

Child’s Information

Child’s First Name*	Child’s Last Name*	Child’s Date of Birth*
_____ Required	_____ Required	_____/_____/_____ Required
Race*		

Hispanic or Latino Ethnicity*	Gender*	SASID
_____	_____	_____

Birth Details

Date of Birth*	Child’s Estimated Date of Delivery (EDD)	Gestation Weeks (if don’t know EDD)
_____	_____	_____
Is Premature	Hospital Born In*	Child’s Weight*
_____	_____	_____
Child’s Order	Known DCF Involvement	Individual Who Can Sign
_____	_____	_____

Health/Wellness Information

Health Insurance*	Child’s Usual Source of Medical Care*
_____	_____
Child’s Usual Source of Dental Care*	Child’s Enrollment Date* (enrollment form date)
_____	_____

Caregiver-Child Details

Does Child Reside With Caregiver	

Is this Caregiver the Primary Caregiver	Index (Target)/Sibling
_____	_____
Number of Households	
