

• **DAISEY CAREGIVER FORM**

*Please Print Information – Required Questions Marked With **

Caregiver ID*		Caregiver System ID*	
Is this the primary caregiver of the child?*	<input type="checkbox"/> Yes <input type="checkbox"/> No		

First Name*		Last Name*	
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Is this a prenatal case?*	<input type="checkbox"/> Yes	Alternate ID	
	<input type="checkbox"/> No	FACTS Case ID*	

FACTS Client ID*		Enrollment Date* (mm/dd/yyyy)	
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Date of Birth*		Zip Code*	
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Relationship to Child/Youth*	<input type="checkbox"/> Mother		<input type="checkbox"/> Father
	<input type="checkbox"/> Grandparent		<input type="checkbox"/> Step – Parent
	<input type="checkbox"/> Foster Parent		<input type="checkbox"/> Kinship Guardian
	<input type="checkbox"/> Other Caregiver		

Number of children in the home (including target child)*		Number of Adults in the Home*	
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Annual Family Income*	<input type="checkbox"/> Less than \$15,000	<input type="checkbox"/> \$15,001 - \$20,000
	<input type="checkbox"/> \$20,001 - \$30,000	<input type="checkbox"/> \$30,001 - \$40,000
	<input type="checkbox"/> \$40,001 - \$50,000	<input type="checkbox"/> More Than \$50,000
	<input type="checkbox"/> Prefer not to answer	

Employment*	<input type="checkbox"/> Employed Full-Time = 1		<input type="checkbox"/> Employed Part-Time = 2
	<input type="checkbox"/> Not Currently Employed or in School = 3		<input type="checkbox"/> In School = 4
	<input type="checkbox"/> Prefer not to answer		

Education*	<input type="checkbox"/> Some High School = 1	<input type="checkbox"/> High School Diploma or Equivalent = 2
	<input type="checkbox"/> Some College = 3	<input type="checkbox"/> Associate's Degree = 4
	<input type="checkbox"/> Bachelor's Degree = 5	<input type="checkbox"/> Master's Degree = 6
	<input type="checkbox"/> Doctoral Degree = 7	<input type="checkbox"/> Prefer not to answer