

Enrollment

Record ID

NeoQIC Family Engagement Collaborative- Parent Enrollment Form

Please approach English and/or Spanish-speaking parents and caregivers within 1 to 2 weeks before discharge for participation in the parent-reported measures. Explain the purpose of the parent-reported measures and ask the family to provide informed consent. After a family consents for participation, please enter the following in REDCAP so that we may release the surveys.

Basic Contact Information

Was consent obtained?

- Yes
 No
-

Who is completing the survey?

- Mother
 Father/male partner
 Other caregiver:
-

describe role

DAG

Hospital Short Name

What is the preferred method of contact for surveys and brief questions?

- Email
 Text message
-

What is the parent member's email address?

What is the parent member's phone number? (enter 10-digit number without hyphens)

Please enter the parent member's email address again to confirm

Please confirm the parent member's phone number. (enter 10-digit number without hyphens)

Phone Carrier

- AT&T
- Boost Mobile
- C-Spire
- Consumer Cellular
- Cricket
- Google Fi
- Metro PCS
- Mint Mobile
- Page Plus
- Republic Wireless
- Simple Mobile
- Sprint
- T-Mobile
- Ting
- Tracfone
- U.S. Cellular
- Verizon
- Virgin Mobile
- Xfinity Mobile

Carrier Email

****Email address does not match****

****Phone number does not match****

Email (for text)

What language is preferred for survey delivery?

- English
- Spanish

Languages

- English
- Spanish

Date of infant discharge home:
