Parent Participant ID		Parent Race/Ethnicity							
	Optional Household	American Indian or	Asian	Black	Hispanic/Latino	Middle Eastern/North	Hawaiian or Pacific	White	
Parent/Caregiver	ID	Alaskan Native				African	Islander		
Participating									
parent id shared.pare	parent id shared.optio	parent race shared.ra	parent race shared.ra	parent race shared.ra					
nt_id	nal_household_id	ce_aian	ce_asian	ce_black	ce_hispanic	ce_mena	ce_hawaii	ce_white	
		Data Entry Type: Drop		Data Entry Type: Drop		· · · · · · · · · · · · · · · · · · ·		Data Entry Type: Drop	
	a family or household	Down, Yes or No for	Down, Yes or No for	Down, Yes or No for					
	members, please	all Categories of	all Categories of	all Categories of		all Categories of	all Categories of	all Categories of	
		Race/Ethnicity that	Race/Ethnicity that	Race/Ethnicity that					
	these purposes. This is optional for FY 25-	may apply to a Parent/Caregiver.	may apply to a Parent/Caregiver.	may apply to a Parent/Caregiver.					
	26 and we hope to get	r areni/Caregiver.	r alent/Calegiver.	r aleni/Calegiver.	r areni/Garegiver.	r arent/Garegiver.	raient/Caregiver.	r aleni/Caleyivel.	
	everyone doing this								
	during FY 26-27.								
	U U								

			Parent Location		Parent's Children	Parent Requires Inte	
Other Race/Ethnicity	Other Race/Ethnicity Text Box	No Response - Race/Ethnicity	Zip Code	County		Did the Participant Require Participate?	
ce_other	ce_other_text	ce_no_response	ip_code	ounty	parent_child_shared.part icipants_children	parentinterpretshare.interpre	
Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Data Entry Type: Text, Write-in text for those who selected Other Race/Ethnicity.	Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Data Entry Type: 5 Digit Zip Code Enter the zip code of the participant's home address.	Data Entry Type: Drop Down, Listing of NC Counties. Indicate county of residence of participant.	Data Entry Type: Whole Number, Min Value = 1, Max Value = 20 How many children age 5 and under is the participant parenting?	Data Entry Type: Drop Down Yes indicates that the Partic or bilingual staff to participat be for ASL, Spanish, or any No, indicates that the partici and fluency to receive progra	

terpretation uire Interpretation Services

oretation wn, Yes|No

ticipant required an interpreter bate in programming. This could ny language other than English.

icipant has sufficient comfort gramming verbally in spoken

Parent Recruitment		Parent Use of Se	rvices	Direct Service Provision	Notes (Optional)	
How did the participant learn about this program?	Recruitment Other Text	Number of services referrals received by parent participant	Number of services that parent participant was referred to and has used this FY or is currently used	Is this parent currently receiving medical services in relation to this activity or have they received medical services during this FY?	Optional Notes	
parentrecruit shared.recruitment	parentrecruit_shared.r ecruitment other text		parent_use_services.n umber_of_services_pa rent	direct_service_prov.parent_receiv ing medical services	notes.optional notes	
Data Entry Type: Drop Down, Word of mouth Social Media Referral from Community Partner Traditional Media Outreach Event Other: text input for description in the next field. Select only one.		Data Entry Type: Whole Number Enter the number of service referrals the participating parent received.	Data Entry Type: Whole Number Enter the number of service referrals the participating parent received AND used or is currently using.	Data Entry Type: Drop Down, Yes No	Data Entry Type: Text.	

