

Healthy Families New York/Home Visiting Program

Father Advocate Home Visit Log

This is a two page form is filled out by the Fatherhood Advocate only.

| | | | |
|--|----------------------|---|---|
| 1. Primary Caretaker 1's Identifier | | | |
| <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Last Name (3 let) | FI | Birth Date (Month/Day/Yr) | Date of Intake (Month/Day/Yr) |

| | |
|--|---|
| 2. Fatherhood Advocate's Name <div style="display: flex; justify-content: space-between;"> First Last </div> | 3. Father/Father Figure's Name <div style="display: flex; justify-content: space-between;"> First Last </div> |
|--|---|

4. Is Father/Father Figure living in home with PC1 and target Child on this date? Yes No

| | |
|--|--|
| 5. Date of Visit <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"><input type="text"/><input type="text"/> Month</div> <div style="text-align: center;"><input type="text"/><input type="text"/> Day</div> <div style="text-align: center;"><input type="text"/><input type="text"/> Year</div> </div> | 6. Visit was: <input type="checkbox"/> Scheduled <input type="checkbox"/> Unscheduled |
| 5a. Start time of visit: <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="text"/><input type="text"/> : <input type="text"/><input type="text"/> <div style="margin-left: 10px;"> <input type="checkbox"/> am <input type="checkbox"/> pm </div> </div> | |

7. Type of Visit (Check all that apply)

1. In home visit (Check all that apply)

a. Home of primary care taker 1

b. Home of father/father figure if not living with primary caretaker 1

2. Outside of primary caretaker 1 home and outside of father/figure home if not living with PC1

3. Attempted—father/father figure not home or unable to meet after FA visit to meeting site
(DO NOT complete rest of the FA Home Visit Log)

| | | | | | | | | | | | | | |
|---|--|---|---|---|---|--|--|--|--|--|--|--|--|
| 8. Total Length of Visit <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"><input type="text"/><input type="text"/> Hours</div> <div style="text-align: center;"><input type="text"/><input type="text"/> Minutes</div> </div> | 9. Who participated in this home visit? (Check all that apply) <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> 1. Primary Caretaker 1</td> <td><input type="checkbox"/> 6. Grandparent</td> </tr> <tr> <td><input type="checkbox"/> 2. Primary Caretaker 2</td> <td><input type="checkbox"/> 7. Target Child Siblings</td> </tr> <tr> <td><input type="checkbox"/> 3. Biological Parent <i>(if not Primary Caretaker 1 or 2)</i></td> <td><input type="checkbox"/> 8. Home Visiting Program Supervisor</td> </tr> <tr> <td><input type="checkbox"/> 4. Father Figure <i>(if not PC2 or Biological Parent)</i></td> <td><input type="checkbox"/> 8a. Observation by Supervisor</td> </tr> <tr> <td><input type="checkbox"/> 5. Target Child</td> <td><input type="checkbox"/> 9. Other Specify _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> 10. Family Support Worker</td> </tr> </table> | <input type="checkbox"/> 1. Primary Caretaker 1 | <input type="checkbox"/> 6. Grandparent | <input type="checkbox"/> 2. Primary Caretaker 2 | <input type="checkbox"/> 7. Target Child Siblings | <input type="checkbox"/> 3. Biological Parent <i>(if not Primary Caretaker 1 or 2)</i> | <input type="checkbox"/> 8. Home Visiting Program Supervisor | <input type="checkbox"/> 4. Father Figure <i>(if not PC2 or Biological Parent)</i> | <input type="checkbox"/> 8a. Observation by Supervisor | <input type="checkbox"/> 5. Target Child | <input type="checkbox"/> 9. Other Specify _____ | | <input type="checkbox"/> 10. Family Support Worker |
| <input type="checkbox"/> 1. Primary Caretaker 1 | <input type="checkbox"/> 6. Grandparent | | | | | | | | | | | | |
| <input type="checkbox"/> 2. Primary Caretaker 2 | <input type="checkbox"/> 7. Target Child Siblings | | | | | | | | | | | | |
| <input type="checkbox"/> 3. Biological Parent <i>(if not Primary Caretaker 1 or 2)</i> | <input type="checkbox"/> 8. Home Visiting Program Supervisor | | | | | | | | | | | | |
| <input type="checkbox"/> 4. Father Figure <i>(if not PC2 or Biological Parent)</i> | <input type="checkbox"/> 8a. Observation by Supervisor | | | | | | | | | | | | |
| <input type="checkbox"/> 5. Target Child | <input type="checkbox"/> 9. Other Specify _____ | | | | | | | | | | | | |
| | <input type="checkbox"/> 10. Family Support Worker | | | | | | | | | | | | |

