

## 6 Month Timeframe - Primary Caregiver

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Date: \_\_\_\_\_ Staff: \_\_\_\_\_

ETO Case Number: \_\_\_\_\_

**Take this assessment 6 months after enrollment.**

### Primary Caregiver Insurance

#### 1. Primary Caregiver's Insurance Status

- No Insurance Coverage       Medicaid/SCHIP/All Kids       Private or Other  
 TRICARE       Unknown/Not Reported

### Primary Caregiver Education (Only If Primary Caregiver Answered "No" To Questions When Last Asked)

#### 2. Have you completed high school or a GED program?

- Yes-High School       Yes-Completed GED       No

#### 3. Are you currently enrolled in high school or GED program?

- Yes       No