MIECHV
Family Demographic Form

Home Visitor: _____

Date Enrolled: _____
Miles Driven:_____(one-way)
Driving Time: _____(mins)

INTAKE

Parent or Caregiver (Primary Caregiver) **Prenatal:** ☐ Yes ☐ No **Expected Due Date**: _____

First Name: _____ **Middle Initial**: ___ **Last Name**:_____ **Date of Birth**:_____

Relationship to Index Child: ☐ Mother ☐ Father ☐ Grandparent ☐ Foster Parent ☐ Other:_____ **Gender**: ☐ Female ☐ Male

Street Address:_____ **City:** _____ **Zip Code:** _____ **County:**_____

Race:
☐ Black/African American ☐ Native Hawaiian/Pacific Islander
☐ Asian ☐ American Indian/Alaskan Native
☐ White ☐ More than 1 Race

Ethnicity (*check only one*):
☐ Hispanic/Latino
☐ Not Hispanic/Latino

Language used most often in the home:
☐ English
☐ Spanish
☐ Other: _____

Marital Status (*check only one*):
☐ Never Married (single) ☐ Divorced
☐ Married ☐ Separated
☐ Living with Partner (not married) ☐ Widowed

Employment Status:
☐ Full-Time
☐ Part-Time
☐ Not Employed

Monthly Household Income: $_____ ☐ prefer not to answer
Total number of people in household: _____

Health Insurance Coverage:
☐ No Insurance ☐ Tri-Care ☐ Medicaid ☐ Private
Continuous coverage for at least 6 months? ☐ Yes ☐ No

Highest Level of Education completed (*check only one*):
☐ Less than HS diploma ☐ Technical Training
☐ GED ☐ Associate Degree
☐ High School Diploma ☐ Bachelor Degree or higher
☐ Some College ☐ Other: _____

Enrolled in Education or workforce training program:
☐ Yes ☐ No

Current living situation*: (2-part question; select Not Homeless or Homeless then select the appropriate choice))*

☐ Not Homeless
◊ Owns Home/Apartment
◊ Rents Home/Apartment
◊ Lives in Public Housing
◊ Lives with Parents/Other Family members

☐ Homeless
◊ Sharing Housing (not family)
◊ Lives in emergency/transition shelter
◊ Other living arrangement:
_____

Family Characteristics:

Yes	No	
		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 individuals who are serving or formerly served in the US Armed Forces

CHILD # 1

First Name: _____ **Middle Initial**: ___ **Last Name**:_____ **Date of Birth**:_____ **Gender**: ☐ Female ☐ Male

Race:

☐ Black/African American ☐ American Indian/Alaskan Native ☐ Asian

☐ Native Hawaiian/Pacific Islander ☐ More than 1 Race ☐ White

Ethnicity (*check only one*): ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Health Insurance Coverage: ☐ No Insurance ☐ Medicaid/CHIP ☐ Tri-Care ☐ Private

Usual Source of Medical Care:

☐ Doctor/Nurse Practitioner Office ☐ Rural Health Center/FQHC

☐ Hospital Emergency Room ☐ Urgent Care/Walk-in Clinic

☐ Hospital Outpatient ☐ Other: _____

☐ None

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

CHILD # 2

First Name: _____ **Middle Initial**: ___ **Last Name**:_____ **Date of Birth**:_____ **Gender**: ☐ Female ☐ Male

Race:

☐ Black/African American ☐ American Indian/Alaskan Native ☐ Asian

☐ Native Hawaiian/Pacific Islander ☐ More than 1 Race ☐ White

Ethnicity (*check only one*): ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Health Insurance Coverage: ☐ No Insurance ☐ Medicaid/CHIP ☐ Tri-Care ☐ Private

Usual Source of Medical Care:

☐ Doctor/Nurse Practitioner Office ☐ Rural Health Center/FQHC

☐ Hospital Emergency Room ☐ Urgent Care/Walk-in Clinic

☐ Hospital Outpatient ☐ Other: _____

☐ 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/Alaskan Native ☐ Asian

☐ Native Hawaiian/Pacific Islander ☐ More than 1 Race ☐ White

Ethnicity (*check only one*): ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Health Insurance Coverage: ☐ No Insurance ☐ Medicaid/CHIP ☐ Tri-Care ☐ Private

