



## ACKNOWLEDGMENT AND CONSENT

I, \_\_\_\_\_, as the parent, guardian or legally authorized  
representative of \_\_\_\_\_

Parent name(s)

Child(ren)'s name(s)

have been informed and understand that FIRST 5 Santa Clara County may share confidential information about my family with other persons or agencies that work with FIRST 5 to plan and provide services to my family.

Participating agencies working with FIRST 5 to plan and provide services may include, but are not limited to: medical providers, the Department of Mental Health, the Public Health Department, the Social Services Agency, Pre-school and Head Start Programs, the Regional Center, early education providers and other providers of early childhood services.

Each agency will only release or exchange confidential information or records to other participating agencies when the information may be relevant to the services to be provided or for evaluation purposes as explained below.

A separate authorization form is required for the release of medical information from a health care provider. I understand that I may be requested to sign other forms for the release of medical information.

I understand that FIRST 5 is required to conduct evaluations of the services they provide to my family. This requires collecting and analyzing information and data that may include confidential information about my family. I understand that this information will help improve services to families like mine and that no confidential information will be included in any public report.

**FIRST 5 requires my permission to collect and analyze confidential information for evaluation purposes.** Such information may be shared with FIRST 5 evaluators, partners and providers of early childhood services. Each agency understands that they must maintain the confidentiality of such information and can further disclose such information only as required by law or as authorized by a written consent to release the information. There are minimal risks to my family from sharing this information.

**I give my permission** to FIRST 5 and its evaluators and partners to collect and analyze my family's personal information for program evaluation purposes.

I understand that if I choose not to sign this Acknowledgment and Consent, my family will still receive services and for that purpose my name and address will be entered into the FIRST 5 database and will be available to the administrator of the database.

I also understand that I may cancel this consent at any time by writing to Cathy Andrade, Community Program Director, FIRST 5 Santa Clara County, 4000 Moorpark Avenue, Suite 200, San Jose, CA 95117. Cancellation of my permission will not affect any information that has already been collected.

This consent shall remain in effect for 10 years.

*Participant copy*





**ACKNOWLEDGMENT AND CONSENT**  
(continued)

I have read this form, or it has been fully explained to me, and I understand the provisions.

Parent(s), Legal Guardian or Legal Representative:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Child(ren)

\_\_\_\_\_  
Relationship to Child(ren)

\_\_\_\_\_  
Child(ren)'s Name(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Agency obtaining parent signature and holding original form

\_\_\_\_\_  
Name of Person obtaining parent signature

### Community Worker Log

Provider Name: \_\_\_\_\_ Date: \_\_\_\_\_  
MM / DD / YYYY

#### Participant Information:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternative Phone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Gender:  Female  Male  Transgender Date of Birth: \_\_\_\_\_  
(If disclosed) MM / DD / YYYY

# of children 0-5 in the family: \_\_\_\_\_ # of adults in the family: \_\_\_\_\_

All children 0-5 have health insurance?  Yes  No  
If no, referral to CAA:  Yes  No

Are you currently receiving F5 services?  Yes  No  
(e.g., HV, TS, PoP, Courts, Public Health, DR, FRC)

#### Ethnicity (mark one only):

- |  |   |
|--|---|
| <input type="checkbox"/> Alaska Native/American Indian | <input type="checkbox"/> Asian                  |
| <input type="checkbox"/> Black/African-American        | <input type="checkbox"/> Hispanic/Latino        |
| <input type="checkbox"/> Pacific Islander              | <input type="checkbox"/> White                  |
| <input type="checkbox"/> Multiracial                   | <input type="checkbox"/> Other/Unknown/Declined |

#### Primary language spoken in the home (mark one only):

- |                                   |                                    |                                     |                                       |
|-----------------------------------|------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> English  | <input type="checkbox"/> Spanish   | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Khmer        |
| <input type="checkbox"/> Mandarin | <input type="checkbox"/> Cantonese | <input type="checkbox"/> Korean     | <input type="checkbox"/> Other: _____ |

#### Annual family income (mark one only):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> \$5,000 or less     | <input type="checkbox"/> \$5,001 - \$10,000     | <input type="checkbox"/> \$10,001 - \$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"/> \$50,001 and above  | <input type="checkbox"/> Other/Unknown/Declined |  |

#### Educational background (mark highest level of education received):

- |  |  |
|--|--|
| <input type="checkbox"/> Some grade school or high school          | <input type="checkbox"/> High school diploma/GED |
| <input type="checkbox"/> Associate or technical degree             | <input type="checkbox"/> Bachelor degree         |
| <input type="checkbox"/> Master, doctorate, or professional degree | <input type="checkbox"/> Other/Unknown/Declined  |

#### Employment status (mark one only):

- Full-time  Part-time  Unemployed  Other/Unknown/Declined

#### Service Information:

FIRST Service Date: \_\_\_\_\_  
MM / DD / YYYY

Entered

Service type:  Family  Small group (multiple families)

#### Information provided (select all that apply):

- Child development  Kit for New Parents  Health and Nutrition  
 School readiness  Early literacy  Triple P L2  Other: \_\_\_\_\_

#### Referrals (select all that apply):

- Develop. screening  PoP/Preschool  FRC  Triple P L3  Other: \_\_\_\_\_

#### Length of session:

- 0 - 29 minutes  30 - 59 minutes  60 - 89 minutes  
 90 - 119 minutes  More than 120 minutes

Requested another visit?  Yes  No

SECOND Service Date: \_\_\_\_\_  
MM / DD / YYYY

Entered

Service type:  Family  Small group (multiple families)

#### Information provided (select all that apply):

- Child development  Kit for New Parents  Health and Nutrition  
 School readiness  Early literacy  Triple P L2  Other: \_\_\_\_\_

#### Referrals (select all that apply):

- Develop. screening  PoP/Preschool  FRC  Triple P L3  Other: \_\_\_\_\_

#### Length of session:

- 0 - 29 minutes  30 - 59 minutes  60 - 89 minutes  
 90 - 119 minutes  More than 120 minutes

Requested another visit?  Yes  No

THIRD Service Date: \_\_\_\_\_  
MM / DD / YYYY

Entered

Service type:  Family  Small group (multiple families)

#### Information provided (select all that apply):

- Child development  Kit for New Parents  Health and Nutrition  
 School readiness  Early literacy  Triple P L2  Other: \_\_\_\_\_

#### Referrals (select all that apply):

- Develop. screening  PoP/Preschool  FRC  Triple P L3  Other: \_\_\_\_\_

#### Length of session:

- 0 - 29 minutes  30 - 59 minutes  60 - 89 minutes  
 90 - 119 minutes  More than 120 minutes

Requested another visit?  Yes  No