Child Application

:RPHQ –QIDQWV &KLOGUHQ :–& 3URJUDP $ODVND 'HSDUWPHQW RI +HDOWK 6RFLDO

Today's Date

1. Child's Name (First, Middle, Last)	2. Child's Birth Date ☐ Boy ☐ Girl
3. Your Name (First, Middle, Last)	4. Relationship to Child

5. If receiving Medicaid, please provide Medicaid number:

6. Is this child Hispanic or Latino? ☐ Yes ☐ No

7. Race (Check all that apply)

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ 1DWLYH +DZDLLDQ RU 3DFLILF –VODQG ☐ White

10. At what Birthing Facility was the child born?

11. How many weeks did your pregnancy last?

☐ Yes ☐ No ☐ Yes ☐ No

☐ Yes ☐ No

&KHFN WKH ER[LI \RX KDYH DQ\ RI WKH IROORZLQJ FRQFHUQV DERXW \RXU FKLOG 342

☐ Chewing/Swallowing ☐ Choking/Gagging ☐ Constipation ☐ Diarrhea ☐ Vomiting ☐ Other

16. If your child was in the hospital in the last 3 months, please tell us why. 359

Eating & Feeding

17. What concerns, if any, do you have about having enough food to feed your family?

18. I am breastfeeding my child. ☐ Yes ☐ No

19. If breastfed, what date did it begin? When did breastfeeding end?

20. What was the reason that breastfeeding was stopped?

–I \RXU FKLOG XVHG V IRUPXOD DW ZKDW DJH ZHHNV RU PRQWKV GLG \RX 4UVW R•HU"

22. On a scale of 0 to 10,
How well do you think you think your child is eating? Not Well ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Very Well

a. He/she usually eats_____ meals/day and _____ snacks/day.

E +H VKH XVXDOO\ HDW 1 cup/day or less ☐ 2 cups/day ☐ 3 cups/day or more

F +H VKH XVXDOO\ HDW 1 cup/day or less ☐ 2 cups/day ☐ 3 cups/day or more

0\ FKLOG HDW ☐ Liquid Foods ☐ Finger Foods ☐ Table Foods ☐ Mashed, Pureed / Baby Foods 425.04 428

BBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB&HUWL4FDWL

30. Does your child eat meals with the family?

31. Is your child on a special diet? 425.06

32. Does your child have any problems eating any type of food for any reason such as dental problems, food intolerances, or others? 354 355 381

353

Additional

☐ Yes ☐ No

Btaking 7have problems a sufrigor tor,.i stoms that work <</d storage free from an t <</d harmfulj EemicalEMC /Spanish/Lang (en-US)/MCID 152 >>BDC 73T 8

☐ Yes ☐ No

☐ Yes ☐ No 801

☐ Yes ☐ No 801

☐ Yes ☐ No 802

☐ Yes ☐ No 901

☐ Yes ☐ No

43. Do you have problems taking care of your child? 902

:ULWH WKH GDWH RI \RX ODVW FKLOG V ODVW GHQWDO FKHFN XS 0RQWK <HDU 381

45. For dads, SOHDVH WHOO XV \RXU ZHLJKW KHLJKW