

Enrollment form Caregiver: _____

Demographics/Contact

Enrollment Form Date*

____ / ____ / ____

Required

Middle Name

Suffix

Date of Birth*

____ / ____ / ____

Required

Language*

Required

Identifies as*

Female Male

Required

Hispanic or Latino Ethnicity*

Marital Status*

Race*

Caregiver-Child Relationship*

Required

Prenatal? *

Yes No

Estimated Delivery Date

____ / ____ / ____

Street Number

Address 1*

Address 2

Zip Code*

Home Phone

Cell Phone

Email

Is Homeless*

Housing Status (if housed)

Homelessness Status (if homeless)

Education/Income

Educational Attainment*

Educational Status*

Employment Status*

Annual Household income*

Poverty Level

Enrolled in ESL?

Source of Income

Government Assistance

Health/Wellness

Usual Source of Medical Care*

Usual Source of Dental Care *

Health Insurance Type*

Eligible for Health Insurance (if no insurance)

Tobacco Use at Enrollment*

Risk Level

Priority Population Characteristics (includes all household members)

History of Child Abuse*

History of Substance Abuse *

Tobacco Use in Household*

Low Student Achievement in Household*

Developmental Delays or Disabilities

Serving/Formerly Served in Armed Forces

Household

Number of Children in Household (not incl. index)*

Number of Adults in Household (not incl. caregiver)*

Visits

Planned Frequency

Program Consent

Program Consent

Program Consent Date
