

Adult Name

ID/Case#

Date

ADULT AND HOUSEHOLD INFORMATION

ETO Data Entry Instructions: Families Program > Record NEW TouchPoint > Adult Education TouchPoint

Highest Level of Education Completed		Currently Attending	Current Status
<input type="radio"/> Non-College Certified/Licensed (Specify)	<input type="radio"/> Some College (Specify Study)	<input type="radio"/> Middle School	<input type="radio"/> Enrolled Full-Time
<input type="radio"/> High School Diploma	<input type="radio"/> Associate's Degree (Specify)	<input type="radio"/> High School	<input type="radio"/> Enrolled Part-Time
<input type="radio"/> GED	<input type="radio"/> Bachelor's Degree (Specify)	<input type="radio"/> Pursuing GED	<input type="radio"/> Not Enrolled
<input type="radio"/> Less Than High School Diploma or GED	<input type="radio"/> Master's Degree (Specify)	<input type="radio"/> Not Attending School	
<input type="radio"/> Doctoral Degree (Specify)	<input type="radio"/> College (Specify Study)		
Last Grade Completed _____	Specify Degree/Study/Certification/License _____		

ETO Data Entry Instructions: Families Program > Record NEW TouchPoint > Adult Information TouchPoint

<p>Marital Status</p> <input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed	<p># of Children Enrolled in HIPPY This Program Year</p> <p>_____</p>	<p>Referral Source</p> <input type="radio"/> Doctor/Health Clinic <input type="radio"/> Friend/Family <input type="radio"/> Local Matching System <input type="radio"/> Returning Parent <input type="radio"/> School <input type="radio"/> Social Service Organization <input type="radio"/> Staff Recruitment <input type="radio"/> WIC <input type="radio"/> Transfer From Other HIPPY Site (Specify) <input type="radio"/> Other (Specify) <p>_____</p> <p>Specify Here</p>								
<p>Occupation</p> <input type="radio"/> Employed Part-Time <input type="radio"/> Employed Full-Time <input type="radio"/> Homemaker <input type="radio"/> Student <input type="radio"/> Unemployed	<p>HIPPY Curriculum</p> <table border="0"> <tr> <td>Year</td> <td>Language</td> </tr> <tr> <td><input type="radio"/> Year 1, Age 3</td> <td><input type="radio"/> English</td> </tr> <tr> <td><input type="radio"/> Year 2, Age 4</td> <td><input type="radio"/> Spanish</td> </tr> <tr> <td><input type="radio"/> Year 3, Age 5</td> <td><input type="radio"/> Both</td> </tr> </table>	Year	Language	<input type="radio"/> Year 1, Age 3	<input type="radio"/> English	<input type="radio"/> Year 2, Age 4	<input type="radio"/> Spanish	<input type="radio"/> Year 3, Age 5	<input type="radio"/> Both	
Year	Language									
<input type="radio"/> Year 1, Age 3	<input type="radio"/> English									
<input type="radio"/> Year 2, Age 4	<input type="radio"/> Spanish									
<input type="radio"/> Year 3, Age 5	<input type="radio"/> Both									

Household Income	
<p>Annual</p> <input type="radio"/> \$0 - \$20,000 <input type="radio"/> \$20,001 - \$40,000 <input type="radio"/> \$40,001 - \$60,000 <input type="radio"/> \$60,001 or more	<p>Monthly</p> <p>_____</p> <p>Amount</p> <p><input type="radio"/> Parent Not Comfortable Answering</p>

Child Name

ID/Case#

Date

CHILD INFORMATION

ETO Data Entry Instructions: Families Program > Record NEW TouchPoint > Child Information TouchPoint

<p>HIPPY Curriculum Year</p> <p><input type="radio"/> Year 1, Age 3</p> <p><input type="radio"/> Year 2, Age 4</p> <p><input type="radio"/> Year 3, Age 5</p> <p>HIPPY Adult Relationship</p> <p><input type="radio"/> Mother</p> <p><input type="radio"/> Stepmother</p> <p><input type="radio"/> Foster Mother</p> <p><input type="radio"/> Grandmother</p> <p><input type="radio"/> Aunt</p> <p><input type="radio"/> Father</p> <p><input type="radio"/> Stepfather</p> <p><input type="radio"/> Foster Father</p> <p><input type="radio"/> Grandfather</p> <p><input type="radio"/> Uncle</p> <p><input type="radio"/> Other Female</p> <p><input type="radio"/> Other Male</p> <p><i>(Specify Other Female/Male)</i></p>	<p>Services <u>CURRENTLY</u> Being Received By Child</p> <p>Are the child's immunizations up-to-date? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Insurance</p> <p><input type="radio"/> None</p> <p><input type="radio"/> Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)</p> <p><input type="radio"/> Medicaid</p> <p><input type="radio"/> Private</p> <p><input type="radio"/> State Children's Health Insurance Program (CHIP)</p> <p><input type="radio"/> Tri-Care/Military</p> <p>Nutrition</p> <p><input type="radio"/> None</p> <p><input type="radio"/> Food Stamps</p> <p><input type="radio"/> Free/Reduced Lunch</p> <p><input type="radio"/> WIC</p> <p>Educational and Childcare</p> <p><input type="radio"/> HIPPY Only</p> <p><input type="radio"/> Head Start</p> <p><input type="radio"/> Kindergarten</p> <p><input type="radio"/> School-Based Prekindergarten</p> <p><input type="radio"/> Center-Based Preschool/Daycare/Childcare</p> <p><input type="radio"/> In-Home Daycare/Childcare (Licensed or Unlicensed)</p> <p><input type="radio"/> In the Care of Relatives or Friends</p> <p>Miscellaneous</p> <p><input type="radio"/> None</p> <p><input type="radio"/> Homeless Shelter</p> <p><input type="radio"/> Other Home Visiting Program</p> <p><input type="radio"/> Other Child Services</p> <p><i>(Specify Other Program/Services)</i></p>		
<p>Child Disability</p> <table border="0"> <tr> <td style="vertical-align: top;"> <p>Diagnosed</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes <i>(Specify)</i></p> </td> <td style="vertical-align: top;"> <p>Suspected</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes <i>(Specify)</i></p> </td> </tr> </table>		<p>Diagnosed</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes <i>(Specify)</i></p>	<p>Suspected</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes <i>(Specify)</i></p>
<p>Diagnosed</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes <i>(Specify)</i></p>	<p>Suspected</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes <i>(Specify)</i></p>		
<p><input type="radio"/> AmeriCorps</p> <p><input type="radio"/> MIECHV Funded</p> <p><input type="radio"/> TANF Eligible</p> <p><input type="radio"/> Longitudinal Study Participant</p>		<p>State Office Approved TANF</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p>State Office Administrator _____</p>	