First 5 Placer
Intake Assessment

Agency and Program Name: _____

Participant ID/Name: _____

Today's Date: ____/____/____

Thank you for taking the time to complete the following survey. The information you provide will be used to help improve services for children and their families. This survey is voluntary.

Please think about your youngest child aged 0-5 when answering the following questions.

Child Characteristics

1. Is this child a… ☐ Boy ☐ Girl

2. What is this child's race or ethnicity? (Check all that apply.)
   - ☐ Asian
   - ☐ Black/African American
   - ☐ Hispanic/Latino
   - ☐ Native American or Alaskan Native
   - ☐ Native Hawaiian/Pacific Islander
   - ☐ White, Non-Hispanic
   - ☐ Other (please specify): _____
   - ☐ Don't know
   - ☐ Prefer not to answer

3. What languages are spoken to this child at home? (Check all that apply.)
   - ☐ English
   - ☐ Spanish
   - ☐ Other (please specify): _____
   - ☐ Don't know
   - ☐ Prefer not to answer

4. What is your relationship to this child? (Check one.)
   - ☐ Mother
   - ☐ Father
   - ☐ Grandmother/Grandfather
   - ☐ Other Relative (e.g., aunt, uncle, cousin)
   - ☐ Other (please specify): _____
   - ☐ Prefer not to answer

Support Services

5. During the past year, did you, this child, or your spouse/partner participate in any of the following services? If you **did not** participate, please indicate if you want more information about the service.

Did you, this child, or your spouse/partner participate in…	Yes	No	If no, do you want more information about this service?
a. Alcohol or drug abuse treatment	☐	☐	☐
b. Child care (Head Start/Early Head Start, etc.)	☐	☐	☐
c. Family literacy classes	☐	☐	☐
d. Food bank/emergency food	☐	☐	☐
e. Food stamps (CalFresh or SNAP)	☐	☐	☐
f. Health/dental insurance enrollment	☐	☐	☐
g. Housing assistance	☐	☐	☐
h. Income assistance (welfare, CalWORKs, Social Security Income, etc.)	☐	☐	☐
i. Job training/employment support	☐	☐	☐
j. Legal services	☐	☐	☐
k. Mental/behavioral health support or counseling	☐	☐	☐
l. Parenting education	☐	☐	☐
m. Prenatal care	☐	☐	☐
n. Smoking cessation	☐	☐	☐
o. Unemployment insurance/benefits (disability insurance, workers compensation, pregnancy disability, etc.)	☐	☐	☐
p. WIC	☐	☐	☐

6. Please indicate how often someone is available for each of the following. (Check one answer per row.)

How often is someone available …	None of the time	Some of the time	All of the time	Don't know	Prefer not to answer
a. That you can count on to listen to you when you need to talk?	☐	☐	☐	☐	☐
b. To give you information to help you understand a situation?	☐	☐	☐	☐	☐
c. To confide in or talk to about yourself or your problems?	☐	☐	☐	☐	☐
d. Whose advice you really want?	☐	☐	☐	☐	☐
e. To share your most private worries and fears with?	☐	☐	☐	☐	☐
f. To turn to for suggestions about how to deal with a personal problem?	☐	☐	☐	☐	☐
g. Who understands your problems?	☐	☐	☐	☐	☐

Maternal and Child Health

7. In general would you say **<u>your</u>** health is…? (Circle a number below.)

Excellent	Very Good	Good	Fair	Poor	Don't Know	Prefer not to answer
1	2	3	4	5	6	7

8. What is the source of **<u>your</u>** insurance? (Check all that apply.)
   - ☐ No health insurance
   - ☐ Medi-Cal
   - ☐ Emergency Medi-Cal
   - ☐ Covered California
   - ☐ Insurance provided/paid directly by me or my spouse/partner
   - ☐ Insurance provided by employer or my spouse's/partner's employer
   - ☐ Other (please specify): _____
   - ☐ Don't know
   - ☐ Prefer not to answer

9. In general would you say **<u>this child's</u>** heath is… (Circle a number below.)

Excellent	Very Good	Good	Fair	Poor	Don't Know	Prefer not to answer
1	2	3	4	5	6	7

10. What is the source of **this child's** health insurance? (Check all that apply.)
    - ☐ No health insurance
    - ☐ Medi-Cal
    - ☐ Emergency Medi-Cal
    - ☐ Covered California
    - ☐ Insurance provided / paid directly by me or my spouse
    - ☐ Insurance provided by employer / my spouse's employer
    - ☐ Other (please specify): _____
    - ☐ Don't know
    - ☐ Prefer not to answer

11. Where do you usually take this child when he/she is sick or you need advice about his/her health? (Check one.)
    - ☐ A doctor's office
    - ☐ Emergency room
    - ☐ Clinic
    - ☐ Some other place (please specify): _____
    - ☐ Don't know
    - ☐ Prefer not to answer

