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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | |  | | | | | **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** | | | | | | |