Rural Utah Child Development  
PIR – Family Services & Health

This form may be used to collect data for the PIR (Family Services and Health At Enroll/End of Enrollment questions).

To enter the data into CP, filter your participant list to show the current year and children with the following status: enrolled, dropped, drop/wait, drop/accept, or completed. Click on a child’s name >PIR tab. Please be sure to check each student as information may have been transferred from the previous year.

HS dates to be considered for PIR: Jun 1st – May 31st; EHS dates: Sept 1st – Jul 31st

**Child’s Name: Date:**

**Parent/Guardian Name(s): Site:**

# Family Services

1. Was family homeless at enrollment (using McKinney-Vento definition - see link below for more info)

<https://eclkc.ohs.acf.hhs.gov/family-support-well-being/learning-module/module-3-understanding-mckinney-vento-homeless-assistance> )? Yes No

1. If yes, have they found housing? Yes No N/A
2. Was the family referred to HS/EHS by DCFS? Yes No
3. Was the enrolled child in foster care at any time during the program year? Yes No
4. Does the family receive any cash benefits or other services under the Temporary Assistance to Needy Families (TANF/FEP) program? Yes No
5. Does the family receive Supplemental Security Income (not the same as Social Security Income – see link for more info) Yes No

<https://docs.google.com/presentation/d/1TGdzWgHBo_4kUJ4-I2wwqPAriwoXnktWMXwrUqKDb4/edit?usp=sharing>

1. Does the family receive services through the Supplemental Nutritional Program for Women, Infants and Children (WIC)? Yes No
2. Does the family receive services through the Supplemental Nutritional Assistance Program (SNAP) previously known as the Food Stamp Program? Yes No
3. Was either parent **enrolled** in school/job training this program year? Yes No
   1. If yes, **will either parent complete the following *during this program year*?**  
      □ Will complete a grade level in school, prior to high school graduation (e.g. 11th grade)  
      □ Will receive a high school diploma or be awarded a GED  
      □ Will receive an associate’s degree   
      □ Will receive a bachelor or advanced degree   
      □ Will receive a job training professional certificate or license

Health Services

1. Does the family currently have health insurance for the enrolled child? Yes No

□ Medicaid □ Private Insurance  
□ CHIP (Child Health Insurance Program □ IHS (Indian Health Services)  
□ Military (Tri-Care) □ Other Medical Insurance, please specify:

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1. Immunization Status  
   □ Complete All For Age □ Not Received All/Past Due  
   □ Exempt □ Up-To Date All Possible for Age/Blind
2. Does the enrolled child have a Medical Home (ongoing source of a continuous, accessible health care)?  
   Yes No Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Does the child receive medical services through Indian Health Services (IHS)? Yes No
4. Does the child have a dental home (ongoing source of continuous, accessible dental care by a dentist?   
   Yes No Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Did the child receive preventive dental care? Yes No