

Enrollment – Primary Caregiver

Date: _____ Staff: _____

First Name: _____ Middle Initial: _____

Last Name: _____

Child's Name: _____

Case Number: _____ ETO will assign this; use this number on all other forms.

DOB: ____ / ____ / ____

Gender: Female Male

Address: _____

Zip: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Parent Race:

- | | | |
|---|---|--|
| <input type="radio"/> American Indian or
Alaska Native | <input type="radio"/> Black or African
American | <input type="radio"/> White |
| <input type="radio"/> Asian | <input type="radio"/> Native Hawaiian or
other Pacific
Islander | <input type="radio"/> More than one race |
| | | <input type="radio"/> Unrecorded |

Parent Ethnicity:

- | | | |
|--|--|----------------------------------|
| <input type="radio"/> Hispanic or
Latino/Latina | <input type="radio"/> Not Hispanic or
Latino/Latina | <input type="radio"/> Unrecorded |
|--|--|----------------------------------|

Marital Status:

- | | | |
|--|--|-------------------------------|
| <input type="radio"/> Not Married (Living
with partner) | <input type="radio"/> Separated/Divorced
/Widowed | <input type="radio"/> Unknown |
| <input type="radio"/> Married | <input type="radio"/> Single –Not living
with partner | |

Primary Language Spoken in Home:

- | | |
|-------------------------------|---|
| <input type="radio"/> English | <input type="radio"/> Other |
| <input type="radio"/> Spanish | <input type="radio"/> Unknown/Did Not
Report |

Tobacco Use

Does Primary Caregiver Use Tobacco Products (cigarettes, cigars, pipes, hookahs, bidis, chew, dip, snuff, snus, dissolvables, electronic nicotine delivery system aka e-cigarettes or vapes)?

- Yes No

Enrollment – Adult Caregiver

Housing Status

Housing Status

- Homeless Not Homeless Unknown

If Housing Status is “**Homeless**,” please answer the following:

- Homeless and sharing housing
(sharing house with someone due to loss of housing, economic hardship, or a similar reason)
- Homeless and living in an emergency or transitional shelter
- Some other arrangement
(cars, parks, public spaces, abandoned buildings, substandard housing; motel, hotel, or trailer park paid for by social services or charitable organization; camping grounds, bus or train stations, or similar settings)

If Housing Status is “**Not Homeless**,” please answer the following:

- Owns or shares own home, condo, or apartment
- Lives in public housing
- Some other arrangement **(motel, hotel, or trailer park not paid for by social services or charitable organization)**
- Rents or shares own home or apartment
- Lives with parent or family member

Do you have a primary care provider (a place that you USUALLY go when you need routine preventive care, such as a physical examination)?

- No Yes

Preterm Birth

Pregnant at enrollment?

- No Yes If yes, Baby's Due Date: ____ / ____ / ____

of weeks pregnant _____

of weeks pregnant when started prenatal care _____

Primary Caregiver Insurance

Parent's insurance status

- No Insurance Coverage Medicaid/State Children's Insurance Program Unknown/Not Reported
- TRICARE Private or Other

Enrollment – Adult Caregiver

Legislative Priority Areas: Answer these questions by 4 months after enrollment.

Low Income?

- No Yes

Pregnant and under age 21?

- No Yes

Interaction(s) with the child welfare system?

- No Yes

History of substance abuse or needs treatment?

- No Yes

Do you use tobacco or e-cigarettes?

- No Yes

Child(ren) with low student achievement?

- No Yes

Child(ren) with developmental delays or disability?

- No Yes

Family in armed forces?

- No Yes

County:

- | | | |
|--------------------------------|---------------------------------|----------------------------------|
| <input type="radio"/> Barbour | <input type="radio"/> Cullman | <input type="radio"/> Montgomery |
| <input type="radio"/> Bibb | <input type="radio"/> Dallas | <input type="radio"/> Morgan |
| <input type="radio"/> Blount | <input type="radio"/> DeKalb | <input type="radio"/> Perry |
| <input type="radio"/> Bullock | <input type="radio"/> Franklin | <input type="radio"/> Pickens |
| <input type="radio"/> Butler | <input type="radio"/> Greene | <input type="radio"/> Randolph |
| <input type="radio"/> Calhoun | <input type="radio"/> Hale | <input type="radio"/> Russell |
| <input type="radio"/> Chambers | <input type="radio"/> Jefferson | <input type="radio"/> Shelby |
| <input type="radio"/> Cherokee | <input type="radio"/> Lamar | <input type="radio"/> Sumter |
| <input type="radio"/> Chilton | <input type="radio"/> Lowndes | <input type="radio"/> Talladega |
| <input type="radio"/> Clay | <input type="radio"/> Macon | <input type="radio"/> Tallapoosa |
| <input type="radio"/> Cleburne | <input type="radio"/> Marengo | <input type="radio"/> Tuscaloosa |
| <input type="radio"/> Colbert | <input type="radio"/> Marion | <input type="radio"/> Walker |
| <input type="radio"/> Conecuh | <input type="radio"/> Marshall | <input type="radio"/> Wilcox |
| <input type="radio"/> Coosa | <input type="radio"/> Mobile | <input type="radio"/> Winston |
| | <input type="radio"/> Monroe | |