

YMCA RESPITE CLIENT INFORMATION PACKET

Primary Kinship Caregiver/Guardian Data (Please Print) **Date:**

*First Name:	
Middle Initial:	
*Last Name:	
*Birthdate:	
Age:	
*What is your Gender? (check only one)	Male Female Transgender Female to Male Transgender Male to Female Genderqueer/ Gender Non-Binary Not Listed, please specify: Declined/ not stated
*What was	
your sex at birth? (Check only one)	☐ Male ☐ Female ☐ Declined to State
*How do you describe your sexual orientation or sexual identity(Check only one)	Straight/ Heterosexual Bisexual Gay/ Lesbian/ Same-Gender Loving Questioning/ Unsure Not Listed, please specify:
	Declined/ not stated
	Home Address
Street:	
City:	
*Zip Code & State:	
*Home Phone #	
*Cell Phone #	
Email:	
*Rural	Yes No Declined to State



*Lives Alone?	☐ Yes ☐ No
	Declined to State
*Race?	
	☐ White ☐ Black ☐ American Indian/Alaska Native
	☐ Other Race ☐ Multiple Race ☐ Declined to State
	Asian:
	☐ Asian Indian ☐ Cambodian ☐ Chinese
	☐ Filipino ☐ Japanese ☐ Korean ☐ Laotian
	☐ Vietnamese ☐ Other Asian
	Hawaiian/Other Pacific Islander:
	☐ Guamanian ☐ Hawaiian ☐ Samoan
	Other Pacific Islander Declined to state
	Citiel Pacific Islander — Declined to state
*Ethnicity:	☐ Non Hispanic/Latino ☐ Hispanic/Latino
	— Non mispanie, Latino — mispanie, Latino
	Declined to State
*Household	
Monthly	
Income:	
*Federal	L At or Below FPL
Poverty Level	☐ Above FPL
(FPL)	Declined to State
*Relationship	☐ Grandparent ☐ Other Relative
to Child(ren)	☐ Non-Relative ☐ Declined to State
*Relationship	Single (Never Married) Married
Status	Separated
	☐ Domestic Partner ☐ Divorced ☐ Widowed
*F	☐ Declined to State
*Employment	☐ Full time ☐ Part time ☐ Unemployed
	Retired Declined to State
How did you hear about	☐ None ☐ Kinship Navigator/ Case Manager
the Program?	☐ Kinship Support Group
	•
Kinship Car	regiver 2
•	other adult in the household)
(Spease of	outer dadie in the household,
Name:	
Age:	
Phone #	
Relationship	
to	☐ Grandparent ☐ Other Relative
Child(ren)	☐ Non-Relative ☐ Declined to State



Race:	☐ White ☐ Black ☐ American Indian/Alaska Native	
	☐Other Race ☐ Multiple Race ☐ Declined to State	
	Asian:	
	☐ Asian Indian ☐ Cambodian ☐ Chinese	
	☐ Filipino ☐ Japanese ☐ Korean ☐ Laotian	
	☐ Vietnamese ☐ Other Asian Hawaiian/Other Pacific Islander:	
	Guamanian Hawaiian Samoan	
	□ Guamanian □ nawalian □ Samoan	
	Other Pacific Islander	
Ethnicity	□ Non Hispanic/Latino □ Hispanic/Latino	
	— Non Trispanicy Editino — Trispanicy Editino	
	Declined to State	
Federal	At or Below FPL	
Poverty Level (FPL)	Above FPL	
Level (FPL)	Declined to State	
1. Child		
*First Name:		
*Last Name:		
Last Hamer		
*Birthdate:		
Ago		
Age:		
School- Grade		
4556		
*What is your Gender?	Male	
(check only	Transgender Female to Male	
one)	Transgender Male to Female	
	Genderqueer/ Gender Non-Binary	
	Not Listed, please specify:	
	—	
	Declined/ not stated	
*What was	☐ Male ☐ Female ☐ Declined to State	
your sex at		
birth? (Check only one)		
*How do you	Straight/ Heterosexual Bisexual Gay/ Lesbian/ Same-Gender Loving	
describe your		
sexual	Questioning/ Unsure	
orientation or	☐ Not Listed, please specify:	
sexual identity(Chec	k	
only one)		
*Rural		
	Yes No Declined to State	



*Lives Alone?	☐ Yes ☐ No		
	Designed to Class		
*Race?	☐ Declined to State		
	☐ White ☐ Black ☐ American Indian/Alaska Native		
	Other Race Multiple Race Declined to State		
	Asian:		
	Asian Indian Cambodian Chinese		
	☐ Filipino ☐ Japanese ☐ Korean ☐ Laotian		
	☐ Vietnamese ☐ Other Asian Hawaiian/Other Pacific Islander:		
	Guamanian Hawaiian Samoan		
	Other Pacific Islander Declined to state		
*Ethnicity:	□ Non Hispanic/Latino □ Hispanic/Latino		
	Declined to State		
*F I I	At or Below FPL		
*Federal Poverty Level	Above FPL		
(FPL)	Declined to State		
*Relationship	Single (Never Married) Married		
Status	Separated		
	Domestic Partner Divorced Widowed		
	Declined to State		
Relationship to Caregiver?			
What type of	Legal Guandianship Power of Attorney		
Legal Rights	Foster Care Informal (No formal legal rights)		
do you have for this child?			
Does the Child	Type of Special Need:		
have Special	Yes		
Needs such as Mental or			
physical	No		
disability?			
How long have you been	Status of Biological Parents?		
the primary			
caregiver of			
the child/ren?			
2. Child			
*First Name:			
*Last Name:			
*Birthdate:			



