



NAME _____

AGE _____

HOUSING

Where do you live? _____

Whom do you live with? _____

Type of housing (please check all that apply)

Apartment House Trailer/Mobile Home Friend or Family member's home

Shelter Transitional/supportive housing Other

Tent/Camper during the summer Living in more than one place

How long have you lived at this location/s? _____

Have you moved house during the last year?

Yes No

If yes, how many times have you moved _____

Do you rent or own?

Is your housing subsidized (*)? Yes No

(* You receive assistance in paying your rent)

How much are paying in rent, mortgage or housing payments each month? \$ _____

Are heat, hot water and electricity included?

Yes No

Do you receive fuel assistance? Yes No

Do you receive electrical assistance? Yes No

SOURCES OF INCOME

Do you receive income from any of the following? Please check all that apply.

- Employment SSI/SSDI Unemployment Child Support
- TANF/REACH UP/REACH FIRST Family member Other

Totally monthly income \$ _____

Does anyone else in your household work? Yes No

Please list who is currently working _____

EXPENSES

Please list monthly expenses including amount you pay out in bills, car payments, legal fees, debt:

EMPLOYMENT

Please answer if you are currently working.

Where do you work? _____

How many hours per week? _____

Are you a temporary or permanent employee? _____

What is your usual job? _____

What is your ideal job? _____

EDUCATION

Level of education

High School up to grade _____ High School Diploma GED

Associate’s Degree Bachelor’s Degree Other _____

Are you a currently enrolled as a student? Yes No

Are you interested in further education? Yes No

If yes, what are you interested in studying? _____

TRANSPORTATION

Do you have an easy way to get to your clinic appointments? Yes No

Do you use any of the following?

Your own vehicle Get a ride from a friend or family member

Bus Walk Medicaid Driver

If you own your vehicle how is it running for you? Does it need any major repair work?

Do you have a driver's license?

Yes No

Have you ever had a driver's license?

Yes No

If you ride in a car, do you have enough gas money for trips to and from the clinic?

Yes No

Do you know that NH and VT Medicaid may give you gas money for trips you have made to the clinic?

Yes No

Is NH or VT Medicaid currently paying you back for your trips to the clinic?

Yes No

INSURANCE

Do you currently have insurance?

Yes No

What type of insurance?

Private plan through work or family member NH Medicaid VT Medicaid

Medicare

DENTIST

When was the last time you went to the Dentist? _____

Do you need help in finding a dentist? Yes No

PRIMARY CARE DOCTOR

Do you have a primary care doctor? Yes No

Does your child have a primary care doctor? Yes No

Does your child receive any developmental services? Yes No

TELEPHONE AND INTERNET ACCESS

Do you own a working cell phone? Yes No

Please mark all that apply

Smart phone Track phone Straight Talk phone SafeLink phone

Landline, home phone

Is your phone currently working?

Yes No

Do you have a voicemail set up on your phone?

Yes No

How much do you pay on average per month for your phone? \$ _____

Do you have internet access? Yes No

RESOURCES

Do you currently receive any of the following benefits? WIC Food Stamps

Do you regularly access food shelves?

Yes No

If yes, where do you tend to go? _____

What types of foods/items are most helpful from the food pantry:

Following your most recent pregnancy, how did you feed your baby?

Formula Mix of formula and breast feeding

Pumped breastmilk All breastmilk

If you did breastfeed and are still breastfeeding, how old is your baby? _____

Are you currently working with any of these agencies for support?

Parent Child Center (Family Place, Springfield PCC, Orange County PCC)

TLC

NFP (Nurse Family Partnership)

MOMS PROGRAM

OTHER AGENCY? _____

Do you have most of the things or items that you need for your baby like clothes, bassinet or crib, diapers, bottles, formula, baby food?

Yes

No

If no, what do you need or what would be helpful to have?

LEGAL

Do you currently have any legal involvement? Yes

No

Do you need help in finding a lawyer? Yes

No

CHILDREN

Number of children in your home under age 18 _____

Do all of your children live with you? Yes

No

Full Time

Part Time

Full custody

Shared custody

If no, who has custody?

Do your children attend day care? Yes

No

Do you receive a child care subsidy? Yes

No

Does your child have contact with his or her father? Yes

No

Do you have any family members or friends who you can count on to help you with child care?

Yes

No If yes, who? _____

Do you feel comfortable and safe leaving your children with these friends or family members?

Yes No

Do you have any family members or friends who you could rely on for child care in an emergency?

Yes No

CHILD PROTECTIVE SERVICES

Have you ever worked with Child Protective Services (DCF/DCYF)? Yes No

If yes, have you worked with them in the last 12 months? Yes No

Are you currently working with DCF or DCYF? Yes No

How would you best describe or rate your experience with Child Protective Services?
