New Mexico
Early Childhood
Education & Care Department

Maternal-Child Health Form - Caregiver

Client Name _____ Date _____

Do you currently have a primary care provider (select one)?

☐ Yes ☐ No ☐ N/A

If not, would you like a referral to a primary care provider (select one)?

☐ Yes ☐ No ☐ N/A

Have you had continuous Health Insurance Coverage over the last 6 months (select one)?

☐ Yes ☐ No ☐ N/A

Educational Status (select highest level)

☐ Currently enrolled in high school
☐ High school eligible, not enrolled
☐ Less than high school diploma
☐ High school diploma
☐ GED
☐ Some college/technical training
☐ Technical training certificate
☐ Associate degree
☐ Bachelor's degree or higher
☐ Other

Current Status in School (select one)

☐ Student/Trainee ☐ Not a Student/Trainee

Employment (select one)

☐ Employed Part Time ☐ Employed Full Time ☐ Not Employed

Marital Status (select one)

☐ Never married
☐ Married
☐ Separated
☐ Divorced
☐ Widowed
☐ Cohabitant (not married)
☐ Unknown/did not report

Housing Status (select one)

- ☐ Owns or share own home or apartment
- ☐ Rents or shares home or apartment
- ☐ Lives in public housing
- ☐ Lives with parent or family member
- ☐ Other living arrangement
- ☐ Homeless and sharing housing
- ☐ Homeless – emergency or transition
- ☐ Homeless – some other arrangement

Estimated annual family income from all sources

Family Size (select one)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 +

Family stressors (select all that apply)

- ☐ Young parents
- ☐ Child with disabilities/chronic health
- ☐ Parent with disabilities/chronic health
- ☐ Parent with mental illness
- ☐ High school diploma or equivalency not attained
- ☐ Low income
- ☐ Recent immigrant or refugee family
- ☐ Substance use disorder
- ☐ Foster care or other temporary caregiver
- ☐ Homeless or unstable housing
- ☐ Incarcerated parent(s)
- ☐ Very low birth weight and preterm birth
- ☐ Death in the immediate family
- ☐ Intimate partner violence
- ☐ Child abuse or neglect
- ☐ Military deployment
- ☐ None known

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Are you worried about whether your food will run out before you have money to buy more (select one)?

☐ Often True ☐ Sometimes ☐ Never True

Did the food you bought not last and you did not have money to buy more (select one)?

☐ Often True ☐ Sometimes ☐ Never True

Do any family members (including you) use tobacco products or e-cigarettes in the home (select one)?

☐ Yes ☐ No ☐ Don't Know ☐ Decline to Answer

Describe how you use tobacco products or e-cigarettes (select one)

☐ Do not use tobacco, chew tin or e-cig
☐ Less than 1 pack, chew tin or e-cig
☐ 1 pack, chew tin or e-cig
☐ 2 or more packs, chew tin or e-cig

If yes, would you like a referral for tobacco cessation counseling or other tobacco services (select one)?

☐ Yes ☐ No