

Healthy Beginnings Contact and Update Log

Client ID#									
Last Name			First Name				MI		
Date of Birth									
		Month	Day	Year					

Data Reporting Instructions:
 Document changes in the participant's and baby's health insurance, and participant's education/school and employment status in the quarterly data reports.

Current Home Address:	Date: <u> </u> <u> </u> <u> </u>
	MM DD YYYY

Current Home Address:	Date: <u> </u> <u> </u> <u> </u>
	MM DD YYYY

Current Phone:	Date: <u> </u> <u> </u> <u> </u>
	MM DD YYYY
Home # _____	
Cell # _____	
Can participant receive text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Part. Initials	
Which is the best way to reach you? <input type="checkbox"/> Home <input type="checkbox"/> Cell	
<input type="checkbox"/> Other: _____	

Current Phone:	Date: <u> </u> <u> </u> <u> </u>
	MM DD YYYY
Home # _____	
Cell # _____	
Can participant receive text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Part. Initials	
Which is the best way to reach you? <input type="checkbox"/> Home <input type="checkbox"/> Cell	
<input type="checkbox"/> Other: _____	

Date: <u> </u> <u> </u> <u> </u>
MM DD YYYY
Does the participant have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
List type(s) of insurance _____
Does the baby have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
List type(s) of insurance _____

Date: <u> </u> <u> </u> <u> </u>
MM DD YYYY
What is participant's highest level of education completed?
<input type="checkbox"/> Some High School
<input type="checkbox"/> High School Diploma or GED
<input type="checkbox"/> Some College, no Degree
<input type="checkbox"/> Associate's Degree (2-year school)
<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> Graduate Degree
<input type="checkbox"/> Other, Specify _____

Date: <u> </u> <u> </u> <u> </u>
MM DD YYYY
Currently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
List school schedule _____

Date: <u> </u> <u> </u> <u> </u>
MM DD YYYY
Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Place of employment _____
List work schedule _____

Instructions for Healthy Beginnings Contact Log and Update Form

Purpose: To collect updated contact information, demographic and life status information on enrolled program participants.

Instructions: Complete the appropriate information based on the changes reported by the participant. Submit required information as instructed by the Healthy Beginnings Program Manager. File the form in participant's program record.

Disposition: This form is to be retained in accordance with the records disposition schedule of medical records as issued by the North Carolina Office of Archives and History, Division of Historical Records.