



<b>Family Background Factors</b>		<b>Yes</b>	<b>No</b>	<b>Comments</b>
1	Is English the language you speak at home?			
2	Do you or any of your children have a long-term or chronic illness (physical, mental or emotional)?			
3	Has your child been evaluated for a developmental, speech, or physical delay?			
4	Has your child ever been in any other preschool or child care settings? If so, why did they leave?			
5	Have you had to move due to foreclosure or other unexpected reason?			
6	Do you live with parents, grandparents, another family member or friend?			
7	Has your child ever experienced abuse themselves or witnessed abuse of a parent or sibling?			
8	Do you or a close relative have a problem with alcohol, drugs, or other addiction?			
9	Has your child lost a sibling or parent by death?			
10	Have you gone through a divorce or separation?			
11	Has your child been separated from a parent due to military service, incarceration, or any other reason?			
12	Have both parents graduated from high school?			
13	Do you have trouble reading or writing?			
14	Are any of your children now, or have they ever been, in foster care?			
15	Are you a single parent?			
16	Was either parent a teenager at the birth of your first child?			

**The given information is true to the best of my knowledge. I understand that this information is confidential and that eligibility for the Great Start Readiness Program may be drawn from this form. I give permission for review of my child's file to Gretchen's House and its funding source audit reviewers.**

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**Parent Signature**

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**Date**

**For questions please contact:**

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