

**CLIENT ENTER/EDIT FORM**

**Updated 2021**

**Client Type At Enrollment**

- Prenatal**, enter **due date**(mm/dd/yy):  (estimated date when baby will be born can be used)
- Infant/Child**
- PostPartum** Mother, enter **date of most recent birth**  (youngest child's birthdate/end of last live birth)
- Father**
- Other, select type** Foster parent Adoptive parent Grandparent  Other, Specify

**First Name & Last name, middle initial (optional):**

**Primary in household:** Yes No

**Infant being served alone:** Yes No

**Associated Primary Adult :**

**Street Address, City, State, County, Zip Code, Phone**

**Site Association:** drop down option on database

**Healthy Start ID:**  **\*Check database, if previously enrolled use same 4 digit family code**

**Enrollment Date:**  **Medicaid ID (optional):**

**Date of Birth:** (mm/ dd/ yyyy)  REFUSED

**Sex:** Select one: Male Female Refused/Unknown

**Staff-Indicate here if participant expresses discomfort with or reluctance to use the male/female binary classification**

- Participant prefers not to use the male/female binary categorization (including I'm not sure/I don't know/I don't want to answer responses.
- No, the participant seemed comfortable with the binary male/female designation
- Unable to determine

**Race: Check all that apply:** The responses regarding race/ethnicity should reflect what the individual considers themselves to be and are not based on percentages of ancestry.

- Arab/Chaldean
- Black or African American
- Asian
- Native Hawaiian or Pacific Islander
- American Indian or Alaska Native
- White or Caucasian
- Other, specify \_\_\_\_\_
- Declined to answer/Don't know

**Which ONE racial classification below do you identify with the most?**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- More than one race/biracial/multiracial
- Other, specify \_\_\_\_\_
- Don't know
- Declined to answer

**Hispanic or Latinx:**  Yes  No

**Current Client Type:** Used to updated client from prenatal to postpartum

- Prenatal enter **due date**(mm/dd/yy): \_\_\_\_\_
- Infant/Child
- Postpartum Mother enter **date of most recent live birth** \_\_\_\_\_ (youngest child's birthday)
- Father
- Other, Specify

**Client History**

- New Client
- Previous Client/New Pregnancy
- Current Client/New Pregnancy

**Status:**  Active  Exited

**Family with individuals in the armed services?**  Yes  No  Unknown

**Consent:**  Consent Signed  Not obtained yet.

**Program Grant:** Select all that apply. At least one program grant is required

- Healthy Start
- Tribal Home Visiting
- State Home Visiting
- Tribal/IHS:
- MIHP
- Other

**EVERYTHING BELOW THIS LINE IS STILL REQUIRED BUT CAN BE SAVED AS IN-PROGRESS TO BE COLLECTED AT A LATER TIME HOWEVER RECOMMENDED TO COLLECT AS SOON AS POSSIBLE.**

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**Primary Language:** defined as the language spoken in the home the majority of the time.

- English
- Spanish
- Arabic
- Other \_\_\_\_\_
- Any Native American Language \_\_\_\_\_
- Unknown/did not report

**Secondary Language Spoken at Home:** a language spoken in the home the minority of the time.

- English
- Spanish
- Any Native American Language \_\_\_\_\_
- Arabic
- Other \_\_\_\_\_
- None
- Unknown/did not report

**Highest Level of Education Completed:** at what education level did the client finish schooling?

- No formal schooling
- Less than 8<sup>th</sup> grade
- Less than high school diploma
- High School Graduate
- GED completed
- Some college formal training beyond high school
- Technical training/Trade School or Certification
- Associates degree
- College (bachelor's degree)
- Graduate Degree
- Other
- Don't know
- Declined to answer

Do you consider yourself or anyone else (adult or child) in your household as having low student achievement?

- Yes  No  Refused

**Currently a student or in training**  Yes  No

**Marital Status**

- Single
- Not married but living with partner
- Legally married
- Separated
- Divorced
- Widowed
- Unknown/ Did not report

**Employment Status** **Employed:** a participant who works for pay during the reporting period.

- Full Time
- Part Time < 30 hours per week
- Not Employed

**Total Household Income (yearly):**

**Adults (18 yrs+):**

**Children (17 or younger):**

**Total in Household:** system generates using the sum of the number of adults + child(ren) in the household

**Income Category:** will populate in system    **Income level:** will populate in system

**Insurance Status at enrollment:** Note: Indian Health Service (IHS) is not considered Health Insurance.

Medicaid or CHIP    TriCare    Private insurance    Not Insured    Unknown/Did not Report

**Has access to IHS, CHS, UIHP facility** Indian Health Service, Contract health Services, Urban Indian Health Program. –

Yes    No

**Housing Status**

**Not Homeless** (go to Do you live in below)

**Homeless:** (Go to Homeless Situation below) participants who lack a fixed, regular, and adequate nighttime residence. Report the participant as homeless if they were homeless for one or more days during the month prior to data collection.

**Unknown/Did not Report**

**Do you live:**

House

Apartment

Mobile Home

Group Home

**Homeless Situation:** You may select to “Use Primary Adult Housing Info”

**Homeless and sharing housing:** individuals who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason

**Homeless and living in emergency or transition shelter** individuals who are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement

**Homeless with some other arrangement.** individuals who are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; individuals who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C)); individuals who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.

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Complete the following upon exit of program.

**Family Spirit Exit**

Enter date of exit \_\_\_\_\_

Location of exit Home Office Other

Status of Exit:

Completed Program

Declined Services Withdrawal Specify Reason: \_\_\_\_\_

Moved New Address \_\_\_\_\_

Lost to Follow Up/Unable to Contact

Infant/Child Death; Cause \_\_\_\_\_ , Age at death (days) \_\_\_\_\_.

New Pregnancy

Other Specify \_\_\_\_\_

Additional comments regarding the participants exit:

Satisfaction Survey given to Participant: Yes No

END OF FORM