## Teenage Parent Program – Supplemental Information Form

**School Year 2014-15**

Please print and fill form completely.

### A. Teen Parent:

1.) Parent SSN (SSN – Social Security Number is optional):

<table>
<thead>
<tr>
<th>Student ID</th>
<th>First Name</th>
<th>Last Name</th>
<th>Date of Birth</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Phone</th>
</tr>
</thead>
</table>

2.) Sex (check one):

- [ ] Male
- [ ] Female

3.) Race (check all that apply):

- [ ] White
- [ ] Black or African American
- [ ] American Indian or Alaska Native
- [ ] Asian
- [ ] Hawaiian or Other Pacific Islander

4.) Ethnicity (check if applicable):

- [ ] Hispanic or Latino

### B. Children Needing Care:

1.) Enrollment Dates:

<table>
<thead>
<tr>
<th>Start</th>
<th>SSN</th>
<th>ID</th>
<th>First</th>
<th>Last</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>End</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2.) Child Information (SSN – Social Security Number is optional ID – Student ID)

<table>
<thead>
<tr>
<th>Start</th>
<th>SSN</th>
<th>ID</th>
<th>First</th>
<th>Last</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>End</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3.) Sex (check one):

- [ ] Male
- [ ] Female

4.) Race (check all that apply):

- [ ] White
- [ ] Black
- [ ] Indian/Native
- [ ] Asian
- [ ] Hawaiian
- [ ] Ethnicity: Hispanic or Latino

### C. Child Care Provider:

1.) Provider Name:

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Phone</th>
</tr>
</thead>
</table>

2.) Relative (check one):

- [ ] Yes
- [ ] No

3.) In Parent’s Home (check one):

- [ ] Yes
- [ ] No

### D. Information supplied by:

- (School District Personnel)

Contact Phone: Date:

Submit this form to the local Coalition or designee for entry into the EFS system prior to date identified.