**INFANT SAFE SLEEP**

**Participant Service Sheet**

**Date completed \_\_\_\_ /\_\_\_\_/\_\_\_\_** *(month/day/year)*

**PARENT INFORMATION**

### **First name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Example: Monica Herrera-Lopez*

### **Date of birth:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ *(month\day\year)* 3. **Sex:** Female Male

1. **City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5. **Zip Code:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Race/Ethnicity:** *(Check all that apply)*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Alaska Native/American Indian (01) |  | Hispanic/Latino (04) |  | Pacific Islander (05) |  | Hmong (07) |  | Multiracial (09) |
|  | Black/African American (03) |  | Asian (02) |  | White (06) |  | Russian/Ukrainian (08) |  | Other(10) |

1. **Language most comfortable with:** *(select ONLY one)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | English (01) |  | Cantonese (03) |  | Vietnamese (05) |  | Russian/Ukrainian (07) |
|  | Spanish (02) |  | Mandarin (04) |  | Hmong (06) |  | Other (08) |

1. **Relationship to child:**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Mother (01) |  | Father (02) |  | Grandparent (05) |  | Foster Parent (07) |  | Other Relative (09) |  | Other Adult (Not Related)(10) |

1. **How did you hear about this program?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Doctor/Clinic |  | CPS |  | FRC |  | Other community group |  | Home Visitor/Advocate |
|  | Family/Friend |  | Poster/Flyer |  | Website |  | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

*For program staff use only:*

|  |
| --- |
| Participant Persimmony ID: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Services received:  Safe Sleep Training  Crib  Notes:  Date Entered In Persimmony\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ By \_\_\_\_\_\_ |