

***Name (Child Participant):** _____

***Today's Date:** ____/____/____

***Healthy Start Agency/Clinic:**

- Health Department
- Flint Hills
- JCYC
- GCHF
- USD 475
- GC Hospital

***Address:** _____

***City and Zip Code:** _____

***County of Residence:** _____

Phone No: _____ - _____ - _____

Email: _____

Preferred Method of Contact: (check all that apply)

- Phone call
- Text
- Email
- Mail
- Do Not Contact

***Was the child born in the US (including the Virgin Islands)?**

- Yes, born in the US
- No, not born in the US
- Don't know
- Refused

***If no, what country was the child born in?** _____

***Program: (select one)**

- Becoming A Mom
- Family Planning
- Healthy Families
- Maternal Child Health (MCH/M&I)
- Pregnancy Maintenance (PMI)
- Teen Pregnancy (TPTCM)
- WIC
- Family practice
- Flint Hills OB/Gyn
- OB Navigator
- Parents as Teachers
- Pediatrics
- Triple P

***Child's Primary Healthcare Coverage: (select one)**

- None
- Private Insurance
- Tricare
- KanCare/Medicaid
- CHIP (Formerly HealthWave)
- Other Public Insurance
- Unknown/Not Reported

Child's Secondary Healthcare Coverage: (select one)

- None
- Private Insurance
- Tricare
- KanCare/Medicaid
- CHIP (Formerly HealthWave)
- Other Public Insurance
- Unknown/Not Reported

Has the client had a well visit during the last 12 months?

- Yes
- No

***Does the child have a Regular Medical Provider that he or she sees for medical care?**

- No

Yes **If Yes, Provider/Clinic Name:**

Does the child have special health care needs?

- Yes
- No

***Household Size: (number of people)** _____

* Annual Household Income: \$ _____

*Annual Household Income (select range):

- Less than \$10000
- \$10000 to \$14999
- \$15000 to \$19999
- \$20000 to \$24999
- \$25000 to \$34999
- \$35000 to \$49999
- \$50000 or more
- Don't know
- Refused

*Support person at time of visit (check all that apply):

- None
- Child's mother
- Child's father
- Child's grandmother
- Child's grandfather
- Child's (adult) sister
- Child's (adult) brother
- Child's Uncle
- Child's Aunt
- Adult Friend of Family (Female)
- Adult Friend of Family (Male)
- Other Female
- Other Male

If support person present is "Other Female" or "Other Male," please specify: _____

Male support person #1:

- 17 and under
- 18 and over
- Age unknown

Male support person #2:

- 17 and under
- 18 and over
- Age unknown

Is the Child Currently a Student: (Select one)

- Yes
- No

Does this child have special health care needs? (Select one)

- Yes
- No