

## ECBG Caregiver Enrollment and Discharge form

### Caregiver Information

\* Which caregiver was involved? \_\_\_\_\_

### Program Information

Please refer to the most recent version of the [Common Measures Table](#) for the Program Types applicable to this caregiver.

#### \* Program Type

- ☐ Case Management
- ☐ Home Visiting (select curriculum below)
- ☐ Parent Education (select curriculum below)

**Home Visiting Curriculum** *If using more than one curriculum for your program, please select "Other" and enter the curriculum used.*

- ☐ Attachment & Biobehavioral Catch-up
- ☐ Early Head Start
- ☐ Early Steps to School Success
- ☐ Healthy Families
- ☐ Nurse-Family Partnership
- ☐ Nurturing Parenting
- ☐ Parents as Teachers
- ☐ Play & Learning Strategies
- ☐ Other \_\_\_\_\_

#### Parent Education Curriculum

- ☐ Parent Education
- ☐ 24/7 Dads
- ☐ Play Therapy
- ☐ Triple P

### Enrollment Information

\* Enrollment Date \_\_\_\_\_

Pregnancy Status at Enrollment (choose Not Applicable for male caregivers):

☐ Did Not Disclose      ☐ Not Pregnant      ☐ Pregnant      ☐ Not Applicable

Estimated Due Date (only applicable if "Pregnant" is marked above) : \_\_\_\_\_

Enrollment Notes:

### Referral Information

Referral Source

☐ Child Welfare Services      ☐ Family or Friend      ☐ Self  
☐ Other \_\_\_\_\_

Date site received referral: \_\_\_\_\_

### Discharge Information

\* Discharge Date \_\_\_\_\_

\* Discharge Reason

|                                                    |                                                                      |
|----------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Completed Program         | <input type="checkbox"/> No Longer Interested in Services            |
| <input type="checkbox"/> Child Aged Out            | <input type="checkbox"/> Unable to Participate in Services           |
| <input type="checkbox"/> Moved out of Service Area | <input type="checkbox"/> DCF Involvement: Non-Prevention Case Opened |
| <input type="checkbox"/> No Contact                | <input type="checkbox"/> Other _____                                 |
| <input type="checkbox"/> Could Not Locate          |                                                                      |

Discharge Notes:

\* Indicates mandatory field in DAISEY