MIECHV Family Demographic Form



Home Visitor:								Date Enrolled:	
								Miles Driven:	(one-way)
								Driving Time:	(mins)
INTAKE									
Parent or Caregive	er (Pri	mary	Caregiver)		Prena	t al: 🗆 Yes 🗆 No	1	Expected Due Date:	
First Name:			Midd	le Initial:	Last N	lame:		Date of Birth:	
Relationship to Inc	dex Cl	nild: [\square Mother \square Father \square	Grandpa	rent 🗆 Fost	er Parent 🗆 Oth	ner:	_ Gender : □ Female	□ Male
Street Address:				Cit	y:		Zip Code:	County:	
Race:					Ethnicity (ca	heck only one):	Language used mo	ost often in the home:	
☐ Black/African Ame	erican	□ Na	tive Hawaiian/Pacific Is	lander	☐ Hispanic/	Latino	□ English		
☐ Asian		\square Am	erican Indian/Alaskan	Native	☐ Not Hispa	nic/Latino	□ Spanish		
□ White			ore than 1 Race				☐ Other:		
Marital Status (chec	k only	one):		Employn	nent Status:	Monthly House		prefer not to	answer
☐ Never Married (sir	ngle)		☐ Divorced	☐ Full-Tir	Full-Time Total number of people in household:				
☐ Married			\square Separated	☐ Part-Ti	□ Part-Time Health Insurance Coverage:				
☐ Living with Partne	r (not i	marrie	ed) 🗆 Widowed	□ Not Employed □ No Insurance □ Tri-Care □ Medicaid □ Private					
						Continuous cov	erage for at least 6	months? ☐ Yes ☐ No	
Highest Level of Edu	ucation	n com	pleted (check only one)	: Currer	nt living situat	t ion : (2-part questio	n; select Not Homeless o	r Homeless then select the appro	priate choice))
☐ Less than HS diplo	ma [□ Tecl	nnical Training	☐ Not	□ Not Homeless □ Homeless				
□ GED		Asso	ociate Degree	♦ Ow	♦ Owns Home/Apartment ♦ Sharing Housing (not family)				
			helor Degree or higher	◇ Rer	♦ Rents Home/Apartment ♦ Lives in emergency/transition shelter				nelter
_			er:	. ♦ Live	♦ Lives in Public Housing ♦ Other living arrangement:				
	on or w	orkfo	rce training program:	♦ Live	es with Parent	s/Other Family n	nembers		
☐ Yes ☐ No									1
Family	Yes	No		6 1 11 1 1					_
Characteristics:			Household has a history					e services	_
			Household has a history Someone in the househ					tudent achievement	-
			Household has a child w				iias a ciiiiu witii iUW S	tudent acmevement	_
			Household includes indi	-	-		the US Armed Forces		-
		L							J

CHILD # 1			
First Name: Middle Initial:	Last Name:	Date of Birth:	Gender : \square Female \square Male
Race:			
☐ Black/African American ☐ American Indian/Alask	an Native 🗆 Asian		
\square Native Hawaiian/Pacific Islander \square More than 1 Race	☐ White		
Ethnicity (check only one): ☐ Hispanic/Latino ☐ No	t Hispanic/Latino		
	CHIP Tri-Care Private		
Usual Source of Medical Care:			
•	ral Health Center/FQHC		
	gent Care/Walk-in Clinic		
☐ Hospital Outpatient ☐ Oth	ner:		
□ None			
Does Index Child have a dentist/dental home : ☐ Yes ☐ No	☐ Child is less than 12 months of age		
CHILD # 2			
	Last Name:	Date of Birth:	Gender: ☐ Female ☐ Male
Race:			
☐ Black/African American ☐ American Indian/Alask	an Native 🗆 Asian		
☐ Native Hawaiian/Pacific Islander ☐ More than 1 Race	☐ White		
Ethnicity (check only one): ☐ Hispanic/Latino ☐ No	t Hispanic/Latino		
	· · · ·		
Health Insurance Coverage : □ No Insurance □ Medicaid/C	CHIP 🗆 Tri-Care 🗆 Private		
Usual Source of Medical Care:			
☐ Doctor/Nurse Practitioner Office ☐ Rui	ral Health Center/FQHC		
☐ Hospital Emergency Room ☐ Urg	gent Care/Walk-in Clinic		
☐ Hospital Outpatient ☐ Oth	ner:		
□ None			
Does Index Child have a dentist/dental home : ☐ Yes ☐ No	☐ Child is less than 12 months of age		

