



**Sanilac County Child Advocacy Center  
Demographic Snapshot**

**Child's name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Address for household #1:** \_\_\_\_\_

**Parent/caregiver Phone #:** \_\_\_\_\_

Can # receive calls / texts? Yes -or- No

Parent email address: \_\_\_\_\_

**Child's Gender:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_ **School District:** \_\_\_\_\_

**Has your child ever received the Kidz Have Rights sexual abuse prevention program at school?** \_\_\_\_\_

**Does the child have Physical/Mental Disabilities?** \_\_\_\_\_

Are there any cultural or religious info/needs? \_\_\_\_\_

**Economic status:** Low (\$15,000-25,000) \_\_\_\_\_ Medium (\$25,000-\$50,000) \_\_\_\_\_ High (above \$50,000) \_\_\_\_\_

**Insurance** (if Medicaid, which plan): \_\_\_\_\_

**Child's counselor, if any:** \_\_\_\_\_

**Parent/caregiver counselor, if any:** \_\_\_\_\_

**Parent/caregiver education level:** \_\_\_\_\_

**Adults in household #1:**

Parent/Caregiver Name: \_\_\_\_\_ Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Caregiver Name: \_\_\_\_\_ Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ DOB: \_\_\_\_\_

**Other children in household #1:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ DOB: \_\_\_\_\_

**Who brought the child to the CAC today?** \_\_\_\_\_

Does the child need an excuse for school? \_\_\_\_\_ Does the parent/caregiver need an excuse for work? \_\_\_\_\_

**\*\*\*If this child is involved in a joint custody, please fill out the back with household #2 info\*\*\***



## Sanilac County Child Advocacy Center Demographic Snapshot

**Address for household #2** (if applicable): \_\_\_\_\_

**Parent/caregiver Phone #:** \_\_\_\_\_

**Can # receive calls / texts?** Yes -or- No

Parent email address: \_\_\_\_\_

**Economic status:** Low (\$15,000-25,000) \_\_\_\_\_ Medium (\$25,000-\$50,000) \_\_\_\_\_ High (above \$50,000) \_\_\_\_\_

**Parent/caregiver counselor, if any:** \_\_\_\_\_

**Parent/caregiver education level:** \_\_\_\_\_

**Adults in household #2:**

Parent/Caregiver Name: \_\_\_\_\_ Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Caregiver Name: \_\_\_\_\_ Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ DOB: \_\_\_\_\_

**Other children in household #2:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ DOB: \_\_\_\_\_