



KS MIECHV Caregiver Profile Form

Note: Mandatory DAISEY questions are preceded by an asterisk (*). This form cannot be saved in DAISEY without the answers to these questions.

System Information

*Caregiver first name: _____ *Caregiver last name: _____
Alternate ID: _____ *Enrollment date: _____
*Date of birth: _____ Is this the primary caregiver of the child:
 No Yes

Demographic Information

*Pregnancy status at enrollment (select one): Not pregnant Pregnant
Estimated due date (if applicable) _____
Did pregnancy result in a live birth? (select one, if applicable) No Yes N/A Still Pregnant
*Caregiver gender: (select one) Female Male
*Caregiver race: (select one):
 American Indian or Alaska Native Native Hawaiian or Other Pacific Islander
 Asian White
 Black or African American Multiracial
*Caregiver ethnicity (select one): Hispanic or Latino Not Hispanic or Latino
*Marital status (select one):
 Never married Not married but living together with partner
 Married Separated or divorced or widowed
*Education at enrollment (select one):
 Has HS diploma or GED Does not have HS diploma or GED

Service Information

*First and last name of home visitor: _____
*Funding source (select one): Formula Competitive

*Program model (select one): EHS HFA PAT TIES

*County (select one): Cherokee Labette Montgomery Neosho
 Wyandotte Wilson

*Zip code: _____