---------------------------------|---|
| <input type="checkbox"/> a. No | <input type="checkbox"/> c. Unsure, maybe |
| <input type="checkbox"/> b. Yes | <input type="checkbox"/> d. Decline to answer |

The following questions ONLY apply if the child is over 1 year old

AGEFDV. At what age did this child first visit the dentist or dental hygienist?

- | | | |
|---|--|---|
| <input type="checkbox"/> a. Child has never been to a dentist (skip to question #MDCOND) | <input type="checkbox"/> b. Less than 1 year old | <input type="checkbox"/> f. 4 years old |
| | <input type="checkbox"/> c. 1 year old | <input type="checkbox"/> g. 5 years old |
| | <input type="checkbox"/> d. 2 years old | <input type="checkbox"/> h. Do not know |
| | <input type="checkbox"/> e. 3 years old | <input type="checkbox"/> i. Decline to answer |

DENTVST. When did this child last see a dentist or dental hygienist for dental care?

- | | |
|---|---|
| <input type="checkbox"/> a. Less than 6 months ago | <input type="checkbox"/> d. 2 years ago or more |
| <input type="checkbox"/> b. Between 6 months and a year ago | <input type="checkbox"/> e. Do not know |
| <input type="checkbox"/> c. Between 1 to 2 years ago | <input type="checkbox"/> f. Decline to answer |

MDCOND. Do you believe this child has a medical, developmental, and/or behavioral condition that may affect his/her performance in school?

- | | |
|---------------------------------|---|
| <input type="checkbox"/> a. No | <input type="checkbox"/> c. Unsure, maybe |
| <input type="checkbox"/> b. Yes | <input type="checkbox"/> d. Decline to answer |