# Child Demographics form (new in FY26)

If child **WAS** enrolled during the prior year, the information entered on this demographic form for the current year should reflect their status as of July 1 of the current year.

If child **WAS NOT** enrolled during the prior year, the information entered on this demographic form for the current year should reflect their status as of their enrollment date into the ECBG program.

Prenatal: Do NOT complete for a child that is not yet born, even if caregiver is receiving prenatal services; only complete for the child once they are born.

| **Question Label** | **Notes** | **Response Options** | **Required** |
| --- | --- | --- | --- |
| **Program Information** | | | |
| Program/Academic Year |  | 2025-2026 | Yes |
| Which child was involved? |  |  | Yes |
| **Location & Contact Information** | | | |
| Address 1 |  |  | No |
| Address 2 |  |  | No |
| City |  |  | No |
| State |  | AL | AK | AZ | AR | CA | CO | CT | DE | FL | GA | HI | ID | IL | IN | IA | KS | KY | LA | ME | MD | MA | MI | MN | MS | MO | MT | NE | NV | NH | NJ | NM | NY | NC | ND | OH | OK | OR | PA | RI | SC | SD | TN | TX | UT | VT | VA | WA | WV | WI | WY | No |
| Zip |  |  | Yes |
| County |  | NA - Outside State of Kansas | Allen | Anderson | Atchison | Barber | Barton | Bourbon | Brown | Butler | Chase | Chautauqua | Cherokee | Cheyenne | Clark | Clay | Cloud | Coffey | Comanche | Cowley | Crawford | Decatur | Dickinson | Doniphan | Douglas | Edwards | Elk | Ellis | Ellsworth | Finney | Ford | Franklin | Geary | Gove | Graham | Grant | Gray | Greeley | Greenwood | Hamilton | Harper | Harvey | Haskell | Hodgeman | Jackson | Jefferson | Jewell | Johnson | Kearny | Kingman | Kiowa | Labette | Lane | Leavenworth | Lincoln | Linn | Logan | Lyon | Marion | Marshall | McPherson | Meade | Miami | Mitchell | Montgomery | Morris | Morton | Nemaha | Neosho | Ness | Norton | Osage | Osborne | Ottawa | Pawnee | Phillips | Pottawatomie | Pratt | Rawlins | Reno | Republic | Rice | Riley | Rooks | Rush | Russell | Saline | Scott | Sedgwick | Seward | Shawnee | Sheridan | Sherman | Smith | Stafford | Stanton | Stevens | Sumner | Thomas | Trego | Wabaunsee | Wallace | Washington | Wichita | Wilson | Woodson | Wyandotte | Yes |
| Telephone |  |  | No |
| **Caregiver Information** | | | |
| Primary Caregiver's Education Level |  | Currently enrolled in high school | Of high school age not enrolled | Less than HS diploma | GED | High School Diploma | Some college/training | Technical Training Certification/Associate Degree | Bachelor Degree or higher | Yes |
| Secondary Caregiver's Education Level |  | Currently enrolled in high school | Of high school age not enrolled | Less than HS diploma | GED | High School Diploma | Some college/training | Technical Training Certification/Associate Degree | Bachelor Degree or higher | Not Available | Yes |
| Is this a child of Migratory Workers?  *Child’s guardian (or their guardian’s spouse) is a migratory agricultural worker or fisher who has moved in the past 36 months to obtain seasonal or temporary agricultural or fishing employment.* | | Yes | No | Yes |
| Primary Caregiver's Marital Status |  | Never Married | Married | Divorced | Widowed | **Yes** |
| Secondary Caregiver's Marital Status |  | Never Married | Married | Divorced | Widowed | N/A | Yes |
| Primary Caregiver's Military Status |  | Current Armed Forces Member | Former Armed Services Member | None | No |
| Secondary Caregiver's Military Status |  | Current Armed Forces Member | Former Armed Services Member | None | N/A | No |
| **Child Information** | | | |
| Child Insurance Status |  | Medicaid/State Children Insurance Program (Title XXI) | No Insurance Coverage | Private or Other | Tri-Care | Yes |
| Is the child living in foster care, custodial kinship care (e.g., grandparent, aunt uncle, etc.), or another out-of-home placement and/or was this child referred to the program by the Kansas Department of Children & Families (DCF)?  *The DCF referral must document the child’s need to receive the programs services and be signed by the DCF agent.* | | Yes | No | Yes |
| Does the child have an IEP or IFSP? |  | IEP | IFSP | None | Yes |
| Is this Child Participating in Part B Assistance for Education of All Children with Disabilities? |  | Yes | No | Yes |
| Is this child participating in Part C Early Intervention services? |  | Yes | No | Yes |
| **English Proficiency** | | | |
| What language does the primary caregiver speak/use with the child? |  | English | Arabic | Chinese | French | Italian | Japanese | Korean | Polish | Russian | Spanish | Tagalog | Tribal languages | Vietnamese | Other | Yes |
| If "Other" was chosen as language, please indicate which language. |  |  | Yes if Other was chosen for the question above |
| What language does the child speak/use at home? Do not include language learned in a class or through television or other such programming. |  | English | Arabic | Chinese | French | Italian | Japanese | Korean | Polish | Russian | Spanish | Tagalog | Tribal languages | Vietnamese | Other | Yes |
| If "Other" was chosen as language, please indicate which language. |  |  | Yes if Other was chosen for the question above |
| What language do the adults regularly present or living in the child's home speak/use while in presence of the child? |  | English | Arabic | Chinese | French | Italian | Japanese | Korean | Polish | Russian | Spanish | Tagalog | Tribal languages | Vietnamese | Other | Yes |
| If "Other" was chosen as language, please indicate which language. |  |  | Yes if Other was chosen for the question above |
| What language did the child first learn to speak/use? |  | English | Arabic | Chinese | French | Italian | Japanese | Korean | Polish | Russian | Spanish | Tagalog | Tribal languages | Vietnamese | Other | Yes |
| If "Other" was chosen as language, please indicate which language. |  |  | Yes if Other was chosen for the question above |
|  | | | |
| **Household Information** | | | |
| # of people in household (include everyone) | Must enter a value of 2 or more. |  | Yes |
| In the last year, has the child's family had to sleep in a temporary living arrangement? |  | Yes | No | Yes |
| Total Yearly Household Income |  | Less than $10000 | $10,000 – $19,999 | $20,000 – $29,999 | $30,000 – $39,999 | $40,000 – $49,999 | $50,000 – $59,999 | $60,000 – $69,999 | $70,000 – $79,999 | $80,000 – $89,999 | $90,000 – $99,999 | Greater than $100,000 | Yes |
| Total Yearly Household Income | Whole Dollar Amount |  | No |

