

# Enrollment – Child

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

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Adult Caregiver: \_\_\_\_\_

Case Number:  ETO will assign this

\*\*DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender:     Female                       Male

Child's 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         |

Child's ethnicity:

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

Relationship to Primary Caregiver:

- |  |                                    |  |
|--|------------------------------------|--|
| <input type="radio"/> Adopted Child    | <input type="radio"/> Foster Child | <input type="radio"/> Relative/Friend/Legal Guardian |
| <input type="radio"/> Biological Child | <input type="radio"/> Other        |  |

Is this child from a multiple birth pregnancy?

- |                          |                           |                               |
|--------------------------|---------------------------|-------------------------------|
| <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Unknown |
|--------------------------|---------------------------|-------------------------------|

What was the infant/child's birthweight?

- |           |                                    |
|-----------|------------------------------------|
| _____ LBS | <input type="radio"/> Unknown lbs. |
| _____ OZ  | <input type="radio"/> Unknown oz.  |

## Enrollment – Adult Caregiver

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Is the child currently receiving, or has the child ever received, services through Alabama's Early Intervention Program (Part C)?

- Yes                       No                       Unknown

Is the child currently receiving, or has the child ever received, preschool special education services from the local school system (Part B)?

- Yes                       No                       Unknown

### Well-Child Visit

What is the child's usual source of medical care?

- Doctor's/NP's Office       Hospital Outpatient       Urgent Care, Retail Store or Minute Clinic       None
- Hospital ER                       Federally Qualified Health Center       Other                       Unknown/Did Not Report

Does the child have a usual source of Dental Care?

- Yes                       No                       Unknown/Did Not Report

### Child's Insurance Status

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

## Enrollment – Adult Caregiver

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County:

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