Usual Source of Medical Care:

☐ Doctor/Nurse Practitioner Office ☐ Rural Health Center/FQHC

☐ Hospital Emergency Room ☐ Urgent Care/Walk-in Clinic

☐ Hospital Outpatient ☐ Other: _____

☐ None

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/Alaskan Native ☐ Asian

☐ Native Hawaiian/Pacific Islander ☐ More than 1 Race ☐ White

Ethnicity (*check only one*): ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Health Insurance Coverage: ☐ No Insurance ☐ Medicaid/CHIP ☐ Tri-Care ☐ Private

Usual Source of Medical Care:

☐ Doctor/Nurse Practitioner Office ☐ Rural Health Center/FQHC

☐ Hospital Emergency Room ☐ Urgent Care/Walk-in Clinic

☐ Hospital Outpatient ☐ Other: _____

☐ None

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

Quarterly Update **Date Completed:**_____

Parent or Caregiver (Primary Caregiver) **Prenatal:** ☐ Yes ☐ No **Expected Due Date**: _____

First Name: _____ **Middle Initial**: ___ **Last Name**:_____ **Date of Birth**:_____

Street Address:_____ **City:** _____ **Zip Code:** _____ **County:**_____

Marital Status (*check only one*):
☐ Never Married (single) ☐ Divorced
☐ Married ☐ Separated
☐ Living with Partner (not married) ☐ Widowed

Employment Status:
☐ Full-Time
☐ Part-Time
☐ Not Employed

Monthly Household Income: $_____ ☐ prefer not to answer
Total number of people in household: _____

Health Insurance Coverage:
☐ No Insurance ☐ Tri-Care ☐ Medicaid ☐ Private

Highest Level of Education completed (*check only one*):
☐ Less than HS diploma ☐ Technical Training
☐ GED ☐ Associate Degree
☐ High School Diploma ☐ Bachelor Degree or higher
☐ Some College ☐ Other: _____

Enrolled in Education or workforce training program:
☐ Yes ☐ No

HS/GED Completion date (if completed after enrollment in HV)? _____

Current living situation*: (2-part question; select Not Homeless or Homeless then select the appropriate choice))*

☐ Not Homeless
◊ Owns Home/Apartment
◊ Rents Home/Apartment
◊ Lives in Public Housing
◊ Lives with Parents/Other Family members

☐ Homeless
◊ Sharing Housing (not family)
◊ Lives in emergency/transition shelter
◊ Other living arrangement:
_____

Family Characteristics:

Yes	No	
		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 individuals who are serving or formerly served in the US Armed Forces

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 ☐ 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 # 2

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 ☐ 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

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 ☐ 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 # 4

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 ☐ 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

Next Form Due:_____

Quarterly Update

Date Completed:_____

Parent or Caregiver (Primary Caregiver) **Prenatal:** ☐ Yes ☐ No **Expected Due Date**: _____

First Name: _____ **Middle Initial**: ___ **Last Name**:_____ **Date of Birth**:_____

Street Address:_____ **City:** _____ **Zip Code:** _____ **County:**_____

Marital Status (*check only one*):
☐ Never Married (single) ☐ Divorced
☐ Married ☐ Separated
☐ Living with Partner (not married) ☐ Widowed

Employment Status:
☐ Full-Time
☐ Part-Time
☐ Not Employed

Monthly Household Income: $_____ ☐ prefer not to answer
Total number of people in household: _____

Health Insurance Coverage:
☐ No Insurance ☐ Tri-Care ☐ Medicaid ☐ Private

Highest Level of Education completed (*check only one*):
☐ Less than HS diploma ☐ Technical Training
☐ GED ☐ Associate Degree
☐ High School Diploma ☐ Bachelor Degree or higher
☐ Some College ☐ Other: _____

Enrolled in Education or workforce training program:
☐ Yes ☐ No

HS/GED Completion date (if completed after enrollment in HV)? _____

Current living situation*: (2-part question; select Not Homeless or Homeless then select the appropriate choice))*