If visit took place, complete page two.

| | | | |
|---------------------|---------------------|--------------------|---------------------------------|
| Date Form Submitted | Reviewer's Initials | Date of Data Entry | Initials of Data Entry Operator |
| | | | |

Second Page of Father Advocate Home Visit Log

| | | | | | | | | | | | | | | | | | | |
|---|--|--|----|--|---------------------------|--|--|--|--|-------------------------------|--|--|-------|--|-----|--|------|--|
| Primary Caretaker 1's Identifier | | | | | | | | | | Date of Visit | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Last Name (3 let) | | | FI | | Birth Date (Month/Day/Yr) | | | | | Date of Intake (Month/Day/Yr) | | | Month | | Day | | Year | |

Activities engaged in during home visit with father/father figure (check all those that apply to this visit).

| Child Development | Self Sufficiency |
|--|---|
| 10. ASQ | 41. Teach how to use calendar or appointment book |
| 11. Provide education, information or activities on child development and age-appropriate behavior | 42. Teach home management or housekeeping skills |
| 12. Provide developmentally appropriate toys, books or activities | 43. Teach to use public transportation or provide maps or directions |
| 13. Other (Specify _____) | 44. Discuss employ options/help parent(s) look for job |
| Parent/Child Interaction | 45. Teach money management |
| 14. Provide education, modeling or activities on parent/child interaction | 46. Addressed needs for baby-sitting or day care |
| 15. Provide education, information or activities re: child management (including discipline) | 47. Teach problem solving/decision-making skills |
| 16. Discuss feelings about baby | 48. Discuss educational and training options |
| 17. Provide support or positive feedback to parent(s) regarding the stresses of parenting | 49. Teach job readiness, job seeking skills |
| 18. Addressed infant basic care needs (sleeping, bathing, diapering, dressing, etc.) | 50. Other (Specify _____) |
| 19. Discuss Shaken Baby Syndrome | Crisis Intervention |
| 20. View video "Portrait of a Promise" with Family (Shaken Baby Syndrome film) | 51. Help resolve problems and handle crises |
| 21. Other (Specify _____) | 52. Other (Specify _____) |
| Health Care | Program Activities |
| 22. Provide general health information | 53. Introduce program/complete forms |
| 23. Provide child health information | 54. Video tape families |
| 24. Provide dental health information | 55. Assess needs, develop IFSP |
| 25. Provide infant/child feeding info & support | 56. Attend support group, parenting group, play group |
| 26. Provide Breast Feeding info & support | 57. Attend recreational activity |
| 27. Provide nutrition/food preparation info | 58. Other (Specify _____) |
| 28. Provide family planning, safe sex, or STD information | Concrete Activities |
| 29. Provide education/information regarding prenatal care & pregnancy | 59. Provide or arrange for transportation |
| 30. Provide info on health providers or services | 60. Provide or arrange for food, clothes, diapers, or household goods |
| 31. Provide advocacy/support or accompany to medical providers and services | 61. Addressed legal needs |
| 32. Provide info/equipment relating to child safety (car seats, child proofing home, etc.) | 62. Provide info and/or assistance with housing |
| 33. Provide information on smoking cessation | 63. Provide advocacy/support with and/or accompany to non-medical providers & services |
| 34. Other (Specify _____) | 64. Translation |
| Family Functioning | |
| 35. Address issues re: violence in the household | 65. Provide Labor and Delivery Support |
| 36. Discuss family relations | 66. Discuss child support issues |
| 37. Discuss substance abuse issues | 67. Discuss visitation issues |
| 38. Discuss Mental Health Issues | 68. Discuss parental rights issues |
| 39. Teach, foster communication skills | 69. Other (Specify _____) |
| 40. Other (Specify _____) | |