# Child Profile (Updated for FY26)

| **Question Label** | **Notes** | **Response Options** | **Required** |
| --- | --- | --- | --- |
| **Program Affiliation** | | | |
| Program Affiliation | List of Programs user has access to in DAISEY (please use Common Measures Table for FY26) |  |  |
| Enrollment Date |  |  | Yes |
| Discharge Date |  |  | No |
| Active Status |  | Active | Inactive | No |
| Child DAISEY ID |  |  | Will be assigned by DAISEY if they don't have one |
| **Child Information** | | | |
| First Name |  |  | No |
| Last Name |  |  | No |
| Date of Birth |  |  | Yes |
| Number of weeks premature |  |  | No |
| Child Gender |  | Male | Female | Yes |
| Child Ethnicity |  | Hispanic/Latino/Spanish Origin | Non-Hispanic/Non-Latino/Not Spanish Origin | Yes |
| Child Race (check all that apply) |  | American Indian or Alaska Native | Asian | African American or Black | Native Hawaiian or Other Pacific Islander | White | Other | Yes |
| Child Race (Other) |  |  | No |
| Alternate ID |  |  | No |
| Child's myIGDI ID |  |  | No |
| Primary Caregivers DAISEY ID |  |  | Will be assigned by DAISEY if they don't have one |
| Child Relationship to Primary Caregiver |  | Son | Daughter | Niece | Nephew | Sibling | Foster Child | Grandchild | Other | Yes |
| Child Relationship to Primary Caregiver (Other) |  |  | Yes if Other was chosen for the question above |
| Was either biological parent of this child a teen (19 or younger) when the child was born? | This may be on the Demographic Form or the Child Profile (not both, one or the other) | Yes | No | Yes |

# Caregiver Profile (updated FY26)

| **Question Label** | **Notes** | **Response Options** | **Required** |
| --- | --- | --- | --- |
| **Program Affiliation** | | | |
| Please select program affiliation(s) | List of Programs user has access to in DAISEY (please use Common Measures Table for FY26) |  | Yes |
| Enrollment Date |  |  | Yes |
| Discharge Date |  |  | No |
| Active Status |  | Active | Inactive | No |
| Caregiver DAISEY ID |  |  | Will be assigned by DAISEY if they don't have one |
| Alternate ID |  |  | No |
| **Caregiver Information** | | | |
| First Name |  |  | No |
| Last Name |  |  | N |
| Date of Birth |  |  | Yes |
| Caregiver Gender |  | Male | Female | No |
| Caregiver Ethnicity |  | Hispanic/Latino/Spanish Origin | Non-Hispanic/Non-Latino/Not Spanish Origin | No |
| Caregiver Race (check all that apply) |  | American Indian or Alaska Native | Asian | African American or Black | Native Hawaiian or Other Pacific Islander | White | Other | No |
| Caregiver Race (Other) |  |  | Yes if Other was chosen for the question above |
| Is this the primary caregiver of the child? |  | Yes | No | No |
| Caregiver's Relation to Primary Caregiver |  | Self | Spouse | Partner | Child | Parent | Grandparent | Aunt | Uncle | Niece | Nephew | Sibling | Other | No |
| Caregiver's Relation to Primary Caregiver (Other) |  |  | Yes if Other was chosen for the question above |