



Children's Assistance Resources & Education  
 A Program of the Chandler Unified School District  
*Healthy Children, Better Communities*

Date Today: \_\_\_\_\_

CUSD Employee:  Yes  No

**PATIENT INFORMATION**

Do you have a child ages 0-5? Yes No

Patient's Name: \_\_\_\_\_ Gender:  Female  Male

Date of Birth: \_\_\_\_\_ Does this child have medical insurance?  Yes  No  
Month / Day / Year

Patient's Name: \_\_\_\_\_ Gender:  Female  Male

Date of Birth: \_\_\_\_\_ Does this child have medical insurance?  Yes  No  
Month / Day / Year

Patient's Name: \_\_\_\_\_ Gender:  Female  Male

Date of Birth: \_\_\_\_\_ Does this child have medical insurance?  Yes  No  
Month / Day / Year

Patient's Name: \_\_\_\_\_ Gender:  Female  Male

Date of Birth: \_\_\_\_\_ Does this child have medical insurance?  Yes  No  
Month / Day / Year

**PARENT/LEGAL GUARDIAN INFORMATION**

Mother's name: \_\_\_\_\_ DOB: \_\_\_\_\_ Telephone: \_\_\_\_\_

Father's name: \_\_\_\_\_ DOB: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

With whom does the child reside: \_\_\_\_\_ Number of people who live in the house: \_\_\_\_\_

Is anyone in your household: Disabled:  Yes  No Veteran:  Yes  No Homeless:  Yes  No

**ADDITIONAL INFORMATION**

Head of Household:  Male  Female

Yearly household income (Please check one):

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> \$ 0,000 - 4,999  | <input type="checkbox"/> \$15,000 - 19,999 | <input type="checkbox"/> \$30,000 - 34,999 | <input type="checkbox"/> \$45,000 - 49,999  |
| <input type="checkbox"/> \$ 5,000 - 9,999  | <input type="checkbox"/> \$20,000 - 24,999 | <input type="checkbox"/> \$35,000 - 39,999 | <input type="checkbox"/> \$50,000 and above |
| <input type="checkbox"/> \$10,000 - 14,999 | <input type="checkbox"/> \$25,000 - 29,999 | <input type="checkbox"/> \$40,000 - 44,999 |   |

Ethnicity Category (Please check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> Asian                         | <input type="checkbox"/> White/Caucasian                        |
| <input type="checkbox"/> Black/African American        | <input type="checkbox"/> Other: _____                           |
| <input type="checkbox"/> Hispanic/Latino               |   |

All information is confidential. We tally number of people in each category for reporting as required by our funders.