**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[ ]  CribNotes: Date Entered In Persimmony\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ By \_\_\_\_\_\_ |