|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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)*** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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)*** | | |  | |