

Community Youth Development (CYD) Program

County of Residence* _____	Does youth live in a Colonia? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, print name of the Colonia: _____
Address Type <input type="checkbox"/> Primary <input type="checkbox"/> Secondary		
Home Address Details* _____ (Street) _____ (City), (State) \ (Zip) \ _____		
Phone Type <input type="checkbox"/> Primary <input type="checkbox"/> Secondary	Phone Number* (_____) _____ - _____	Primary E-mail Address _____

OPTIONAL DEMOGRAPHIC DATA

The following section is optional and is not required to be completed for your child to receive services. DFPS is gathering the optional data shown below for evaluation purposes only. DFPS appreciates your assistance in completing this information.

Is the Target Child receiving Case Management services? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does any child in the household have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Language spoken most often in the home*: _____	Country of Origin: _____
Family Housing <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Shared housing with relatives/friends <input type="checkbox"/> Temporary (shelter, temporary with relatives/friends) <input type="checkbox"/> Homeless	Family Income <input type="checkbox"/> \$0-\$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 - \$62,999 <input type="checkbox"/> \$63,000 and up	Which of the following do you receive? (Check all that apply) <input type="checkbox"/> Food Stamps <input type="checkbox"/> Earned Income Tax Credit <input type="checkbox"/> TANF <input type="checkbox"/> Head Start/Early Head Start Services <input type="checkbox"/> Medicaid <input type="checkbox"/> N/A	

CONTRACTOR INFORMATION

<input type="checkbox"/> Initial Registration* _______________ MM DD YYYY	<input type="checkbox"/> Change/Update _______________ MM DD YYYY	<input type="checkbox"/> Inactive Date _______________ MM DD YYYY
Name of Person Completing the Form _____		
Name of Person Data Entering the Form into the PEIS Database _____	Date Form was Entered Into the PEIS Database _____	
Family Registration ID Number (PEIS database will generate this number) _____		

Information with an asterisk (*) is required.