



Child (under age 18) Supplemental Document

PLEASE COMPLETE ONE FORM PER CHILD.

Child's Full Name: _____

Child's SSN: _____ - _____ - _____

Main Applicant's Name & Relationship: _____

Date of Birth: ___/___/_____

Is this child's housing status and history the same as the applicant?

- Yes No Refuse to Answer

If no, please explain current status and housing status history (number of times homeless in past 3 years):

Does this child have a disabling condition?

- Yes No Waiting for Diagnosis I don't know Refuse to answer

If yes, please circle relevant disabling condition type(s) below:

Physical Disability Mental Health Developmental Disability Chronic Health Condition Substance Abuse HIV/AIDS

Is your child receiving treatment for identified disabling condition?

- Yes No I don't know Refuse to answer

What is child's race? (Circle all that apply)

Alaskan Native/ American Asian/ Black/African American/ Native Hawaiian/ White Don't Refuse to
Indian/ Indigenous Asian American African Pacific Islander know answer

Is this child Hispanic or Latino?

- Yes No I don't know Refuse to answer

How would you describe this child's health?

- Excellent Very Good Good Fair Poor Don't know Refuse to answer

Does this child currently have health insurance?

- Yes No I don't know Refuse to answer

If yes, what type of health insurance do they have?

- Medicaid VA Health Employer Private Other, Please describe:
Benefits Provided Insurance

If you do not have insurance what is the reason?

- Applied, decision Applied, not I did not Insurance type is I don't know Refused to
pending eligible apply not applicable answer

CAPNM's Child (under age 18) Supplemental Document, Continued

If this child is between the ages of 5 and 17 years old, are they attending school?

- Yes No Refuse to answer

If yes, in which school is this child enrolled? _____

What type of school does your child attend?

- Public Private I don't know Refuse to answer

Is this child attending school regularly?

- Yes No Not enrolled Already graduated Refuse to answer

Has your child had connections with the McKinney-Vento Homeless Assistance Act school liaison?

- Yes No I don't know Refuse to answer The HEART Program

If your child is not enrolled in school, what is the last date they attended school? ___ / ___ / _____

If your child is not enrolled in school, please tell us why:

- Residency Requirements Availability of School Records Birth Certificates Legal Guardianship Requirements Transportation Lack of available Preschool Programs
- Immunization Requirements Physical Examination Records Refuse to answer Other, *Please explain:* _____

- I don't know

Is this child pregnant?

- Not applicable Yes No I don't know Refuse to answer

If pregnant, when is your due date? ___ / ___ / ___

Has your child ever been the victim of or experienced domestic violence? Yes No Refuse to answer

If your child experienced domestic violence, when did it occur? _____

Please list child's name on the Declaration of Citizenship on page 9 of the Main Application and sign it as their adult family member.