

**LEGISLATIVE PRIORITY AREAS:**  
(To be completed by 4 months post-enrollment)

Which of the following legislatively-identified priorities apply to this family (check all that apply):

- Have low incomes
  - Does this pregnant woman/primary adult caregiver have Medicaid?
  - Do any children in this home have Medicaid or All-Kids?
  - Does this family receive any type of public benefits (food stamps, TANF)?
  - Is this is low income family (based on your perceptions)?If yes to any, check this box
  
- Are pregnant women who have not attained age 21
  - Is this pregnant woman under 21 years of age?If yes, check this box
  
- Have a history of child abuse or neglect or have had interactions with child welfare services
  - Has there ever been any history of child abuse or neglect with this family?
  - Has DHR ever been involved with this family or any children in this home?If yes to either, check this box
  
- Have a history of substance abuse or need substance abuse treatment has anyone in the immediate family ever had a problem with alcohol or drugs or does anyone need help for this now
  - Does anyone in this immediate family now have or have they ever had problems with drugs or alcohol?
  - Does anyone in this immediate family need help for drug or alcohol problems?If yes to either, check this box
  
- Are users of tobacco products in the home

Does anyone in this house smoke or use tobacco products? Tobacco Products includes the following: cigarettes, cigars, pipes, hookahs, bidis, chew, dip, snuff, snus, dissolvables, electronic nicotine delivery system aka e-cigarettes or vapes.

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If yes, check this box

- Have or have a child/children with low student achievement
  - Has this adult enrollee or any of his/her children ever failed a grade or repeated a grade?If yes, check this box
  
- Have a child/children with developmental delays or disabilities
  - Compared to other children their same age, are any children in this home behind on their developmental skills such as talking, thinking, sitting up, walking, using their hands?
  - Have any children in the home been diagnosed with conditions that may cause a disability (Down Syndrome, cerebral palsy, autism, learning disability)?If yes to either, check this box
  
- Are in families that include individuals who are serving or formerly served in the Armed forces, including such families that have members of the armed Forces who have had multiple deployments outside of the United States.
  - Does anyone in this family now serve or have they ever served in the Armed forces/Military?
  - Has anyone in this family who is in the Armed forces/military ever had multiple deployments outside the United States?If yes to either, check this box