12. Has a doctor or other health or education professional told you that this child has a special need, a health problem, a delay or disability (for example: physical, emotional, language, hearing or learning difficulty)? (Check one.)
    - ☐ Yes
    - ☐ No
    - ☐ Don't know
    - ☐ Prefer not to answer

13. **If female:** Are you pregnant? (Check one.)
    - ☐ Yes
    - ☐ No
    - ☐ Don't know
    - ☐ Prefer not to answer

    13a. If yes, during which trimester did you first receive prenatal care for this child? (Check one.)
        - ☐ First trimester (1st to 12th week)
        - ☐ Second trimester (13th to 27th week)
        - ☐ Third trimester (28th week or longer)
        - ☐ I did not receive or have not received prenatal care
        - ☐ Don't know
        - ☐ Prefer not to answer

14. Is this child up-to-date on their immunizations? (Check one.)
    - ☐ Yes
    - ☐ No
    - ☐ Don't know
    - ☐ Prefer not to answer

15. During the past month, how many cigarettes did you smoke on an average day? (Check one.)
    - ☐ 1-2
    - ☐ 3-5
    - ☐ 6-10
    - ☐ 11-20
    - ☐ More than 20
    - ☐ None
    - ☐ Don't know
    - ☐ Prefer not to answer

16. Does anyone smoke cigarettes inside the home? (Check one.)
    - ☐ Yes
    - ☐ No
    - ☐ Don't know
    - ☐ Prefer not to answer

17. How often do you have a drink containing alcohol? (Check one.)
    - ☐ Never
    - ☐ Monthly or less
    - ☐ 2-4 times per month
    - ☐ 2-3 times per week
    - ☐ 4 or more times per week
    - ☐ Don't know
    - ☐ Prefer not to answer

Oral Health

18. What is the source of this child's dental insurance? (Check all that apply.)
    - ☐ No health insurance
    - ☐ Medi-Cal
    - ☐ Emergency Medi-Cal
    - ☐ Covered California
    - ☐ Insurance provided/paid directly by me or my spouse/partner
    - ☐ Insurance provided by employer or my spouse's/partner's employer
    - ☐ Other (please specify): _____
    - ☐ Don't know
    - ☐ Prefer not to answer

19. Does this child have a regular dentist? (Check one.)
    - ☐ Yes
    - ☐ No
    - ☐ Don't know
    - ☐ Prefer not to answer

20. Has this child been to a dentist or dental hygienist for dental care in the past year? (Check one.)
    - ☐ Yes
    - ☐ No
    - ☐ Don't know
    - ☐ Prefer not to answer

    20a. If this child **did not** visit a dentist or dental hygienist for dental care in the past year, why not? (Check all that apply.)
        - ☐ Child is too young to see a dentist
        - ☐ The dentist office is too far away
        - ☐ I do not have a way to get to the dentist office
        - ☐ The dentist office is not open when I can get there
        - ☐ The people who work at the dentist office do not speak my language
        - ☐ I have to wait too long to get an appointment
        - ☐ I do not know a dentist for children
        - ☐ I have had bad experiences at the dentist office
        - ☐ Other (please specify): _____
        - ☐ Don't know
        - ☐ Prefer not to answer

Early Literacy

21. In a typical week, how often do you or other people in your household read or tell stories to this child? (Check one.)
    - ☐ Every day
    - ☐ Most days (5-6 days)
    - ☐ Some days (3-4 days)
    - ☐ Rarely (1-2 days)
    - ☐ Never
    - ☐ Don't know
    - ☐ Prefer not to answer

22. In a typical week, how often do you or other people in your household sing songs to this child? (Check one.)
    - ☐ Every day
    - ☐ Most days (5-6 days)
    - ☐ Some days (3-4 days)
    - ☐ Rarely (1-2 days)
    - ☐ Never
    - ☐ Don't know
    - ☐ Prefer not to answer

Family Characteristics

Please complete the following information about yourself.

23. What is your family income per year? (Check one.)
    - ☐ Less than $16,000
    - ☐ $16,001 to 20,000
    - ☐ $20,001 to $24,000
    - ☐ $24,001 to $28,000
    - ☐ $28,001 to $32,000
    - ☐ $32,001 to $60,000
    - ☐ $60,001 to $100,000
    - ☐ $100,001 or more
    - ☐ Don't know
    - ☐ Prefer not to answer

24. What is the **highest** grade or year of school that you completed? (Check one.)
    - ☐ Less than 6th grade
    - ☐ Between 6th grade and high school
    - ☐ Finished high school
    - ☐ More than high school (e.g., vocational training, some college, or junior college)
    - ☐ Finished college
    - ☐ More than college (e.g., graduate work)
    - ☐ Don't know
    - ☐ Prefer not to answer

25. What is your zip code? _____