CHILD # 3			
First Name: Middle Initial:	Last Name:	Date of Birth:	Gender : □ Female □ Male
Race:			
☐ Black/African American ☐ American Indian/Alaskar	n Native 🗆 Asian		
\square Native Hawaiian/Pacific Islander \square More than 1 Race	☐ White		
Ethnicity (check only one): ☐ Hispanic/Latino ☐ Not F	Hispanic/Latino		
	IIP □ Tri-Care □ Private		
Usual Source of Medical Care:			
•	l Health Center/FQHC		
	nt Care/Walk-in Clinic		
	er:		
□ None			
	Children to a 42 constler of a con-		
Does Index Child have a dentist/dental home: ☐ Yes ☐ No ☐	Child is less than 12 months of age		
CHILD # 4			
First Name: Middle Initial:	Last Name:	Date of Birth:	Gender : □ Female □ Male
Race:			
☐ Black/African American ☐ American Indian/Alaskar	n Native 🗆 Asian		
\square Native Hawaiian/Pacific Islander \square More than 1 Race	☐ White		
Ethnicity (<i>check only one</i>): ☐ Hispanic/Latino ☐ Not H	Hispanic/Latino		
Health Insurance Coverage : □ No Insurance □ Medicaid/CH	IIP □ Tri-Care □ Private		
Usual Source of Medical Care:			
\square Doctor/Nurse Practitioner Office \square Rural	l Health Center/FQHC		
☐ Hospital Emergency Room ☐ Urge	nt Care/Walk-in Clinic		
☐ Hospital Outpatient ☐ Othe	r:		
□ None			
Does Index Child have a dentist/dental home : ☐ Yes ☐ No ☐	Child is less than 12 months of age		

Date Completed:

Parent or Caregive	mary	Caregiver)		Prenatal: ☐ Yes ☐ No Expected Due Date:			Date:	_			
First Name:			Midd	le I	Initial: Last	tial: Date of Birth:			Birth:		
Street Address:					City:		Zip Cod	e:	C	ounty:	
Marital Status (checi	k only	one):		E	mployment Status:	Мо	nthly Household Inc	come	e : \$	🗆 prefer not to a	nswer
☐ Never Married (sin	gle)		□ Divorced		Full-Time	Tota	al number of people	e in h	household:		
☐ Married			□ Separated		Part-Time	Hea	alth Insurance Cover	rage:	:		
☐ Living with Partner	not i	marri	ed) 🗆 Widowed		Not Employed	\square N	lo Insurance 🗆 Tri-C	are	☐ Medicaid	□ Private	
Highest Level of Edu	catior	ı com	pleted (check only one)):	Current living situ	ation: ((2-part question; select N	lot Ho	omeless or Home	eless then select the approp	riate choice))
☐ Less than HS diplor	ma [Tec	hnical Training		☐ Not Homeless				Homeless		
□ GED		Asso	ociate Degree		♦ Owns Home/Apartment ♦ Sharing Housing (not family)			ousing (not family)			
☐ High School Diplon	na [Bac	helor Degree or higher		♦ Rents Home/Apartment ♦ Lives in emergency/transition shelter				elter		
☐ Some College	[Oth	er:	_	♦ Lives in Public Housing ♦ Other living arrangement:						
Enrolled in Education	n or w	orkfo	orce training program:		♦ Lives with Pare	nts/Otl	her Family members	6			_
☐ Yes ☐ No											
HS/GED Completion	date	(if coı	mpleted after								
enrollment in HV)?											
Family	Yes	No									
Characteristics:			Household has a history							ces	
			Household has a history of substance abuse or needs substance abuse treatment								
	Someone in the household					dent ac	hievement or has a ch	ild wi	vith low studen	t achievement	
Household has a child with					n developmental delay	s or dis	sabilities				
			Household includes indi	ivid	duals who are serving or formerly served in the US Armed Forces						
	•					•	<u> </u>				

