



# KDHE Program Visit Form - Adult

Which Caregiver/Adult was involved (Client Name): \_\_\_\_\_

Date of Activity: \_\_\_\_/\_\_\_\_/\_\_\_\_

Agency/Clinic: \_\_\_\_\_

Client Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Phone No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Method of Contact: (check all that apply)

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

Program: (select one)

- Becoming A Mom
- Family Planning

Is This FP Visit Confidential?

- Yes
- No

- Maternal Child Health (MCH/M&I)
- Pregnancy Maintenance (PMI)
- Teen Pregnancy (TPTCM)

Primary Healthcare Coverage: (select one)

- None/Self Pay
- Private Insurance
- Tricare
- KanCare/Medicaid
- CHIP (Formerly HealthWave)
- Medicare (client is on disability)
- Unknown/Not Reported

Secondary Healthcare Coverage: (select one)

- None
- Private Insurance
- Tricare
- KanCare/Medicaid
- CHIP (Formerly HealthWave)
- Medicare (client is on disability)
- Unknown/Not Reported

Has the client had a well visit during the last 12 months? (With any provider, not just within the program)

- Yes
- No
- Client is unsure

Does the client have a special health care need or disability? (Has a medical diagnosis or requires care beyond general preventive care)

- Yes
- No

Does the client care for any children who have special health care needs or disabilities? (Cares for a child who has a medical diagnosis or requires care beyond general preventive care)

- Yes
- No

Household Size: (number of people) \_\_\_\_\_

Annual Household Income: \$ \_\_\_\_\_

Annual Household Income: (select range)

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 or more
- Don't Know
- Refused

Education Level:

- < 12 Years
- High School Diploma or GED
- Vocational Certification/License
- College-no Degree
- Associates Degree
- Bachelor Degree or higher

Current Student:

- Yes
- No

Employment:

- Unemployed
- Occasional/Seasonal Employment
- Part-Time
- Full-Time

Marital Status:

- Single
- Married
- Separated
- Divorced
- Widowed

Health Care Enrollment Assistance - ACA (Marketplace)

- On-Site assistance
- Off-site assistance
- Did not provide assistance

Health Care Enrollment Assistance - Medicaid (KanCare)

- On-Site assistance
- Off-site assistance
- Did not provide assistance

Health Care Enrollment Assistance - Third party (Private insurance)

- On-Site assistance
- Off-site assistance
- Did not provide assistance

Visit In-Person or Virtual?

- In person
- Virtual, phone call only
- Virtual, video chat (Skype, Zoom, FaceTime, etc.)