|  |  |  |
| --- | --- | --- |
|  |  | **Date** |
| **PRIMARY HIPPY ADULT/CAREGIVER/GUARDIAN** |
| ***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*****(MM/DD/YY)*** |
| **City** |  | **State** |  | **Zip** |  |
|  |
| **Primary Language** | **Secondary Language** |
| 🔾 English🔾 Spanish | 🔾 Other ***(Specify)***  |  | 🔾 English🔾 Spanish | 🔾 None🔾 Other ***(Specify)*** |  |
|  |
| **Primary Hispanic or Latino Origin** | **Race (Individual's Racial Identity)** |
| 🔾 No Hispanic or Latino Origin🔾 Hispanic or Latino***Specify PRIMARY Hispanic Origin*** | 🔾 American Indian/Alaskan Native🔾 Black or African American 🔾 Multiracial🔾 White🔾 Unknown | ***(Specify Principal Tribe Below)*** 🔾 Asian/Pacific Islander ***(Specify Below)*** 🔾 Middle East/North Africa ***(Specify Below)*** ***Specify Here*** |
| **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*****(MM/DD/YY)*** |
| **City** |  | **State** |  | **Zip** |  |
|  |
| **Primary Language** | **Secondary Language** |
| 🔾 English🔾 Spanish | 🔾 Other ***(Specify)***  |  | 🔾 English🔾 Spanish | 🔾 None🔾 Other ***(Specify)*** |  |
|  |
| **Primary Hispanic or Latino Origin** | **Race (Individual's Racial Identity)** |
| 🔾 No Hispanic or Latino Origin🔾 Hispanic or Latino***Specify PRIMARY Hispanic Origin*** | 🔾 American Indian/Alaskan Native🔾 Black or African American 🔾 Multiracial🔾 White🔾 Unknown | ***(Specify Principal Tribe Below)*** 🔾 Asian ***(Specify Below)*** 🔾 Pacific Islander ***(Specify Below)*** ***Specify Here*** |

|  |  |  |
| --- | --- | --- |
| **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**🔾 Middle School🔾 High School🔾 Pursuing GED🔾 Not Attending School🔾 College ***(Specify Study)***  | **Current Status**🔾 Enrolled Full-Time🔾 Enrolled Part-Time🔾 Not Enrolled |
| 🔾 Non-College Certified/Licensed ***(Specify)***🔾 High School Diploma🔾 GED🔾 Less Than High School Diploma or GED**Last Grade****Completed** | 🔾 Some College ***(Specify Study)***🔾 Associate's Degree ***(Specify)***🔾 Bachelor's Degree ***(Specify)***🔾 Master's Degree ***(Specify)***🔾 Doctoral Degree ***(Specify)*** |
| **Specify Degree/Study/Certification/License** |
|  |
| ***ETO Data Entry Instructions:*** *Families Program > Record NEW TouchPoint > Adult Information TouchPoint* |
| **Marital Status**🔾 Married🔾 Single🔾 Separated🔾 Divorced🔾 Widowed**Occupation**🔾 Employed Part-Time🔾 Employed Full-Time 🔾 Homemaker🔾 Student🔾 Unemployed | **# of Children Enrolled in HIPPY****This Program Year** | **Referral Source**🔾 Doctor/Health Clinic🔾 Friend/Family🔾 Local Matching System🔾 Returning Parent🔾 School🔾 Social Service Organization🔾 Staff Recruitment🔾 WIC🔾 Transfer From Other HIPPY Site ***(Specify)***🔾 Other ***(Specify)******Specify Here*** |
| **HIPPY Curriculum** |
| **Year**🔾 Little Learners, Age 2🔾 Year 1, Age 3🔾 Year 2, Age 4🔾 Year 3, Age 5 | **Language**🔾 English🔾 Spanish🔾 Both |
|  |
| **Household Income**or |
| **Annual**🔾 $0 - $20,000🔾 $20,001 - $40,000🔾 $40,001 - $60,000🔾 $60,001 or more | **Monthly*****Amount***🔾 Parent Not Comfortable Answering |
|  |
| **Child Name** | **ID/Case#** | **Date** |
| **CHILD INFORMATION** |
| ***ETO Data Entry Instructions:*** *Families Program > Record NEW TouchPoint > Child Information TouchPoint* |
| **HIPPY Curriculum Year**🔾 Little Learners, Age 2🔾 Year 1, Age 3🔾 Year 2, Age 4🔾 Year 3, Age 5 | **Services CURRENTLY Being Received By Child** |
| **Are the child’s immunizations up-to-date?** 🔾 Yes 🔾 No**Insurance**🔾 None🔾 Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)🔾 Medicaid🔾 Private 🔾 State Children's Health Insurance Program (CHIP)🔾 Tri-Care/Military | **Therapy**🔾 None🔾 Emotional/Behavioral🔾 Hearing 🔾 Occupational🔾 Physical🔾 Speech🔾 Vision |
| **HIPPY Adult Relationship**🔾 Mother🔾 Stepmother🔾 Foster Mother🔾 Grandmother🔾 Aunt🔾 Father🔾 Stepfather🔾 Foster Father🔾 Grandfather🔾 Uncle🔾 Other Female🔾 Other Male***(Specify Other Female/Male)*** |
| **Nutrition**🔾 None🔾 Food Stamps🔾 Free/Reduced Lunch🔾 WIC | **Educational and Childcare**🔾 HIPPY Only🔾 Head Start🔾 Kindergarten🔾 School-Based Prekindergarten🔾 Center-Based Preschool/Daycare/Childcare🔾 In-Home Daycare/Childcare (Licensed or Unlicensed)🔾 In the Care of Relatives or Friends**Miscellaneous**🔾 None🔾 Homeless Shelter🔾 Other Home Visiting Program 🔾 Other Child Services***(Specify Other Program/Services)*** |
| **Child Disability** |
| **Diagnosed**🔾 No🔾 Yes  ***(Specify)*** | **Suspected**🔾 No🔾 Yes  ***(Specify)*** |
| 🔾 **AmeriCorps**🔾 **MIECHV Funded**🔾 **TANF Eligible**🔾 **Longitudinal Study Participant** | **State Office Approved TANF** 🔾 No🔾 Yes**State Office Administrator** |