

LIST ALL FAMILY MEMBERS LIVING IN THE HEAD START CHILD'S HOUSE. INCLUDE THE HEAD START CHILD.

Family Member 07

First Name:	Middle:	Last:	
Relationship to HOH:	Gender (circle one): Male Female	Date of Birth:	Disability (circle one): Yes No
Education Level:		Race:	

Family Member 08

First Name:	Middle:	Last:	
Relationship to HOH:	Gender (circle one): Male Female	Date of Birth:	Disability (circle one): Yes No
Education Level:		Race:	

Family Member 09

First Name:	Middle:	Last:	
Relationship to HOH:	Gender (circle one): Male Female	Date of Birth:	Disability (circle one): Yes No
Education Level:		Race:	

Family Member 10

First Name:	Middle:	Last:	
Relationship to HOH:	Gender (circle one): Male Female	Date of Birth:	Disability (circle one): Yes No
Education Level:		Race:	

Family Member 11

First Name:	Middle:	Last:	
Relationship to HOH:	Gender (circle one): Male Female	Date of Birth:	Disability (circle one): Yes No
Education Level:		Race:	

Family Member 12

First Name:	Middle:	Last:	
Relationship to HOH:	Gender (circle one): Male Female	Date of Birth:	Disability (circle one): Yes No
Education Level:		Race:	

*Attach another sheet for additional family members.