



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?

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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:

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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?

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