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| ***SACRAMENTO COUNTY PREVENTION CABINET VISION:***  ***Sacramento County will eliminate child abuse and neglect deaths and critical injuries, by 2030.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **First & Last Name** | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Mailing Address** | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Preferred Phone Number** | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Email Address(es):** | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Preferred way to be contacted?** | | | | | | | | | | | | | | | □ Email □Call □Text | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **The Prevention Cabinet meets on the first Thursday of each month, from 11:00am – 1:00pm. Do you have the time to commit to attending most meetings?** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ | | Yes | | □ | | No | | |  | | | | | | | | | | | | | | | | | | |
| **The Prevention Cabinet asks for a commitment of at least 12 months (one year). Do you agree to make that commitment?** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ | | Yes | | □ | | No | | | If no, why not?: | | | | | | | | | | | | | | | | | | |
| **Please check all boxes that apply to you:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ | Mother | | | | □ | | Father | | | | | □ | | Grandparent | | | | □ | | Caregiver | □ | | Teen/Young Adult (age 16 to 24) | | | | |
| □ | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **What Race/Ethnicity do you identify as?** *(Optional to Answer)* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ | Asian/Pacific Islander/Native Hawaiian | | | | | | | | | | | | | | | | □ | | Black/African American | | | | | | □ | | Hispanic/Latina/o/x |
| □ | Native American/Indigenous | | | | | | | | | | | | | | | | □ | | White/Caucasian | | | | | | □ | | Multiracial |
| □ | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | □ | | Prefer not to state | | | | | | | | |
| **Are you, or have you ever, been in foster care?** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ | | Yes | | □ | | No | |  | | | | | | | | | | | | | | | | | | | |
| **Do you have pregnancy or parenting experience as a Teen/Young Adult (21 years old or younger)?** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ | | Yes | | □ | | No | |  | | | | | | | | | | | | | | | | | | | |
| **Do you speak any language(s) in addition to English? If yes, what language(s)?** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ | | No *(English only)* | | | | | | | | □ | | | Yes: I also speak \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| **Are you currently, or have you ever, received any of the services listed below?** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ | | Yes | | □ | | No | | |  | | | | | | | | | | | | | | | | | | |
| * Headstart | | | | | | | | | | | | | | | * + Home Visitation Services | | | | | | | * Child Care Benefits (Child Action) | | | | | |
| * Cash Aid (CalWORKs) | | | | | | | | | | | | | | | * Food Benefits (CalFresh) | | | | | | | * Medical Benefits (Medi-Cal) | | | | | |
| * Birth & Beyond Family Resource Center Services | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are you currently, or have you ever, received any of the services listed below?** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ | | Yes | | □ | | No | | |  | | | | | | | | | | | | | | | | | | |
| * Substance Use Treatment | | | | | | | | | | | | | | | | * Probation Services | | | | | | * Domestic Violence Services | | | | | |
| * Child Protective Services (CPS) | | | | | | | | | | | | | | | | * Mental Health Services | | | | | |  | | | | | |
| **In your own words, what interests you in joining the Prevention Cabinet?** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **How would your unique perspective contribute to reducing the number of child abuse and neglect deaths and critical injuries in Sacramento County?** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is there anything else that you would like to share with us?** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **REFERENCES: *Please list up to three personal and/or professional references with telephone numbers*** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *First & Last Name / Phone Number (XXX)XXX-XXXX (Circle one)* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | | |  | | | | | | | | | | | | | | | | | | | | | | | Personal/Professional | |
| 2. | | |  | | | | | | | | | | | | | | | | | | | | | | | Personal/Professional | |
| 3. | | |  | | | | | | | | | | | | | | | | | | | | | | | Personal/Professional | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: | | | |  | | | | | | | | | | | | | | | | | | | | Date: |  | | |