

Healthy Families New York/Home Visiting Program

Father/Father Figure Identification Information

This form should be completed for all individuals that receive services from the Fatherhood Advocate and are associated with an enrolled participant.

1. Primary Caretaker 1's Identifier <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/> <small>Last Name (3 let)</small> </div> <div style="text-align: center;"> <input type="text"/> <small>FI</small> </div> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> <small>Birth Date (Month/Day/Yr)</small> </div> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> <small>Date of Intake (Month/Day/Yr)</small> </div> </div>	2. Fatherhood Advocate Name <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <small>First</small> <small>Last</small> </div>
---	--

Father/Father Figure Information

Father/Father Figure will have responsibility for the target child.

3. Date Father/Father Figure accepts service: <i>(Date of first Father Advocate home visit)</i> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="text"/><input type="text"/> <small>Month</small> <input type="text"/><input type="text"/> <small>Day</small> <input type="text"/><input type="text"/> <small>Year</small> </div>	
4. Is this person the PC2 of the enrolled participant in item 1? <input type="checkbox"/> Yes <i>(answer 4a →)</i> <input type="checkbox"/> No <i>(skip 4a, go to 5 ↓)</i>	4a. If yes to item 4, does PC2 still live with PC1? <input type="checkbox"/> Yes <i>(if yes, skip 5 and 9)</i> <input type="checkbox"/> No <i>(if no, skip 5 and answer 6 through 9)</i>
5. If Father/Father Figure is not PC2, is he living with PC1 <input type="checkbox"/> Yes <i>(if yes, skip 9 only)</i> <input type="checkbox"/> No <i>(answer 6 through 9)</i>	
6. Name <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <small>First</small> <small>MI</small> <small>Last</small> </div>	
7. Birth Date <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="text"/><input type="text"/> <small>Month</small> <input type="text"/><input type="text"/> <small>Day</small> <input type="text"/><input type="text"/> <small>Year</small> </div>	8. Home Phone <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Work Phone <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Cell/other phone <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
9. Email Address	
10. Address <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <small>Apt</small> <small>Street</small> <small>City</small> <small>Zip Code</small> </div>	

Characteristics *(answer all items in this section for both PC2 or Father/Father Figure)*

11. Relationship to Target Child <i>(check only one)</i> <input type="checkbox"/> 1. Biological parent <input type="checkbox"/> 2. Step-parent <input type="checkbox"/> 3. Parent's partner <input type="checkbox"/> 4. Grandparent <input type="checkbox"/> 5. Other <i>(Specify _____)</i>	12. Marital Status <input type="checkbox"/> 1. Married to PC1 <input type="checkbox"/> 2. Not Married to PC1
13. Race/Ethnicity <i>(check only one)</i> <input type="checkbox"/> 1. White, non-Hispanic <input type="checkbox"/> 2. Black, non-Hispanic <input type="checkbox"/> 3. Hispanic/Latina/Latino <input type="checkbox"/> 4. Asian <input type="checkbox"/> 5. Native American <input type="checkbox"/> 6. Other <i>(Specify _____)</i>	14. Ethnicity <i>Specify: _____</i>
15. Born in USA? (The 50 States only) <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Answer item 16)</i>	16. Country of Birth _____ How many years in USA? <input type="text"/> <input type="text"/>

Date Form Submitted	Reviewer's Initials	Date of Data Entry	Initials of Data Entry Operator