Quarterly Update Date Completed: CHILD # 1 First Name: Middle Initial: Last Name: Date of Birth: **Health Insurance Coverage**: ☐ No Insurance ☐ Medicaid/CHIP ☐ Tri-Care □ Private **Usual Source of Medical Care:** ☐ Doctor/Nurse Practitioner Office ☐ Other: _____ ☐ Rural Health Center/FQHC ☐ Hospital Emergency Room ☐ Urgent Care/Walk-in Clinic □ None ☐ Hospital Outpatient **Does Index Child have a dentist/dental home**: ☐ Yes ☐ No ☐ Child is less than 12 months of age CHILD # 2 First Name: _____ Middle Initial: Date of Birth: Last Name: **Health Insurance Coverage**: □ No Insurance □ Medicaid/CHIP ☐ Tri-Care ☐ Private **Usual Source of Medical Care:** ☐ Doctor/Nurse Practitioner Office ☐ Rural Health Center/FQHC ☐ Other: ______ ☐ Hospital Emergency Room ☐ Urgent Care/Walk-in Clinic □ None ☐ Hospital Outpatient **Does Index Child have a dentist/dental home**: ☐ Yes ☐ No ☐ Child is less than 12 months of age CHILD #3 Middle Initial: Date of Birth: First Name: Last Name: **Health Insurance Coverage**: □ No Insurance □ Medicaid/CHIP ☐ Tri-Care ☐ Private **Usual Source of Medical Care:** ☐ Doctor/Nurse Practitioner Office ☐ Other: _____ ☐ Rural Health Center/FQHC ☐ Hospital Emergency Room ☐ Urgent Care/Walk-in Clinic None ☐ Hospital Outpatient **Does Index Child have a dentist/dental home**: ☐ Yes ☐ No ☐ Child is less than 12 months of age

Last Name:

☐ Rural Health Center/FQHC

☐ Urgent Care/Walk-in Clinic

☐ Tri-Care

☐ Private

☐ Other: _____

First Name:

Usual Source of Medical Care:

☐ Hospital Emergency Room

☐ Hospital Outpatient

☐ Doctor/Nurse Practitioner Office

Health Insurance Coverage: □ No Insurance □ Medicaid/CHIP

Middle Initial:

Does Index Child have a dentist/dental home: ☐ Yes ☐ No ☐ Child is less than 12 months of age

CHILD #4

Date of Birth:

None

Date Completed:	:	

Parent or Caregiver	(Prim	ary Caregiver)		F	renatal: ☐ Yes ☐ No	Expected Due	Date:	
First Name:		Mi	iddle Initi	Initial: Last Name: D		Date o	ate of Birth:	
Street Address:				City:	Zip Co	ode:	County:	
Marital Status (check	only o	ne):	Empl	nployment Status: Monthly Household Income: \$ prefer not			🗆 prefer not to a	answer
☐ Never Married (sing	gle)	☐ Divorced	☐ Ful	l-Time	Total number of peop	le in household:		
☐ Married		□ Separated	☐ Par	rt-Time	Health Insurance Cove	erage:		
☐ Living with Partner	(not m	arried) 🗆 Widowed		t Employed	☐ No Insurance ☐ Tri-	-Care 🗆 Medicaid	☐ Private	
Highest Level of Educ	ation	completed (check only o	one): Cu	rrent living situa	t ion : (2-part question; select	Not Homeless or Hon	neless then select the approp	oriate choice))
☐ Less than HS diplom	na 🗆	Technical Training		Not Homeless		☐ Homeless		
□ GED		Associate Degree	\Diamond	♦ Owns Home/Apartment ♦ Sharing Housing (not far		lousing (not family)		
☐ High School Diplom	a 🗆	Bachelor Degree or high	her 🔷	♦ Rents Home/Apartment ♦ Lives in emergency/transition			mergency/transition sh	elter
☐ Some College		Other:		♦ Lives in Public Housing ♦ Other living arrangement:				
Enrolled in Education	or wo	rkforce training progra	ı m : ◊	Lives with Parent	s/Other Family membe	rs		
☐ Yes ☐ No								
HS/GED Completion	date (i	f completed after						
enrollment in HV)? _								
Family	Yes	No						
Characteristics:					or has had interactions wi		vices	
			Household has a history of substance abuse or needs substance abuse treatment					
			Someone in the household has attained low student achievement or has a child with low student achievement					
		Household has a chi						
		Household includes	individuals	who are serving o	formerly served in the US	S Armed Forces		
		Tiouseriola iliciades	marviduais	willo are serving of	Torriterry Served in the Os	7, ii iii cu i oi cc 3		

