

Carroll County CoC Universal Data Assessment (Dependents Under 18 yrs)

Complete this form for the children/dependents in household.

Head of Household's Name:	
Head of Household's Name:	

List of Children / Dependents (Under 18 years of age)							
First Name	Middle Last Name		Relationship to Head of Household	Social Security Number	Date of Birth (Month / Day / Year)		
1.					/		
Gender (select all that apply)	☐ Female ☐ Male ☐ Transgender (M->F; F->M) ☐ Non-Binary ☐ Culturally Specific Identity (e.g. Two Spirit) ☐ Questioning ☐ Different Identity: ☐ ☐ Don't Know ☐ Prefer Not to Answer				Questioning		
Race (select all that apply)	☐ Asian or Asia	dian, Alaska Native, or Indigenous an American n American, or African	☐ Hispanic / Latina/e/o ☐ White ☐ Middle Eastern or North African ☐ Don't Know ☐ Native Hawaiian or Pacific Islander ☐ Prefer Not to Answer				
Covered by Health Insurance?	☐ Medicaid ☐ Veteran's Administration Medical Services ☐ Private Pay Health Insurance ☐ Medicare ☐ Employer-Provided Health Insurance ☐ Indian Health Services Program ☐ State Children's Health Insurance Program ☐ Health Insurance through COBRA ☐ Other (specify):						
Has Disabling Condition? ☐ Yes ☐ No	□ Developmental □ Physical □ Chronic Health Condition □ Mental Health Disorder □ Drug Use Disorder □ Alcohol Use Disorder □ HIV/AIDS □ Don't Know □ Prefer Not to Answer						
Highest Level of Education	Education No Schooling < Grade 5 Grades 5-6 Grades 7-8 Grades 9-11 Grade 12, No diploma High School Diploma GED Prefer Not to Answer						
First Name	Middle	Last Name	Relationship to Head of Household	Social Security Number	Date of Birth (Month / Day / Year)		
2.					/		
Gender (select all that apply)	☐ Female ☐ Male ☐ Transgender (M->F; F->M) ☐ Non-Binary ☐ Culturally Specific Identity (e.g. Two Spirit) ☐ Questioning ☐ Different Identity: ☐ ☐ Don't Know ☐ Prefer Not to Answer				Questioning		
Race (select all that apply)	☐ Asian or Asia	dian, Alaska Native, or Indigenous an American n American, or African	☐ Hispanic / Latina/e/o ☐ White ☐ Middle Eastern or North African ☐ Don't Know ☐ Native Hawaiian or Pacific Islander ☐ Prefer Not to Answer				
Covered by Health Insurance?	☐ Medicaid ☐ Medicare ☐ State Children's Health Insurance Program		 □ Veteran's Administration Medical Services □ Employer-Provided Health Insurance □ Indian Health Services Program □ Other (specify): 				
Has Disabling Condition? ☐ Yes ☐ No	□ Developmental □ Physical □ Chronic Health Condition □ Mental Health Disorder □ Drug Use Disorder □ Alcohol Use Disorder □ HIV/AIDS □ Don't Know □ Prefer Not to Answer						
Highest Level of Education	□ No Schooling □ < Grade 5 □ Grades 5-6 □ Grades 7-8 □ Grades 9-11 □ Grade 12, No diploma □ High School Diploma □ GED □ Prefer Not to Answer						



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Race (select all that apply)	☐ American Indian, Alaska Native, or Indigenous ☐ Asian or Asian American ☐ Black, African American, or African		☐ Hispanic / Latina/e/o ☐ White ☐ Middle Eastern or North African ☐ Don't Know ☐ Native Hawaiian or Pacific Islander ☐ Prefer Not to Anset				er
Covered by Health Insurance?	☐ Medicaid ☐ Veteran's Administration Medical Services ☐ Private Pay Health Insurance ☐ Medicare ☐ Employer-Provided Health Insurance ☐ Indian Health Services Program ☐ State Children's Health Insurance Program ☐ Health Insurance through COBRA ☐ Other (specify):						
Has Disabling Condition? ☐ Yes ☐ No	□ Developmental □ Physical □ Chronic Health Condition □ Mental Health Disorder □ Drug Use Disorder □ Alcohol Use Disorder □ HIV/AIDS □ Don't Know □ Prefer Not to Answer						
Highest Level of Education No Schooling Carade 5 Grades 5-6 Grades 7-8 Grades 9-11 Grade 12, No diploma High School Diploma GED Prefer Not to Answer							
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