

6 Month Timeframe - Primary Caregiver

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