Quarterly Update Date Completed:_____

CHILD # 1				
First Name: M	iddle Initial: Last Name:		Date of Birth:	
Health Insurance Coverage : ☐ No Insurance	☐ Medicaid/CHIP ☐ Tri-Care	□ Private		
Usual Source of Medical Care:				
☐ Doctor/Nurse Practitioner Office	☐ Rural Health Center/FQHC		☐ Other:	
☐ Hospital Emergency Room	☐ Urgent Care/Walk-in Clinic		□ None	
☐ Hospital Outpatient				
Does Index Child have a dentist/dental home	e: \square Yes \square No \square Child is less than 12 m	onths of age		
CHILD # 2				
First Name: M	iddle Initial: Last Name:		Date of Birth:	
Health Insurance Coverage : ☐ No Insurance	☐ Medicaid/CHIP ☐ Tri-Care	□ Private		
Usual Source of Medical Care:				
☐ Doctor/Nurse Practitioner Office	☐ Rural Health Center/FQHC		\square Other:	
☐ Hospital Emergency Room	☐ Urgent Care/Walk-in Clinic		□ None	
☐ Hospital Outpatient				
Does Index Child have a dentist/dental home	$oxed{e} : \ \Box$ Yes $\ \Box$ No $\ \Box$ Child is less than 12 m	onths of age		
CHILD # 3				
First Name: M	iddle Initial: Last Name:		Date of Birth:	
Health Insurance Coverage : □ No Insurance	☐ Medicaid/CHIP ☐ Tri-Care	□ Private		
Usual Source of Medical Care:				
☐ Doctor/Nurse Practitioner Office	☐ Rural Health Center/FQHC		□ Other:	
☐ Hospital Emergency Room	☐ Urgent Care/Walk-in Clinic		□ None	
☐ Hospital Outpatient				
Does Index Child have a dentist/dental home	e: \square Yes \square No \square Child is less than 12 m	onths of age		
CHILD # 4				
First Name: M	iddle Initial: Last Name:		Date of Birth:	
Health Insurance Coverage : □ No Insurance	☐ Medicaid/CHIP ☐ Tri-Care	□ Private		
Usual Source of Medical Care:				
☐ Doctor/Nurse Practitioner Office	☐ Rural Health Center/FQHC		☐ Other:	
☐ Hospital Emergency Room	☐ Urgent Care/Walk-in Clinic		□ None	
☐ Hospital Outpatient				
Does Index Child have a dentist/dental home	e: 🗆 Yes 🗀 No 🗆 Child is less than 12 m	onths of age		

Date	Completed:			

answer				
ropriate choice))				
shelter				
 ♦ Lives in Public Housing ♦ Lives with Parents/Other Family members 				

Quarterly Update Date Completed:_____

CHILD # 1					
First Name: M	iddle Initial: Last	Name:		Date of Birth:	
Health Insurance Coverage : ☐ No Insurance	☐ Medicaid/CHIP	☐ Tri-Care	□ Private		
Usual Source of Medical Care:					
☐ Doctor/Nurse Practitioner Office	☐ Rural Hea	Ith Center/FQHC		□ Other:	
☐ Hospital Emergency Room	☐ Urgent Ca	re/Walk-in Clinic		□ None	
☐ Hospital Outpatient					
Does Index Child have a dentist/dental home	e: 🗆 Yes 🗆 No 🗆 Child	l is less than 12 mo	onths of age		
CHILD # 2					
First Name: M	iddle Initial: Last	Name:		Date of Birth:	
Health Insurance Coverage : □ No Insurance	☐ Medicaid/CHIP	☐ Tri-Care	□ Private		
Usual Source of Medical Care:					
☐ Doctor/Nurse Practitioner Office	☐ Rural Hea	Ith Center/FQHC		□ Other:	
☐ Hospital Emergency Room	☐ Urgent Ca	re/Walk-in Clinic		□ None	
☐ Hospital Outpatient					
Does Index Child have a dentist/dental home	e: 🗆 Yes 🗆 No 🗆 Child	l is less than 12 mo	onths of age		
CHILD # 3					
First Name: M	iddle Initial: Last	Name:		Date of Birth:	
Health Insurance Coverage : ☐ No Insurance	☐ Medicaid/CHIP	☐ Tri-Care	□ Private		
Usual Source of Medical Care:					
☐ Doctor/Nurse Practitioner Office	☐ Rural Hea	Ith Center/FQHC		☐ Other:	
☐ Hospital Emergency Room	☐ Urgent Ca	re/Walk-in Clinic		□ None	
☐ Hospital Outpatient					
Does Index Child have a dentist/dental home	e: 🗆 Yes 🗆 No 🗆 Child	l is less than 12 mo	onths of age		
CHILD # 4					
First Name: M	iddle Initial: Last	Name:		Date of Birth:	
Health Insurance Coverage : ☐ No Insurance	☐ Medicaid/CHIP	☐ Tri-Care	□ Private		
Usual Source of Medical Care:					
☐ Doctor/Nurse Practitioner Office	☐ Rural Hea	Ith Center/FQHC		☐ Other:	
☐ Hospital Emergency Room	☐ Urgent Ca	re/Walk-in Clinic		□ None	
☐ Hospital Outpatient					
Does Index Child have a dentist/dental home	e: 🗆 Yes 🗆 No 🗆 Child	l is less than 12 mo	onths of age		

