



Ohio's Help Me Grow Home Visiting Program Documentation to Confirm Program Eligibility

Child's Name: _____	Date of Birth: ___/___/___
Early Track ID: _____	

Documentation	Parent Initial	Home Visitor Initial
<input type="checkbox"/> Ohio WIC Card – <i>number:</i> _____		
<input type="checkbox"/> Ohio Work's First Card – <i>number:</i> _____		
<input type="checkbox"/> Ohio Medicaid Card – <i>number:</i> _____		
<input type="checkbox"/> Two pay stubs – <i>date of pay stubs:</i> (1) _____ (2) _____ <i>name of employer:</i> _____		
<input type="checkbox"/> U.S. Military Identification – <i>specify:</i> _____		
<input type="checkbox"/> I am expecting my first child		
<input type="checkbox"/> I am a first-time parent		

I provided documentation of eligibility for the Ohio Help Me Grow Home Visiting program. My initials above and my signature below attests to this fact.

Parent Signature: _____ Date: ___/___/___

I saw documentation of eligibility for the child and family listed. My initials above and my signature below attests to this fact.

Home Visitor Signature: _____ Date: ___/___/___

HEA #8043 (new 7/12)

Use of this form is required and it must be kept in child record.
Additional pages may be stapled with the required HEA number referenced in the upper right corner.