# HS-FS CHILD ENROLLMENT ADDENDUM

HSID:_ _ _ _ -_ _ _ _ -_ _ Screening Date: (mm/dd/yyyy)_____ Staff:_____

Child's First Name: _____Child's Last Name:_____

MIHP Client: ☐ Yes, Medicaid ID#_____(document on client enter/edit) ☐ No

☐ Change Client Contact Information (update if needed; enter on client enter/edit screen)
Current Address:_____ Phone_____ ☐ None
City:_____State_____ Zip Code_____ County_____
Child's current Age_____(system calculated in months)

*Did the woman that gave birth to this child participate in healthy start-family spirit while pregnant with this child (Prenatally Enrolled)? ☐ Yes ☐ No ☐ Unknown

Infant/child delivered as: ☐ Singleton ☐ Twin ☐ Triplet or more

Delivery Course: ☐ Spontaneous ☐ Scheduled ☐ Unknown

If scheduled, was it: ☐ Elective ☐ Non-elective # of weeks gestation: _____

*Have any of the following health & development issues been identified?

| | |
|---|---|
| *Asthma. | ☐ Yes ☐ No ☐ Refused |
| *HIV/AIDS | ☐ Yes ☐ No ☐ Refused |
| *Mental Health Issue- (ASQ:SE-2 History) | ☐ Yes ☐ No ☐ Refused |
| *Failure to Thrive/lack of growth (growth chart) | ☐ Yes ☐ No ☐ Refused |
| *Developmental Delay(ASQ-3 History) | ☐ Yes ☐ No ☐ Refused |
| Other, Specify_____ | ☐ Yes ☐ No ☐ Refused |

*Does this child have a diagnosed developmental delay or disability?
☐ Yes ☐ No ☐ Unknown ☐ Refused

*Is child receiving Early Intervention Services/Care for a known issue?( Early On, speech therapy, physical therapy, other types of services based on the needs of child)
☐ Yes ☐ No ☐ Refused

*Is your child currently enrolled in Children's Special Health Care Services (CSHCS)? (Has qualifying medical condition. Note: CSHCS does not cover developmental, behavioral, or intellectual conditions)
☐ Yes ☐ No ☐ Refused

*Is child up to date on well child visits?

☐ Yes ☐ No ☐ Unknown ☐ Refused

*Is child up to date on immunizations?

☐ Yes ☐ No ☐ Unknown ☐ Refused

*Has child been to the dentist?

☐ Yes ☐ No ☐ Unknown ☐ Refused

Staff: The American Academy of Pediatric Dentistry recommends that children start seeing a dentist every six months, by their first birthday or once their first tooth emerges

Have the following Home Environmental and Exposure Issues been identified?

*Family Violence/ Intentional Injury ☐ Yes ☐ No ☐ Refused

*Homelessness ☐ Yes ☐ No ☐ Refused

*Unstable Housing ☐ Yes ☐ No ☐ Refused

*Unmet Basic Needs (food, diapers, ect) ☐ Yes ☐ No ☐ Refused

*Live in or frequently visit house built before 1978 ☐ Yes ☐ No ☐ Refused

*Peeling/Chipping paint or remodeling underway ☐ Yes ☐ No ☐ Refused

*Adult in house whose job/hobby involves exposure to Lead (auto repair, plumber, potter) ☐ Yes ☐ No ☐ Refused

*Exposed to second hand smoke in home?

☐ Daily ☐ Weekly ☐ Monthly ☐ > Monthly ☐ Never

*Rides in car with someone smoking?

☐ Daily ☐ Weekly ☐ Monthly ☐ > Monthly ☐ Never

*Do you have a car seat/booster seat for child? ☐ Yes ☐ No ☐ Refused

*Has this child ever been involved with Children's Protective Services?

☐ Yes ☐ No ☐ REFUSED

*Where does your child usually sleep?

☐Crib ☐In bed with someone ☐On floor ☐ Bassinette ☐ In Car Seat ☐ Own bed ☐ Other, specify____

*How often have you or another adult in the household read, told stories, or sang songs with your child?

☐ Never ☐ Less than Weekly ☐ 1-4 days/week ☐ 5 days/week to everyday

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Next Questions are based on Child's Age:

18 Months or less:

*How often does your newborn sleep in the same bed with you or someone else?

☐ Never ☐ Sometimes ☐ Most every night

*In what position do you lie your infant down to sleep?

☐ Front ☐ Back ☐ Side

19 + Months

*Did you (or the biological mother), Ever breastfeed or pump breast milk to feed this child, even for a short period of time?

☐ Yes ☐ No ☐ Don't Know ☐ Declined to Answer

*Is this child currently being breastfed or fed pumped milk?

☐ Yes ☐ No ☐ Don't Know ☐ Declined to Answer

*How many months {Up till current date} was this child breastfed or fed pumped milk?

☐ Not at all ☐ Less than 1 month ☐ _____ months ☐ Don't know ☐ Declined to Answer

Staff: For mothers still breastfeeding indicate how many months so far.