Age:	
School- Grade:	
*What is your Gender? (check only one)	Male Female Transgender Female to Male Transgender Male to Female Genderqueer/ Gender Non-Binary Not Listed, please specify:
*\#\bat was	Declined/ not stated
*What was your sex at birth? (Check only one)	☐ Male ☐ Female ☐ Declined to State
*How do you describe your sexual orientation or sexual identity(Check only one)	Straight/ Heterosexual Bisexual Gay/ Lesbian/ Same-Gender Loving Questioning/ Unsure Declined/ not stated Not Listed, please specify:
*Rural	☐ Yes ☐ No ☐ Declined to State
*Lives Alone?	Yes No Declined to State
*Race?	White Black American Indian/Alaska Native Other Race Multiple Race Declined to State Asian: Cambodian Chinese Filipino Japanese Korean Laotian Vietnamese Other Asian Hawaiian/Other Pacific Islander: Guamanian Hawaiian Samoan Other Pacific Islander Declined to state
*Ethnicity:	Non Hispanic/Latino Hispanic/Latino
	Declined to State
*Federal Poverty Level (FPL)	At or Below FPL Above FPL Declined to State
*Relationship Status	Single (Never Married) Married



		nestic Partner 🗀 Divorced 🗀 Widowed	
	☐ Decl	ined to State	
Relationship to Caregiver?			
What type of	Lega	al Guandianship Dewer of Attorney	
Legal Rights do you have		er Care Informal (No formal legal rights)	
for this child?			
Does the		Type of Special Need:	
Child have	Yes		
Special Needs such			
as Mental or	☐ No		
physical			
disability? How long		Status of Biological Parents?	
have you		Status of Biological Falcines.	
been the			
primary caregiver of			
the			
child/ren?			
3. Child			
*First Name:			
*Last Name:			
*Birthdate:			
Age:			
School- Grade:			
*What is	☐ Male	e	
your Gender?		sgender Female to Male	
(check only one)		sgender Male to Female	
	Genderqueer/ Gender Non-Binary		
	Not Listed, please specify:		
	│ │	ined/ not stated	
	Deci	med/ not stated	
*What was	│	e	
your sex at birth? (
Check only			
one) *How do you			
describe your		nt/ Heterosexual	
sexual		stioning/ Unsure	
orientation or sexual		Listed, please specify:	
identity(
Check only			



"Kurai	☐ Yes ☐ No ☐ Declined to State
*Lives	☐ Yes ☐ No
Alone?	
**	☐ Declined to State
*Race?	☐ White ☐ Black ☐ American Indian/Alaska Native
	Other Race Multiple Race Declined to State
	Asian:
	Asian Indian Cambodian Chinese
	☐ Filipino ☐ Japanese ☐ Korean ☐ Laotian
	☐ Vietnamese ☐ Other Asian
	Hawaiian/Other Pacific Islander:
	Guamanian Hawaiian Samoan
	Other Pacific Islander Declined to state
*Ethnicity:	
*Ethnicity:	☐ Non Hispanic/Latino ☐ Hispanic/Latino
	☐ Declined to State
	At or Below FPL
*Federal	Above FPL
Poverty Level (FPL)	Declined to State
*Relationship	
Status	☐ Single (Never Married) ☐ Married
	☐ Separated
	☐ Domestic Partner ☐ Divorced ☐ Widowed
Dalatianahin	☐ Declined to State
Relationship to Caregiver?	
What type of	Legal Guandianship Power of Attorney
Legal Rights	Foster Care Informal (No formal legal rights)
do you have	□ Foster Care □Informal (No formal legal rights)
for this child? Does the	Type of Special Need:
Child have	Yes Yes
Special	
Needs such	\square_{No}
as Mental or physical	
disability?	
How long	Status of Biological Parents?
have you	
been the primary	
caregiver of	
the	
child/ren?	
4. Child	
*First Name:	



*Last Name:	
*Birthdate:	
Age:	
School- Grade:	
*What is your Gender? (check only one)	Male Female Transgender Female to Male Transgender Male to Female Genderqueer/ Gender Non-Binary Not Listed, please specify:
	Declined/ not stated
*What was your sex at birth? (Check only one)	☐ Male ☐ Female ☐ Declined to State
*How do you describe your	Straight/ Heterosexual
sexual orientation or	Bisexual Declined/ not stated Gay/ Lesbian/ Same-Gender Loving
sexual identity(Check only one)	Questioning/ Unsure Not Listed, please specify:
*Rural	☐ Yes ☐ No ☐ Declined to State
*Lives Alone?	Yes No * How many people in the home Declined to State
*Race?	White Black American Indian/Alaska Native Other Race Multiple Race Declined to State Asian: Asian Indian Cambodian Chinese
	Filipino Japanese Korean Laotian Vietnamese Other Asian Hawaiian/Other Pacific Islander:
	Guamanian Hawaiian Samoan Other Pacific Islander Declined to state
*Ethnicity:	Non Hispanic/Latino Hispanic/Latino Declined to State
*Federal Poverty Level (FPL)	At or Below FPL Above FPL Declined to State



☐ Single (Never Married) ☐ Married				
Separated				
Domestic Partner Divorced Widowed				
Deci	☐ Declined to State			
Lega	al Guandianship 🗌 Power of Attorney			
Foster Care Informal (No formal legal rights)				
	o. Care — Internation (110 termatice garing the			
П	Type of Special Need:			
Yes	- 1, po 6. openia. 1. com.			
103				
	Status of Biological Parents?			
	Sepa Dom Decl			

