

# EHS Enrollment Form

Date \_\_\_\_\_

<b>Parent's Name</b>	<b>Address</b>	<b>Phone</b>
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People Living in Your Home				<b>Financial Information</b> (Combined Yearly Income, Documentation)	I verify that I have viewed the items checked below and that this child <input type="checkbox"/> <i>meets the financial eligibility for EHS.</i> <input type="checkbox"/> <i>does not meet the financial eligibility for EHS.</i>
Name	Rel. to Child	Dependent	Income		
	Child			<input type="checkbox"/> Income Tax Form 1040 <input type="checkbox"/> W-2 Form <input type="checkbox"/> Pay Stub <input type="checkbox"/> Pay envelopes <input type="checkbox"/> Employer's Statement	Signature _____ Date _____ <input type="checkbox"/> Documentation showing current Status as recipient of public assistance (SSI, TANF) Document: _____ <input type="checkbox"/> Child is in foster care Monthly DSS support \$ _____

To what extent are the following resources adequate for this family:	Does not apply	Not at all Adequate	Seldom Adequate	Sometimes Adequate	Usually Adequate	Almost always Adequate
Food for 2 meals a day. . . . .	N/A	1	2	3	4	5
House or apartment. . . . .	N/A	1	2	3	4	5
Money to buy necessities. . . . .	N/A	1	2	3	4	5
Enough clothes for your family. . . . .	N/A	1	2	3	4	5
Heat for your house or apartment. . . . .	N/A	1	2	3	4	5
Indoor plumbing/water. . . . .	N/A	1	2	3	4	5
Money to pay monthly bills. . . . .	N/A	1	2	3	4	5
Good job for yourself or spouse/partner. . . . .	N/A	1	2	3	4	5
Medical care for your family. . . . .	N/A	1	2	3	4	5
Public assistance (SSI, AFDC, Medicaid, etc.)	N/A	1	2	3	4	5
Dependable transportation (own car or provided by others). . . . .	N/A	1	2	3	4	5
Time to get enough sleep/rest. . . . .	N/A	1	2	3	4	5
Furniture for your home or apartment. . . . .	N/A	1	2	3	4	5
Time to be by yourself. . . . .	N/A	1	2	3	4	5
Time for family to be together. . . . .	N/A	1	2	3	4	5
Telephone or access to a phone. . . . .	N/A	1	2	3	4	5
Child care/day care for your child(ren). . . . .	N/A	1	2	3	4	5
Money to buy special equipment/supplies for child(ren). . . . .	N/A	1	2	3	4	5
Dental care for your family. . . . .	N/A	1	2	3	4	5
Someone to talk to. . . . .	N/A	1	2	3	4	5
Time to keep in shape and looking nice. . . . .	N/A	1	2	3	4	5
Toys for your child(ren). . . . .	N/A	1	2	3	4	5
Money to buy things for self. . . . .	N/A	1	2	3	4	5
Money to save. . . . .	N/A	1	2	3	4	5
Travel/vacation. . . . .	N/A	1	2	3	4	5

## FOR EXPECTANT FAMILIES

When is your due date?	Who is your OB/GYN?	Which is your preferred hospital? <input type="checkbox"/> Catawba Valley Medical Center <input type="checkbox"/> Iredell Memorial Hospital <input type="checkbox"/> Frye Regional Hospital <input type="checkbox"/> Other _____ <input type="checkbox"/> I am not sure
Who are your support partners?	How do you plan to feed your newborn? <input type="checkbox"/> I plan to Breast Feed <input type="checkbox"/> I plan to Bottle Feed <input type="checkbox"/> I plan to Breast and Bottle Feed <input type="checkbox"/> I haven't decided	What are your current prenatal questions or concerns?

## MEDICAL/NUTRITIONAL INFORMATION

Child's Physician	Child's Dentist	What does your child eat in a typical day? <input type="checkbox"/> Meat/poultry/fish/eggs <input type="checkbox"/> Rice/bread <input type="checkbox"/> Crackers/pasta/tortillas/whole wheat <input type="checkbox"/> Beans/split peas/lentils <input type="checkbox"/> Milk/cheese/yogurt/breast milk/formula <input type="checkbox"/> Candy/cookies/desserts <input type="checkbox"/> Juice/fruits <input type="checkbox"/> Water <input type="checkbox"/> Fast food <input type="checkbox"/> Broccoli/spinach/green vegetables <input type="checkbox"/> Carrots/sweet potatoes/orange vegetables <input type="checkbox"/> Nuts/fish/oil/dressing
Practice	Practice	
Date of last exam		
Concerns		
Is your child up to date on immunizations? <input type="checkbox"/> yes <input type="checkbox"/> no		

## INTEREST SURVEY

Which of the following are you interested in?	Does not apply to me	I have somewhat of an interest in this	I have a great interest in this	I consider myself skilled in this	I am willing to help others in this area
Information about breast feeding					
Information about child development					
Information about managing finances					
Job preparation					
Education					
Parenting Support					
Medical information					
Information on Disabilities					
Community trips					
Home schooling					
Meeting my family's basic needs					
Finding reliable child care					
Recreational activities					
Others:					

I have provided complete and accurate information to the best of my knowledge.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Family Resource Scale adapted from: Dunst, C., Trivette, C. & Deal, A. (2003). Supporting and strengthening families, volume 1: methods, strategies, and practices. Chapter 8. Brookline Books, MA.