☐ **Not Homeless**
◊ Owns Home/Apartment
◊ Rents Home/Apartment
◊ Lives in Public Housing
◊ Lives with Parents/Other Family members

☐ **Homeless**
◊ Sharing Housing (not family)
◊ Lives in emergency/transition shelter
◊ Other living arrangement:
_____

Family Characteristics:

Yes	No	
		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 individuals who are serving or formerly served in the US Armed Forces

Next Form Due:_____

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 ☐ 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 # 2

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 ☐ 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

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 ☐ 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 # 4

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 ☐ 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

Next Form Due:_____

Quarterly Update

Date Completed:_____

Parent or Caregiver (Primary Caregiver) **Prenatal:** ☐ Yes ☐ No **Expected Due Date**: _____

First Name: _____ **Middle Initial**: ___ **Last Name**:_____ **Date of Birth**:_____

Street Address:_____ **City:** _____ **Zip Code:** _____ **County:**_____

Marital Status (*check only one*):
☐ Never Married (single) ☐ Divorced
☐ Married ☐ Separated
☐ Living with Partner (not married) ☐ Widowed

Employment Status:
☐ Full-Time
☐ Part-Time
☐ Not Employed

Monthly Household Income: $_____ ☐ prefer not to answer
Total number of people in household: _____

Health Insurance Coverage:
☐ No Insurance ☐ Tri-Care ☐ Medicaid ☐ Private

Highest Level of Education completed (*check only one*):
☐ Less than HS diploma ☐ Technical Training
☐ GED ☐ Associate Degree
☐ High School Diploma ☐ Bachelor Degree or higher
☐ Some College ☐ Other: _____

Enrolled in Education or workforce training program:
☐ Yes ☐ No

HS/GED Completion date (if completed after enrollment in HV)? _____

Current living situation*: (2-part question; select Not Homeless or Homeless then select the appropriate choice))*

☐ **Not Homeless**
◊ Owns Home/Apartment
◊ Rents Home/Apartment
◊ Lives in Public Housing
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☐ **Homeless**
◊ Sharing Housing (not family)
◊ Lives in emergency/transition shelter
◊ Other living arrangement:
_____

Family Characteristics:

Yes	No	
		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 individuals who are serving or formerly served in the US Armed Forces

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 ☐ 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 # 2
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 ☐ 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
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 ☐ 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 # 4
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 ☐ 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

Next Form Due:_____

Quarterly Update

Date Completed:_____

Parent or Caregiver (Primary Caregiver) **Prenatal:** □ Yes □ No **Expected Due Date**: _____

First Name: _____ **Middle Initial**: ___ **Last Name**:_____ **Date of Birth**:_____

Street Address:_____ **City:** _____ **Zip Code:** _____ **County:**_____

Marital Status (*check only one*):
□ Never Married (single) □ Divorced
□ Married □ Separated
□ Living with Partner (not married) □ Widowed

Employment Status:
□ Full-Time
□ Part-Time
□ Not Employed

Monthly Household Income: $_____ □ prefer not to answer
Total number of people in household: _____

Health Insurance Coverage:
□ No Insurance □ Tri-Care □ Medicaid □ Private

Highest Level of Education completed (*check only one*):
□ Less than HS diploma □ Technical Training
□ GED □ Associate Degree
□ High School Diploma □ Bachelor Degree or higher
□ Some College □ Other: _____

Enrolled in Education or workforce training program:
□ Yes □ No

HS/GED Completion date (if completed after enrollment in HV)? _____

Current living situation: *(2-part question; select Not Homeless or Homeless then select the appropriate choice))*

□ Not Homeless
◊ Owns Home/Apartment
◊ Rents Home/Apartment
◊ Lives in Public Housing
◊ Lives with Parents/Other Family members

□ Homeless
◊ Sharing Housing (not family)
◊ Lives in emergency/transition shelter
◊ Other living arrangement:
_____

Family Characteristics:

Yes	No	
		Household has a history of child abuse or neglect or has had interactions with child welfare services
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		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 individuals who are serving or formerly served in the US Armed Forces

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 ☐ 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 # 2
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 ☐ 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
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 ☐ 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 # 4
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 ☐ 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