E2. CHILD INFORMATION: (Required for each person 17 years or younger in household)

5th Child's Name: **Grade:**

Are they attending school? ☐ Yes ☐ No **If yes, what school?**

If NOT enrolled, what was the last date he/she was enrolled?

Health Insurance: (check all that apply) ☐ Medicaid ☐ Medicare ☐ Private Health Insurance

☐ Nevada Check-Up ☐ Direct-Purchase ☐ State Children's Health Insurance Program

☐ State Health Insurance for Adults ☐ Military Healthcare (VA) ☐ Employment Based

☐ Tribal Insurance ☐ No Health Insurance ☐ Unknown/Not Reported

Check ONE for each category:

Do you have a disabling condition?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused
Do you have a physical disability?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused
-Is it long term?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused
Do you have a developmental disability?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused
Do you have a chronic health condition?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused
Do you have HIV/AIDS?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused
Do you have a mental health problem?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused
Do you have a substance abuse problem?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused
Are you a domestic violence victim/survivor?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused

6th Child's Name: **Grade:**

Are they attending school? ☐ Yes ☐ No **If yes, what school?**

If NOT enrolled, what was the last date he/she was enrolled?

Health Insurance: (check all that apply) ☐ Medicaid ☐ Medicare ☐ Private Health Insurance

☐ Nevada Check-Up ☐ Direct-Purchase ☐ State Children's Health Insurance Program

☐ State Health Insurance for Adults ☐ Military Healthcare (VA) ☐ Employment Based

☐ Tribal Insurance ☐ No Health Insurance ☐ Unknown/Not Reported

Check ONE for each category:

Do you have a disabling condition?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused
Do you have a physical disability?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused
-Is it long term?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused
Do you have a developmental disability?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused
Do you have a chronic health condition?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused
Do you have HIV/AIDS?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused
Do you have a mental health problem?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused
Do you have a substance abuse problem?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused
Are you a domestic violence victim/survivor?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused

7th Child's Name: **Grade:**

Are they attending school? ☐ Yes ☐ No **If yes, what school?**

If NOT enrolled, what was the last date he/she was enrolled?

Health Insurance: (check all that apply) ☐ Medicaid ☐ Medicare ☐ Private Health Insurance

☐ Nevada Check-Up ☐ Direct-Purchase ☐ State Children's Health Insurance Program

☐ State Health Insurance for Adults ☐ Military Healthcare (VA) ☐ Employment Based

☐ Tribal Insurance ☐ No Health Insurance ☐ Unknown/Not Reported

Check ONE for each category:

Do you have a disabling condition?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused
Do you have a physical disability?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused
-Is it long term?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused
Do you have a developmental disability?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused
Do you have a chronic health condition?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused
Do you have HIV/AIDS?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused
Do you have a mental health problem?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused
Do you have a substance abuse problem?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused
Are you a domestic violence victim/survivor?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused

8th Child's Name: **Grade:**

Are they attending school? ☐ Yes ☐ No **If yes, what school?**

If NOT enrolled, what was the last date he/she was enrolled?

Health Insurance: (check all that apply) ☐ Medicaid ☐ Medicare ☐ Private Health Insurance

☐ Nevada Check-Up ☐ Direct-Purchase ☐ State Children's Health Insurance Program

☐ State Health Insurance for Adults ☐ Military Healthcare (VA) ☐ Employment Based

☐ Tribal Insurance ☐ No Health Insurance ☐ Unknown/Not Reported

Check ONE for each category:

Do you have a disabling condition?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused
Do you have a physical disability?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused
-Is it long term?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused
Do you have a developmental disability?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused
Do you have a chronic health condition?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused
Do you have HIV/AIDS?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused
Do you have a mental health problem?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused
Do you have a substance abuse problem?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused
Are you a domestic violence victim/survivor?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused

*** If you have more than 4 children in household, please ask a staff member for an additional child information sheet.**