Date	Completed:			

Parent or Caregiver (Pr	imary Caregiver)	ı	Prenatal: ☐ Yes ☐ No Expected Due Date:				
		lle Initial: Last N	Name: Date of Birth:				
Street Address:		City:	Zip Code: County:				
Marital Status (check only one):		Employment Status:	Monthly Household Income: \$ □ prefer not to answer				
☐ Never Married (single)	□ Divorced	☐ Full-Time	Total number of people in household:				
☐ Married	□ Separated	☐ Part-Time	Health Insurance Coverage:				
\square Living with Partner (not	married) 🗆 Widowed	☐ Not Employed	□ No Insurance □ Tri-Care □ Medicaid □ Private				
Highest Level of Education completed (check only one): Current living situation: (2-part question; select Not Homeless or Homeless then select the appropriate choice))							
☐ Less than HS diploma	☐ Technical Training	□ Not Homeless	☐ Homeless				
□ GED	☐ Associate Degree	♦ Owns Home/Apa	ortment ♦ Sharing Housing (not family)				
☐ High School Diploma ☐ Bachelor Degree or I		↑ ◇ Rents Home/Apa	artment \Diamond Lives in emergency/transition shelter				
☐ Some College	☐ Other:	_	ousing Other living arrangement:				
Enrolled in Education or workforce training program:		♦ Lives with Paren	♦ Lives with Parents/Other Family members				
☐ Yes ☐ No							
HS/GED Completion date (if completed after							
enrollment in HV)?							
Family Yes	No						
Characteristics:		Household has a history of child abuse or neglect or has had interactions with child welfare services					
		Household has a history of substance abuse or needs substance abuse treatment					
		Someone in the household has attained low student achievement or has a child with low student achievement					
		Household has a child with developmental delays or disabilities					
	Household includes inc	Household includes individuals who are serving or formerly served in the US Armed Forces					

Quarterly Update Date Completed:_____

CHILD # 1							
First Name: M	ne: Middle Initial: Last Name:						
Health Insurance Coverage : ☐ No Insurance	☐ Medicaid/CHIP ☐ T	ri-Care 🗆 Private					
Usual Source of Medical Care:							
☐ Doctor/Nurse Practitioner Office	☐ Rural Health Cent	ter/FQHC	☐ Other:				
☐ Hospital Emergency Room	☐ Hospital Emergency Room ☐ Urgent Care/Walk-in Clinic		□ None				
☐ Hospital Outpatient							
Does Index Child have a dentist/dental home: ☐ Yes ☐ No ☐ Child is less than 12 months of age							
CHILD # 2							
First Name: M	iddle Initial: Last Name:		Date of Birth:				
Health Insurance Coverage : ☐ No Insurance	☐ Medicaid/CHIP ☐ T	⁻ri-Care □ Private					
Usual Source of Medical Care:							
☐ Doctor/Nurse Practitioner Office	☐ Rural Health Center/FQHC		☐ Other:				
☐ Hospital Emergency Room	☐ Urgent Care/Wal	k-in Clinic	□ None				
☐ Hospital Outpatient							
Does Index Child have a dentist/dental home	e: ☐ Yes ☐ No ☐ Child is less	than 12 months of age					
CHILD # 3							
First Name: M	iddle Initial: Last Name:		Date of Birth:				
Health Insurance Coverage : ☐ No Insurance	☐ Medicaid/CHIP ☐ T	⁻ri-Care □ Private					
Usual Source of Medical Care:							
☐ Doctor/Nurse Practitioner Office	☐ Rural Health Cent	ter/FQHC	☐ Other:				
☐ Hospital Emergency Room	☐ Urgent Care/Wal	k-in Clinic	□ None				
☐ Hospital Outpatient							
Does Index Child have a dentist/dental home: ☐ Yes ☐ No ☐ Child is less than 12 months of age							
CHILD # 4							
First Name: M	iddle Initial: Last Name:		Date of Birth:				
Health Insurance Coverage : ☐ No Insurance	☐ Medicaid/CHIP ☐ T	ri-Care □ Private					
Usual Source of Medical Care:							
☐ Doctor/Nurse Practitioner Office	☐ Rural Health Cent	·	☐ Other:				
☐ Hospital Emergency Room	☐ Urgent Care/Walk-in Clinic		□ None				
☐ Hospital Outpatient							
Does Index Child have a dentist/dental home: ☐ Yes ☐ No ☐ Child is less than 12 months of age							