Teenage Parent Program – Supplemental Information Form

School Year 2004-2005

☐ New
☐ Update

Please print and fill form completely.

A. Teen Parent:

1.) Parent SSN : ___ ___ ___-___ ___-___ ___ ___ ___
(SSN – Social Security Number is optional)
Student ID : ___ ___ ___ ___ ___ ___ ___ ___ ___
First Name : _____
Last Name : _____

Address : _____
: _____
City : _____
State : FL Zip: _____
Phone : (_____) _____
County : _____

2.) Sex (check one):
☐ Male
☐ Female

3.) Race (check all that apply):
☐ White
☐ Black or African American
☐ American Indian or Alaskan Native
☐ Asian
☐ Hawaiian or Other Pacific Islander

4.) Ethnicity (check if applicable):
☐ Hispanic or Latino

B. Children Needing Care:

1.) Enrollment Dates	2.) Child Information (SSN – Social Security Number is optional ID – Student ID)	3.) Child's relationship to teen parent (check one)	4.) Sex (check one)	5.) Race (check all that apply)
Start ___/___/___ End ___/___/___	SSN : __ __ __ - __ __ - __ __ __ __ ID : _____ First : _____ Last : _____ DOB: ___/___/_____ Ethnicity: ☐ Hispanic or Latino	☐ Parent ☐ Other	☐ Male ☐ Female	☐ White ☐ Black ☐ Indian/Native ☐ Asian ☐ Hawaiian
Start ___/___/___ End ___/___/___	SSN : __ __ __ - __ __ - __ __ __ __ ID : _____ First : _____ Last : _____ DOB: ___/___/_____ Ethnicity: ☐ Hispanic or Latino	☐ Parent ☐ Other	☐ Male ☐ Female	☐ White ☐ Black ☐ Indian/Native ☐ Asian ☐ Hawaiian

C. Child Care Provider:

1.) Provider Name : _____
Address : _____
: _____
City : _____
State : FL Zip: _____
Phone : (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___

2.) Relative (check one):
☐ Yes
☐ No

3.) In Parent's Home (check one):
☐ Yes
☐ No

D. Information supplied by : _____ Contact Phone : (_____) _____ Date: ___/___/_____
(School District Personnel)

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