



2019-2020 Additional HIPPY Child

PRIMARY HIPPY ADULT/CAREGIVER/GUARDIAN

Date Began With HIPPY _____ ID/Case# _____

First Name _____

Last Name _____

ADDITIONAL HIPPY CHILD

ETO Data Entry Instructions: Families Program > Family Management

New Continuing Re-enrolling Date Began With HIPPY _____ ID/Case# _____

First Name _____ Gender Female

Last Name _____ Male

Address _____ DOB _____

City _____ State _____ Zip _____ (MM/DD/YY)

Primary Language _____ Secondary Language _____

- English English None
- Spanish Other (Specify) _____ Spanish Other (Specify) _____

Primary Hispanic or Latino Origin _____ Race (Individual's Racial Identity)

- No Hispanic or Latino Origin American Indian/Alaskan Native (Specify Principal Tribe Below)
- Hispanic or Latino Black or African American Asian (Specify Below)
- _____ Multiracial Pacific Islander (Specify Below)
- _____ White _____ (Specify Here)
- _____ Unknown _____ (Specify Here)

ADDITIONAL CHILD INFORMATION

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

<p>HIPPY Curriculum Year</p> <p><input type="radio"/> Little Learners, Age 2</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>Therapy</p> <p><input type="radio"/> None</p> <p><input type="radio"/> Emotional/Behavioral</p> <p><input type="radio"/> Hearing</p> <p><input type="radio"/> Occupational</p> <p><input type="radio"/> Physical</p> <p><input type="radio"/> Speech</p> <p><input type="radio"/> Vision</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>		