|  |  |  |
| --- | --- | --- |
| **Adult Name** | **ID/Case#** | **Date** |
| **SUPPLEMENTAL ADULT INFORMATION** |
| ***ETO Data Entry Instructions:*** *Families Program > Record NEW TouchPoint > Adult Information TouchPoint* |
| **Contact Information** | 🔾 **Natural-Born USA Citizen** |
| Home Phone |  | ***If Not,* Year****Moved to USA** |  |
| Work Phone |  |
| Cell Phone |  | 🔾 **AmeriCorps** |
| Emergency Phone |  | 🔾 **MIECHV Funded** |
| Email |  | 🔾 **TANF Eligible** |

|  |  |
| --- | --- |
| **Parent lives with**🔾 Alone with Child(ren)🔾 Father/Mother of HIPPY Child🔾 Another Partner🔾 Extended Family | **Oral English Comprehension**🔾 Advanced🔾 Low🔾 None |
| 🔾 Other ***(Specify)*** |  |

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| **Adult Services Currently Being Received*****CHECK ALL THAT APPLY****Other Literacy Program (Specify)Medicaid*  ***ID*** *Other Adult Service (Specify)* |
| **Education**❑ Adult Basic Education ❑ College/University Education❑ Employment Training❑ English as Second Language (ESL)❑ GED Preparation❑ Technical/Vocational Education | **Insurance** ❑ None❑ Medicaid❑ Medicare❑ Private❑ Tri-Care/Military | **Health**❑ Family Counseling❑ Healthy Families America (HFA)❑ Individual Counseling❑ Nurse Family Partnership (NFP)❑ Special Care/Disability❑ Substance Abuse Treatment |
| ❑ Other Literacy Program ***(Specify)*** |  |
| **Financial Assistance**❑ TANF❑ Other | **Miscellaneous**❑ Military Veteran❑ Other Adult Service ***(Specify)*** |  |