

# CENTRE COUNTY CHILD ACCESS CENTER

## Child Exchange Information Form



DEMOGRAPHIC INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Email Address:		Custodial Parent		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Home Phone		Work Phone		Cell Phone	
Make/Model of Car:		Color:		License Plate #:	
Is your use of the CAC Court Ordered?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	What school district do you reside in?	
Judge:			Referred by:		
Is there a PFA? YES <input type="checkbox"/> NO <input type="checkbox"/>			If yes, who are the parties?		
Race/Ethnicity (please circle all that apply): Black or African American    American Indian and Alaska Native    Asian    Hispanic or Latino Native Hawaiian and other Pacific Islander    White    Unknown					
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> unknown <input type="checkbox"/>					
Age: 0-6 years <input type="checkbox"/> 7-12 years <input type="checkbox"/> 13-17 years <input type="checkbox"/> 18-24 years <input type="checkbox"/> 25-59 years <input type="checkbox"/> 60+ years <input type="checkbox"/> Unknown <input type="checkbox"/>					
Are you a person with a disability? YES <input type="checkbox"/> NO <input type="checkbox"/>			Are you a person with limited English proficiency? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Are you an immigrant/refugee/asylum seeker? YES <input type="checkbox"/> NO <input type="checkbox"/>			Do you live in a rural area? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Emergency Contact Information:		Name:		Phone:	
				Relationship:	
CHILDREN AND EXCHANGE					
<i>Child 1</i>					
Name:			Date of Birth:		
Race/Ethnicity (please circle all that apply): Black or African American    American Indian and Alaska Native    Asian    Hispanic or Latino Native Hawaiian and other Pacific Islander    White    Unknown					
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/>					
Age: 0-6 years <input type="checkbox"/> 7-12 years <input type="checkbox"/> 13-17 years <input type="checkbox"/> 18-24 years <input type="checkbox"/> 25-59 years <input type="checkbox"/> 60+ years <input type="checkbox"/> Unknown <input type="checkbox"/>					
Are you a person with a disability? YES <input type="checkbox"/> NO <input type="checkbox"/>			Are you a person with limited English proficiency? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Are you an immigrant/refugee/asylum seeker? YES <input type="checkbox"/> NO <input type="checkbox"/>			Do you live in a rural area? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Allergies and/or other serious medical needs?					

**Child 2**

Name:		Date of Birth:	
Race/Ethnicity (please circle all that apply): Black or African American      American Indian and Alaska Native      Asian      Hispanic or Latino Native Hawaiian and other Pacific Islander      White      Unknown			
Gender:    Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/>			
Age:    0-6 years <input type="checkbox"/> 7-12 years <input type="checkbox"/> 13-17 years <input type="checkbox"/> 18-24 years <input type="checkbox"/> 25-59 years <input type="checkbox"/> 60+ years <input type="checkbox"/> Unknown <input type="checkbox"/>			
Are you a person with a disability?    YES <input type="checkbox"/> NO <input type="checkbox"/>		Are you a person with limited English proficiency?    YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are you an immigrant/refugee/asylum seeker?    YES <input type="checkbox"/> NO <input type="checkbox"/>		Do you live in a rural area?    YES <input type="checkbox"/> NO <input type="checkbox"/>	
Allergies and/or other serious medical needs?			

**Child 3**

Name:		Date of Birth:	
Race/Ethnicity (please circle all that apply): Black or African American      American Indian and Alaska Native      Asian      Hispanic or Latino Native Hawaiian and other Pacific Islander      White      Unknown			
Gender:    Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/>			
Age:    0-6 years <input type="checkbox"/> 7-12 years <input type="checkbox"/> 13-17 years <input type="checkbox"/> 18-24 years <input type="checkbox"/> 25-59 years <input type="checkbox"/> 60+ years <input type="checkbox"/> Unknown <input type="checkbox"/>			
Are you a person with a disability?    YES <input type="checkbox"/> NO <input type="checkbox"/>		Are you a person with limited English proficiency?    YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are you an immigrant/refugee/asylum seeker?    YES <input type="checkbox"/> NO <input type="checkbox"/>		Do you live in a rural area?    YES <input type="checkbox"/> NO <input type="checkbox"/>	
Allergies and/or other serious medical needs?			

**OTHER INFORMATION**

Do you have other children?    YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, please list names and ages below:	
Name:	Age:	Name:	Age:
Name:	Age:	Name:	Age:
Name:	Age:	Name:	Age:

**EXCHANGE INFORMATION:**

Are you ordered to exchange on Wednesdays?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Time:	Frequency:
Are you ordered to exchange on Fridays?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Time:	Frequency:
Are you ordered to exchange on Sundays?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Time:	Frequency:

Interviewer: \_\_\_\_\_

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