ECBI Respondent Information

Client ID Number

Instructions: Fill in circle or box with information that best describes yourself (the person filling out the form).

Person filling out form (Respondent)
- Biological Parent [3]
- Foster Parent [4]
- Adoptive Parent [5]
- Other Family Member (non-foster status) [6]
- Other [7]

Date of Birth - Month

Date of Birth - Day

Time living with child
- < 2 Wks
- 2 Wks to < 4 Wks
- 4 Wks to < 3 mo
- 3 mo to < 6 mo
- 6 mo to < 12 mo
- 12 mo or more