



# Navajo Nation Growing In Beauty Home Visitation Program Recruitment and Enrollment

Enrollment Date \_\_\_\_\_

Enrollment Age: \_\_\_\_\_

Exit Date: \_\_\_\_\_

Exit Age: \_\_\_\_\_

Growing In Beauty Home Visitation Program

## I. CONTACT INFORMATION:

Family Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Home Location: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

Best Time to contact family: \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_

Alternate contact(s): \_\_\_\_\_

Referral source (s) as applicable: \_\_\_\_\_

## II. PARENT/GUARDIAN INFORMATION:

1. **Parent/Guardian's** full name: \_\_\_\_\_

Marital status: \_\_\_\_\_

Primary Language: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Are you an expecting mother? Y/N If yes, when is your due date: \_\_\_\_\_

Last grade completed in school: \_\_\_\_\_

Currently Employed? Y/N     \_\_\_ Full-time \_\_\_ Part time \_\_\_ Seasonal

Ethnicity: \_\_\_\_\_

Race: \_\_\_\_\_ Health insurance? Y/N Lives with child: Y/N

2. **Parent/Guardian's** full name: \_\_\_\_\_

Marital status: \_\_\_\_\_

Primary Language: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Are you an expecting mother? Y/N If yes, when is your due date: \_\_\_\_\_

Last grade completed in school: \_\_\_\_\_

Currently Employed? Y/N     \_\_\_ Full-time \_\_\_ Part time \_\_\_ Seasonal

Ethnicity: \_\_\_\_\_

Race: \_\_\_\_\_ Health insurance? Y/N Lives with child: Y/N

**III. Enrolled Child(ren)**

1. Child's full name: \_\_\_\_\_ Gender: Male/ Female Primary Language: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Due Date: \_\_\_\_\_ Birth weight: \_\_\_\_\_ Premature: Y/N If yes, how many weeks? \_\_\_\_\_  
Ethnicity: \_\_\_\_\_ Race: \_\_\_\_\_ Foster child: Y/N If yes, with whom does the child live with? \_\_\_\_\_  
Any **illness** or complications during pregnancy or delivery? Yes or No If yes, describe: \_\_\_\_\_  
Any **hospitalization** since birth? Yes or No If yes, describe: \_\_\_\_\_  
Any current **medical** conditions? Yes or No If yes, describe: \_\_\_\_\_  
Child's healthcare provider: \_\_\_\_\_ Date of last Physical Exam: \_\_\_\_\_

2. Child's full name: \_\_\_\_\_ Gender: Male/ Female Primary Language: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Due Date: \_\_\_\_\_ Birth weight: \_\_\_\_\_ Premature: Y/N If yes, how many weeks? \_\_\_\_\_  
Ethnicity: \_\_\_\_\_ Race: \_\_\_\_\_ Foster child: Y/N If yes, with whom does the child live with? \_\_\_\_\_  
Any **illness** or complications during pregnancy or delivery? Yes or No If yes, describe: \_\_\_\_\_  
Any **hospitalization** since birth? Yes or No If yes, describe: \_\_\_\_\_  
Any current **medical** conditions? Yes or No If yes, describe: \_\_\_\_\_  
Child's healthcare provider: \_\_\_\_\_ Date of last Physical Exam: \_\_\_\_\_

3. Child's full name: \_\_\_\_\_ Gender: Male/ Female Primary Language: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Due Date: \_\_\_\_\_ Birth weight: \_\_\_\_\_ Premature: Y/N If yes, how many weeks? \_\_\_\_\_  
Ethnicity: \_\_\_\_\_ Race: \_\_\_\_\_ Foster child: Y/N If yes, with whom does the child live with? \_\_\_\_\_  
Any **illness** or complications during pregnancy or delivery? Yes or No If yes, describe: \_\_\_\_\_  
Any **hospitalization** since birth? Yes or No If yes, describe: \_\_\_\_\_  
Any current **medical** conditions? Yes or No If yes, describe: \_\_\_\_\_  
Child's healthcare provider: \_\_\_\_\_ Date of last Physical Exam: \_\_\_\_\_

