

Participant Demographics-MIECHV Adult Only

Date Collected (Date Taken) ____/____/____

INSTRUCTIONS

1) TouchPoint Date Taken at the top should equal the date of the Enrollment if these demographics were collected at enrollment. If the demographics were collected in the month of July as a Follow-up set of demographics, the TouchPoint Date Taken should match the day the follow-up demographic collection was completed.

....Do NOT use the date that you are entering the TouchPoint in ETO unless that is the date of data collection....

A-1. Program Name [Local Implementing Agency (LIA) Name] AUTOPOPULATED

A-3. Time of Screening? *

- Enrollment Follow-up

If the zip code is missing below, participant demographics have not been properly updated for this participant. Please update the demographics before completing this TouchPoint.

*****If the ZIP Code below is not correct, please update the Basic ETO Demographic Address before completing this touchpoint*****

A-4. Zip Code * AUTOPOPULATED

A-6. Gender Identity * AUTOPOPULATED

A-7. Model *

- FBBH HFA HIPPY PAT

Question A-8 is asking for the family relationship of the current participant.

A-8. Participant Relationship *

- Primary Caregiver

A-9. DOB *

mm/dd/yyyy ____/____/____

A-10. Primary Caregiver Family Eligibility *

- | | |
|--|--|
| <input type="checkbox"/> 250% Poverty or less | <input type="checkbox"/> Caregiver Chronic Illness |
| <input type="checkbox"/> Parent under 18 | <input type="checkbox"/> Substance Abuse History |
| <input type="checkbox"/> Single | <input type="checkbox"/> Abuse or Neglect History |
| <input type="checkbox"/> Limited English Proficiency | <input type="checkbox"/> Caregiver Mental Health |
| <input type="checkbox"/> Low Educational Attainment (Less than HS diploma/GED) | <input type="checkbox"/> Suspected Child Abuse Neglect |
| <input type="checkbox"/> Caregiver Delayed Development | <input type="checkbox"/> Transient/Homeless |
| <input type="checkbox"/> Caregiver Disability | <input type="checkbox"/> None |

A-11. Target Child(ren) Family Eligibility *

- | | |
|---|--|
| <input type="checkbox"/> Low Birth Weight | <input type="checkbox"/> Incarcerated Parent |
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Death in Family |
| <input type="checkbox"/> IDEA (children with a current IFSP or IEP) | <input type="checkbox"/> Current or Past Military Service of a Caregiver |
| <input type="checkbox"/> Chronic Illness or Medical Need | <input type="checkbox"/> None |
| <input type="checkbox"/> Court Appointed Guardians | |

A-12. Target Children of Primary Caregiver (Mark all that apply) *

- Target Child 1 Target Child 2 Target Child 3 Target Child 4

A-13. Primary Caregiver's relationship to target child 1 *

- Mother
- Step Mother
- Foster Mother
- Father
- Step Father
- Foster Father
- Maternal Grandmother
- Paternal Grandmother
- Maternal Grandfather
- Paternal Grandfather
- Aunt
- Uncle
- Other

A-14. Primary Caregiver's relationship to target child 2 *

- Mother
- Step Mother
- Foster Mother
- Father
- Step Father
- Foster Father
- Maternal Grandmother
- Paternal Grandmother
- Maternal Grandfather
- Paternal Grandfather
- Aunt
- Uncle
- Other

A-15. Primary Caregiver's relationship to target child 3 *

- Mother
- Step Mother
- Foster Mother
- Father
- Step Father
- Foster Father
- Maternal Grandmother
- Paternal Grandmother
- Maternal Grandfather
- Paternal Grandfather
- Aunt
- Uncle
- Other

A-16. Primary Caregiver's relationship to target child 4 *

- Mother
- Step Mother
- Foster Mother
- Father
- Step Father
- Foster Father
- Maternal Grandmother
- Paternal Grandmother
- Maternal Grandfather
- Paternal Grandfather
- Aunt
- Uncle
- Other

A-18. Race *

- American Indian or Native American
- Asian
- Black
- Multiracial
- Native Hawaiian or Other Pacific Islander
- White
- Other

A-19. Ethnicity *

- Hispanic
- Non-Hispanic

A-20. Pregnant At Enrollment *

- Yes
- No

A-22. Target Child 1's Expected Delivery Date *

(Only if pregnant at enrollment) mm/dd/yyyy ____/____/____

A-25. Marital Status *

- Single (Never Married)
- Married
- Divorced
- Separated
- Widowed
- Co-Habitation
- Domestic Partner

A-26. Employment Status *

- Work-Part-Time
- Work-Full-Time
- Self Employed-Full-Time
- Self Employed-Part-Time
- Homemaker
- Unemployed

A-27. Education Status *

- Enrolled in College-Full Time
- Enrolled in College-Part Time
- Non-College Student-Full Time
- Non-College Student-Part Time
- Not Enrolled

A-28. Highest Education Level Completed *

- Less than 9th grade
- Some high school
- GED
- High school diploma
- Vocational (non-college) certified/licensed
- Some college
- Associate's degree
- Bachelor's degree
- Master's degree
- Doctoral degree

A-29. Study/Degree Focus(es) (Check All That Apply) *

- Adult Education
- Child Development
- Early Childhood Education
- Elementary Education
- English as a Second Language (ESL)
- Family and Community Education
- Higher Education
- Middle Childhood Education
- Psychology
- Secondary Education
- Social Work
- Sociology
- Special Education
- Teaching
- Other Study/Degree Focus(es)

A-30. Primary Language Spoken at Home *

- English
- Spanish
- Other

A-31. Specify Other Primary Language Spoken at Home *

- Aguacateco
- American Sign Language
- Amharic
- Arabic
- Bangla
- Bengali
- Chuukese
- Danish
- French
- German
- Gujarati
- Hawaiian
- Hebrew
- Hindi
- Japanese
- Kanida
- Laotian
- Malayalam
- Mandarin
- Maradi
- Marathi
- Marshaleese
- Odia
- Russian
- Sumi
- Tagalog
- Talamu
- Tamil
- Telugu
- Thai
- Tribal Language
- Urdu
- Vietnamese
- Yapese

A-32. How many people live in your home? *

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- More than 15

A-33. What type of health insurance do you have? *

- No Insurance
- Medicaid
- Medicare (for seniors)
- TRICARE / Military
- Private (ex. by employer) / Other
- Doesn't Know

A-34. Have you had any lapses in insurance coverage in the past 6 months? *

- Yes
- No
- Doesn't Know

A-38. In the past month how much money did you receive after taxes? Please include all forms of income, assistants and donations. *

- Less than \$100
- \$100 - \$499
- \$500 - \$749
- \$750 - \$999
- \$1000 - \$1249
- \$1250 - \$1499
- \$1500 - \$1749
- \$1750 - \$1999
- \$2000 - \$2499
- \$2500 - \$2999
- \$3000 - \$3499
- \$3500 - \$3999
- \$4000 - \$4499
- \$4500 - \$4999
- \$5000 - \$5499
- \$5500 - \$5999
- \$6000 - \$6499
- \$6500 - \$6999
- \$7000 - \$7499
- \$7500 - \$7999
- \$8000 - \$8499
- \$8500 - \$8999
- \$9000 - \$9499
- \$9500 - \$9999
- More than \$10000
- Does Not Know
- Refused to Answer

Only fill in A-41 and A-42 if the parent you are serving is a minor and you have the name and number of their parent.

A-41. Parent of Minor (First and Last Name) _____

A-42. Phone Number for Parent of Minor _____