Add New Children

Selecting "Households & Members" from the left side column brings you to an overview of the individual family members that are benefiting from a service your program offers.

Child Intake Information

CHILD INFORMATION

Member type:
- ❑　Child 0-5

UNIQUE ID INFORMATION		
Child's First Name:	Middle Initial	Childs's Last Name:
Childs's Date Of Birth: ____ / ___ / ____　(mm/dd/yyyy)	Child's Mother's Maiden Name:	Child's Gender: ☐ Male ☐ Female

CONSENT & RELEASE AUTHROIZATION		
Consent form signed? ☐ Yes ☐ No	Date consent form signed: ____ / ___ / ____　(mm/dd/yyyy)	Program Intake Date: ____ / ___ / ____　(mm/dd/yyyy)

AT RISK CHARACTERISTICS		
Health Insurance ❑　Employer Sponsored ❑　Health Choice/Health Check ❑　Medicaid ❑　Medicare ❑　Military/Tricare/Champus ❑　Self pay/Self insured ❑　Uninsured ❑　Underinsured ❑　Other ❑　Not Reported	*Ethnicity* ❑　Alaska Native/ American Indian ❑　Asian ❑　Black/African-American ❑　Hispanic/Latino ❑　White/European American ❑　Pacific Islander/Native Hawaiian ❑　Multi-racial ❑　Not reported	*Primary Language Spoken At Home* ❑　English ❑　Spanish ❑　English & Spanish ❑　Mostly another language ❑　No answer/prefer not to say *Secondary Language* ❑　English ❑　Spanish ❑　Some other language ❑　Not applicable *English Language Learner* ☐ Yes　☐　No ☐ No Answer/Prefer Not to Say

Identified Disability ❑　Yes ❑　No ❑　Data Not Available	*Suspected Disability* ❑　Yes ❑　No ❑　Data Not Available	*Chronic Health Condition* ❑　Yes ❑　No ❑　Data Not Available	*Developmental/Educational Need* ❑　Yes ❑　No ❑　Data Not Available

Service Priority

❑　Unserved Children　　　❑　Underserved Children　　　❑　Service Priority Exception　　　❑　None of the Above

Service Priority Details (Hierarchical based on Service Priority)

❑　Child has never been served in any preschool or child care setting and meets eligibility requirements ❑　Child is in unregulated child care that does not meet the Pre-K standards and meets eligibility requirements	❑　Child is not receiving subsidy but is in some kind of regulated child care or preschool program and meets eligibility requirements ❑　Child meets eligibility requirements and was previously served by this site's program as a three-year old. ❑　Not Applicable

Adding New Children

To add a new child, click the icon ⊞ . All information that is highlighted in yellow is required. If the required information is not completed you will be unable to save.

There are 29 fields on the child record. At a minimum you must provide the required fields highlighted in yellow. Remember, the more data you provide upfront the lesser the administrative burden down the road and more importantly the richer the data set.

1. GEMS Defined Family Id
2. Alternate Program Defined Family Id
3. Family Id Required Field
4. Family Last Name
5. Street Address Line 1
6. Address Line 2
7. Program Entry Date (Required Field)
8. Program Exit Date
9. Member Type
10. First Name (Required Field)
11. Last Name (Required Field)
12. Middle Initial
13. Client's Member's Mother First Name (Required Field)
14. Date of birth (Required Field)
15. Age at entry in to the Program (in Years)
16. County (Required Field)
    a. Counties that you serve
17. City of Residence (Required Field)
    a. Cities counties
18. Zip of Residence (Required Field)
    a. Zip codes for the cities
19. Gender (Required Field)
    a. Male
    b. Female
20. Ethnicity (Required Field)
    a. Not Reported
    b. Alaska Native/American Indian
    c. Asian
    d. Black/African-American
    e. Hispanic/Latino
    f. White/European American
    g. Pacific Islander/Native Hawaiian
    h. Multi-racial
21. Primary Language spoken at home
    a. Mostly or all English
    b. English and another language equally
    c. Mostly another language
    d. Unknown
    e. No answer/prefer not to say
22. Secondary Language
    a. Spanish
    b. Asian & Pacific Islander
    c. Indo-European
    d. Some other language
    e. Not applicable
23. Limited English Proficiency?
    a. Yes
    b. No

     c. No answer/Prefer not to say

24. Identified Disability?
    a. Yes
    b. No
    c. Data Not Available
25. Suspected Disability?
    a. Yes
    b. No
    c. Data Not Available
26. Chronic Health Condition?
    a. Yes
    b. No
    c. Data Not Available
27. Developmental/Educational Need?
    a. Yes
    b. No
    c. Data Not Available
28. Service Priority
    a. Unserved Children
    b. Underserved Children
    c. Service Priority Exception
    d. None of the Above
29. Service Priority Details (Hierarchical based on Service Priority)
    a. Child has never been served in any preschool or child care setting and meets eligibility requirements
    b. Child is in unregulated child care that does not meet the Pre-K standards and meets eligibility requirements
    c. Child is not receiving subsidy but is in some kind of regulated child care or preschool program and meets eligibility requirements
    d. Child meets eligibility requirements and was previously served by this site's program as a three-year old.
    e. Not Applicable

Editing Child Information

To change or update information for a current child, click the "Edit" link. When a child exit the program please enter the exit date. Do not exit the family or parent(s) unless there are no other children birth to 5 in the household.