**IV. SIBLINGS NOT ENROLLED IN THE PROGRAM**

Name: _____	Gender: Male/Female	Age: _____	Living at home? Yes or No
Name: _____	Gender: Male/Female	Age: _____	Living at home? Yes or No
Name: _____	Gender: Male/Female	Age: _____	Living at home? Yes or No
Name: _____	Gender: Male/Female	Age: _____	Living at home? Yes or No
Name: _____	Gender: Male/Female	Age: _____	Living at home? Yes or No

**V. OTHER RESIDENTS IN THE HOME OTHER THAN IMMEDIATE FAMILY**

Name: _____	Gender: Male/Female	Relationship: _____
Additional Information: _____		
Name: _____	Gender: Male/Female	Relationship: _____
Additional Information: _____		
Name: _____	Gender: Male/Female	Relationship: _____
Additional Information: _____		

**VI. OTHER INFORMATION:**

- Do you or members of your family who live with you receive benefits from any of the following programs? Check all that apply.

WIC       Food Stamp       Health Insurance (AHCCCS/Other)       TANF       Supplemental Security Income (SSI)

Unemployment Benefits       General Assistance or General Relief       Other: \_\_\_\_\_

- Are you participating in any other programs or services to help/support you as a parent or to help/support your child's development? Yes or No

If yes, please list the programs or services: \_\_\_\_\_

- How many children's books was in the child's home at the time of his/her birth?  None  About 5  6-10  11-20  21-26  More than 30+

## VII. ADDITIONAL FAMILY CHARACTERISTICS

Check all that apply. *(This information may be gathered through the family-centered assessment process)*

\_\_\_ **Teen** parent(s) (Parents is under the age of 20 during the program year)

\_\_\_ **Child** with disabilities or chronic health conditions (Child being served has physical, cognitive, emotional, or health-related condition or impairment that substantially limits one or more major life activities or qualifies the child for services under IDEA Part C.)

\_\_\_ **Parent** with disabilities or chronic health conditions (Parent has a physical, cognitive, emotional, or health-related condition or impairment that substantially limits one or more major life activities)

\_\_\_ **Parent** with mental illness (Parent has been diagnosed with a thought, mood, or behavior disorder or some combination of disorders associated with distress and/or impaired functioning.)

\_\_\_ **Low Educational** attainment (Parent did not complete high school or GED and is not currently enrolled.)

\_\_\_ **Low Income** (Family is eligible for free and reduced lunches, public housing, child care subsidy, WIC, food stamps, TANF, Head Start/Early Head Start and/or Medicaid)

\_\_\_ **Recent immigrant or refugee** family (One or both parents are foreign-born and entered the country within the past five years.)

\_\_\_ **Substance Abuse** (Parent has used or is currently using substances despite negative social, interpersonal, legal, medical, or other consequences)

\_\_\_ **Court-appointed legal guardian(s)** and/or **foster care** (Child has court-appointed legal guardian(s) or is in foster care.)

\_\_\_ **Homeless or unstable housing** (The family lives in emergency/transitional housing or in a place not intended for regular housing and/or moved more than twice in the past year due to problems with housing.)

\_\_\_ **Incarcerated parent(s)** (Parents is incarcerated in federal or state prison or local jail or was released from incarceration within the past year.)

\_\_\_ **Very low birth weight** (Birth weight is under 1500grams or 3.3 pounds.)

\_\_\_ **Death** in the immediate family (Child, parent, or sibling has died.)

\_\_\_ **Domestic violence** (Parent in involved in intimate partner violence.)

\_\_\_ **Child abuse or neglect** (Abuse/neglect of child or siblings is suspected or substantiated.)

\_\_\_ **Military Family** (Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active duty member of the armed forces.)

\_\_\_ **Ongoing health problem** of the **child, parent, or sibling** (Ongoing health problems is serious enough to substantially limit 1 or more major life activities.)

\_\_\_ **Other:** \_\_\_\_\_