

A1. Name: _____
 Last First MI
A2. Address: _____
 _____ _____ _____ _____ _____ _____ _____
 City State Zip
A3. Home Phone: (_____) _____
A4. Work Phone: (_____) _____
A5. Pager Number: (_____) _____
A6. E-Mail Address: _____
A7. Social Security Number: _____-_____-_____

A16. What is the highest degree you have earned?
____ 1. None ____ 3. High school diploma
____ 2. GED ____ 4. Technical/AA degree
 ____ 5. College degree or
 higher

A8. Where did you hear about the program? **[Check all that apply.]**
____ 1. Hospital paternity establishment program
____ 2. Health professional
____ 3. Letter from child support agency
____ 4. Meeting with child support technician
____ 5. Welfare/TANF technician
____ 6. Child protection agency/professionals
____ 7. Court
____ 8. Dept. of Corrections/Juvenile Justice
____ 9. Therapist
____ 10. Attorney
____ 11. School
____ 12. Church/faith-based organization
____ 13. Friend
____ 14. Spouse, ex-spouse, or girlfriend/boyfriend
____ 15. Contacted by program staff
____ 16. Advertisement/media
____ 17. Community organization: _____
____ 18. Other: _____

A17. In addition to you, who do you normally live with? **[Check all that apply.]**
____ 1. No one, live alone
____ 2. One or both of your parents/foster parents
____ 3. Your brother(s) or sister(s)
____ 4. Your spouse
____ 5. Your girlfriend/boyfriend
____ 6. Your own children
____ 7. Children of spouse/girlfriend/boyfriend
____ 8. Other relative(s)
____ 9. Friend(s)
____ 10. Not applicable (e.g., live in halfway house or shelter)
____ 11. Other: _____

A9. Are you required to attend this program?
____ 1. Yes ____ 2. No

A18. Do you have any children under the age of 18 who do not live with you? ____ 1. Yes ____ 2. No

A10. Date of Birth (MM/DD/YY): ____/____/____

A19. Are you or is your girlfriend/partner pregnant?
____ 1. Yes ____ 2. No

A11. Gender: ____ 1. Male ____ 2. Female

A20. Do you think you might want help with any of the following? **[Check all that apply.]**
____ 1. Getting to see your children more often
____ 2. Finding a job
____ 3. Finding a better paying job
____ 4. Additional education or training
____ 5. Child support payments or debts
____ 6. Parenting skills/being a better parent
____ 7. Improve relationship with other parent
____ 8. Substance abuse treatment/counseling
____ 9. Help with anger management
____ 10. Health services
____ 11. Talking with others in the same situation
____ 12. Getting on the right track
____ 13. Other: _____

A12. What is your current marital status?
____ 1. Legally married and living with spouse
____ 2. Separated ____ 4. Widowed
____ 3. Divorced ____ 5. Never married

*****FOR OFFICE USE ONLY*****

A13. Do you consider yourself:
____ 1. White/Non-Hispanic
____ 2. African American/Non-Hispanic
____ 3. Hispanic/Latino
____ 4. Native American
____ 5. Asian American
____ 6. Other: _____

A21. Is this person appropriate for the program?
____ 1. Yes ____ 2. No

A14. Are you enrolled in school? ____ 1. Yes ____ 2. No

A22. Project Staff: _____ Date: ____/____/____

A15. What is the highest grade in school you have completed? _____

A23. Participant ID Number: _____

A24. Case Notes (continue on reverse side, if needed): _____
