EMAA HEAD START PIR TRACKING

In Family Goal Setting Process? Yes No Has this family experienced homelessness during the enrollment vear? (Definition of "homeless" per th McKinney-Vento Homeless Assistance Act) Yes No If so, did family acquire housing during the enrollment vear? Yes No Written referral by Child Welfare Agency (FSD)? Yes No Was this child in foster care at any point during the program year? Yes No Did EMAA Head Start receive a child care subsidy (vendor care) for this child? Yes No Did EMAA Head Start receive a child care subsidy (vendor care) for this child? Yes No Ecceiving TANF Yes No Yes No Receiving SSI Yes No Yes No Yes No Receiving SNAP (Food Stamps) Yes No Yes No Yes No At least one parent/guardian is a member of U.S. military on active duty Yes No At least one parent/guardian is a veteran of U.S. military Yes No At least one parent/guardian is a veteran of U.S. military Yes No At least one parent/guardian is a veteran of U.S. military Yes No At least one parent/guardian is a deteran of U.S. military Yes No At least one parent/guardian is a member of U.S. military Yes No At least one parent/guardian is a teteran of U.S. military Yes No At least one parent/guardian is a teteran of U.S. military Yes No At least one parent/guardian is a member of U.S. military Yes No At least one parent/guardian is a teteran of U.S. military Yes No At least one parent/guardian is a teteran of U.S. military Yes No At least one parent/guardian is a teteran of U.S. military Yes No At least one parent/guardian is a teteran of U.S. military Yes No At least one parent/guardian is a teteran of U.S. military Yes No At least one parent/guardian is a teteran of U.S. military Yes No At least one parent/guardian is a teteran of U.S. military Yes No At least one parent/guardian is a teteran of U.S. military Yes No At least one parent/guardian is a teteran of U.S. military Yes No At least one parent/guardian is a teteran of U.S. military Yes No At least one parent/guardian is a teteran of U.S. military Yes No At	Child's Name	Parent/Guardian Na	ame	Family Advocate's Name		
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•		-	-	Yes No		
	Family goal setting			Yes No		
Head Start program governance such as participation in		rnance such as participat	tion in			
				Yes No		
Parenting education workshops Yes N	Parenting education wor	kshops		Yes No		

<u>PIR HEALTH</u> (for <u>enrolled child</u>) Medicaid Eligibility (<u>circle what applies</u>) Primary Health Coverage (<u>circle what applies</u>) Other Health Coverage (<u>circle what applies</u>)	At Enrollment Yes No Potential None Med/CHIP CHIP Med Other Private None Med/CHIP CHIP Med Other Private	Yes No	of Enrolli Potentia <u>IIP CHIP Med</u> <u>IIP CHIP Med</u>] Other Private				
Does <u>enrolled child</u> have:	At Enrollment	At End of	Enrollme	n <u>t</u>				
An ongoing source of continuous & accessible routine, preventive & acute medical care? An ongoing source of continuous & accessible	Yes No	Yes	No	_				
routine, preventive, & acute dental care?	Yes No	Yes	No					
Did <u>enrolled child</u> receive preventive dental care (fluoride app, cleaning, sealants) during this enrollment year? Yes No Place a "Y" on the line if this child <u>received ongoing medical treatment</u> for the following chronic health conditions, (health conditions that continue over a long period of time) since last year's PIR was reported: Anemia Hearing Difficulties Vision Problems Asthma Diabetes High Lead Level								
<u>PIR MENTAL HEALTH</u> (To be <u>completed by Teaching Staff AND Family Advocate together</u> . <u>Do not</u> include routine communication with staff or parents or routine child screenings & assessments)								
Did a Mental Health Professional:	or routine child screenings &		<u>.s</u>)					
Consult with program staff about the child's beha Provide 3 or more consultations with staff since l Consult with parent/guardian about the child's be Provide 3 or more consultations with parent/guard Provide an individual mental health assessment? Facilitate a referral for mental health services?	ast year's PIR was reported havior/mental health?		Yes Yes Yes Yes Yes Yes	No No No No No				
Mental Health Referrals:								

Was the child referred by the program for mental health services outside of Head Start **since last year's PIR was reported**? Yes No

If so, did the child receive mental health services since last year's PIR was reported? Yes No