

CLIENT ENTER/EDIT FORM

Updated 2023

***First Name:** _____ **Middle Initial:** _____ ***Last Name:** _____

***Client Type At Enrollment**

- Prenatal..... Due Date(mm/dd/yyyy): _____ (This can be an estimated date when baby will be born)
- Infant/Child..... Is Infant being served alone: Yes No
- Postpartum Mother..... Date of most recent live birth(mm/dd/yyyy) _____ (youngest child's date of birth)
- Father
- Other.....Specify type Foster parent Adoptive parent Grandparent Other, Specify _____

***Primary in household:** Yes No (Note: an infant/child can only be Primary if being served alone)

***Associated Primary Adult:** _____ (Note: use "Find Client" to locate Primary)

ADDRESS

***Street Address:** _____ **Street Address 2:** _____

***City:** _____ ***State:** _____ ***County:** _____ ***Zip Code** _____

***Phone:** (____) _____ None

***Site Association:** _____ (drop down option on database)

***Healthy Start ID:** _____ (If previously enrolled use same 4 digit family code)

***Enrollment Date:** _____ (Current Enrollment)

SEARCH CLIENT: If Client has been previously enrolled search client to select PPUID:

***HRSA PPUID:** _____ (Be sure to select first chart created (this would be oldest enrollment date))

***HRSA Enrollment Date:** _____

Medicaid ID (optional): _____

***Date of Birth:** (mm/ dd/ yyyy) _____ REFUSED

***Sex:** Select one: Male Female Don't Know Refused/Declined to Answer

***Staff-Indicate here if participant expresses discomfort with or reluctance to use the male/female binary classification**

- Participant prefers not to use the male/female binary categorization (including I'm not sure/I don't know/I don't want to answer responses).
- No, the participant seemed comfortable with the binary male/female designation
- Unable to determine

***Race: check all that apply** (The responses regarding race/ethnicity should reflect what the individual considers themselves to be and are not based on percentages of ancestry)

- Arab/Chaldean Black or African American Other, specify _____
- American Indian or Alaska Native Native Hawaiian or Pacific Islander Declined to answer/Don't know
- Asian White or Caucasian

***Which ONE racial classification below do you identify with the most?**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- More than one race/biracial/multiracial
- Other, specify _____
- Don't know
- Declined to answer

***Hispanic or Latinx:** Yes No

***Current Client Type:** *(Will only appear once chart is created & used to updated client from prenatal to postpartum)*

- Prenatal..... enter due date(mm/dd/yy): _____ *(editable)*
- Infant/Child
- Postpartum Mother enter date of most recent live birth _____ *(youngest child's birthday)*
- Father
- Other, Specify _____

***Client History**

- New Client
- Previous Client/New Pregnancy
- Current Client/New Pregnancy

***Status:** Active Exited

***Family with individuals in the armed services?** Yes No Unknown

***Consent:** Consent Signed Not obtained yet

***Program Grant:** Select all that apply. At least one program grant is required

- Healthy Start**
- Tribal Home Visiting**
- State Home Visiting**
- Tribal/IHS:**
- MIHP**
- FFPSA** *(For now document under "other" and label "FFPSA" in specify box, data system will be updated soon)*
- Other, Specify** _____

EVERYTHING BELOW THIS LINE IS STILL REQUIRED BUT CAN BE SAVED AS IN-PROGRESS TO BE COLLECTED AT A LATER TIME HOWEVER, COLLECT AS SOON AS POSSIBLE WITHIN 1 MONTHS TIME.

***Primary Language:** *(defined as the language spoken in the home the majority of the time.)*

- English
- Spanish
- Arabic
- Other.....(required specify) _____
- Any Native American Language.....(required specify) _____
- Unknown/did not report

***Secondary Language Spoken at Home:** a 2nd language spoken in the home the minority of the time.

- English.... *(If English is selected as Primary language above then select "None" for this section)*
- Spanish
- Any Native American Language..... (required specify) _____
- Arabic
- Other.....(required specify) _____
- None
- Unknown/did not report

***Highest Level of Education Completed:** (at what education level did the client finish schooling)

- No formal schooling
- Less than 8th grade
- Less than high school diploma
- High School Graduate
- GED completed
- Some college formal training beyond high school
- Technical training/Trade School or Certification
- Associates degree
- College (bachelor's degree)
- Graduate Degree
- Other
- Don't know
- Declined to answer

***Currently a student or in training:** Yes No

***Marital Status:**

- Single
- Not married but living with partner
- Legally married
- Separated
- Divorced
- Widowed
- Unknown/ Did not report

***Employment Status:** (Employed a participant who works for pay during the reporting period)

- Full Time
- Part Time < 30 hours per week
- Not Employed

*Total Household Income (yearly): _____ (leave out commas and spaces; only count income that supports the whole family)

*Adults (18 yrs+): _____ *Children (17 or younger): _____

*Total in Household: _____ (system generates, sum # of adults + # of child(ren) in the household)

*Income Category (system generates using household information above)

50% and under 51-100% 101-133% 134-200% 201-300% >300% Unknown

*Income level: (system generates using household information above)

<100%FPL 100%-185%FPL >185FPL Unknown

*Insurance Status at enrollment: (Note: Indian Health Service (IHS) is not considered Health Insurance)

Medicaid or CHIP TriCare Private Insurance Not Insured Unknown/Did not Report

*Has access to IHS, CHS, UIHP facility: (Indian Health Service, Contract health Services, Urban Indian Health Program)

Yes No

Housing Status Info (You may select to "Use Primary Adult Housing Info")

*Housing Status

Not Homeless (go to Do you live in below)

Homeless: (Go to Homeless Situation below) participants who lack a fixed, regular, and adequate nighttime residence. Report the participant as homeless if they were homeless for one or more days during the month prior to data collection.

Unknown/Did not Report

*Do you live in:

House

Apartment

Mobile Home

Group Home

*Homeless Situation:

Homeless and sharing housing: individuals who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason

Homeless and living in emergency or transition shelter individuals who are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement

Homeless with some other arrangement. individuals who are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; individuals who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C)); individuals who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.

Complete the following when client is exiting program entirely.

Family Spirit Exit

*Enter date of exit _____

*Location of exit Home Office Clinic Hospital Telephone Video/Tele-health Other, required specify _____

*Status of Exit:

Completed Program

Declined Services Withdrawal Specify Reason: _____

Moved New Address _____

Lost to Follow Up/Unable to Contact

Infant/Child Death; Cause _____ , Age at death (days) _____.

New Pregnancy

Other..... required Specify _____

Additional comments regarding the participants exit:

Satisfaction Survey given to Participant: Yes No

END OF FORM