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.

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 8th 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.

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