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

5th Child's Name:	Grade:	6th Child's Name:	Grade:
Are they attending school? ☐ Yes ☐ No	If yes, what school?	Are they attending school? ☐ Yes ☐ No	If yes, what school?
If NOT enrolled, what was the last date he/she was enrolled?		If NOT enrolled, what was the last date he/she was enrolled?	
Health Insurance: (check all that apply) ☐ Medicaid ☐ Medicare ☐ Private Health Insurance		Health Insurance: (check all that apply) ☐ Medicaid ☐ Medicare ☐ Private Health Insurance	
☐ Nevada Check-Up ☐ Direct-Purchase ☐ State Children's Health Insurance Program		☐ Nevada Check-Up ☐ Direct-Purchase ☐ State Children's Health Insurance Program	
☐ State Health Insurance for Adults ☐ Military Healthcare (VA) ☐ Employment Based		☐ State Health Insurance for Adults ☐ Military Healthcare (VA) ☐ Employment Based	
☐ Tribal Insurance ☐ No Health Insurance ☐ Unknown/Not Reported		☐ Tribal Insurance ☐ No Health Insurance ☐ Unknown/Not Reported	
Check ONE for each category:		Check ONE for each category:	
Do you have a disabling condition? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused		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		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		-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 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 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 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 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		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		Are you a domestic violence victim/survivor? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	

7th Child's Name:	Grade:	8th Child's Name:	Grade:
Are they attending school? ☐ Yes ☐ No	If yes, what school?	Are they attending school? ☐ Yes ☐ No	If yes, what school?
If NOT enrolled, what was the last date he/she was enrolled?		If NOT enrolled, what was the last date he/she was enrolled?	
Health Insurance: (check all that apply) ☐ Medicaid ☐ Medicare ☐ Private Health Insurance		Health Insurance: (check all that apply) ☐ Medicaid ☐ Medicare ☐ Private Health Insurance	
☐ Nevada Check-Up ☐ Direct-Purchase ☐ State Children's Health Insurance Program		☐ Nevada Check-Up ☐ Direct-Purchase ☐ State Children's Health Insurance Program	
☐ State Health Insurance for Adults ☐ Military Healthcare (VA) ☐ Employment Based		☐ State Health Insurance for Adults ☐ Military Healthcare (VA) ☐ Employment Based	
☐ Tribal Insurance ☐ No Health Insurance ☐ Unknown/Not Reported		☐ Tribal Insurance ☐ No Health Insurance ☐ Unknown/Not Reported	
Check ONE for each category:		Check ONE for each category:	
Do you have a disabling condition? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused		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		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		-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 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 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 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 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		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		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.**