Healthy Families New York/Home Visiting Program
Screening Form (Version 2)

Complete this form for all expectant and new parents. Items 1, 2, 3 and 9 are required for home visiting program.

1. Expectant /New Parent's Name	**2. Expectant/New Parent Date of Birth**
First MI Last	☐☐ ☐☐ ☐☐ Month Day Year
3. Date of Screening ☐☐ ☐☐ ☐☐ Month Day Year	**4. Is Expectant or New Parent** ☐ 1. Mother ☐ 2. Father ☐ 3. Other (Specify_____)
5. Expectant/New Parent's Address Apt Street City/Town Zip	**6. Expectant/New Parent's Phone** ☐☐☐-☐☐☐-☐☐☐☐
7. Screener's Name First MI Last	**8. Screener's Phone** ☐☐☐-☐☐☐-☐☐☐☐

Screening Information

9. Prenatal/Postnatal Screen?
☐ Prenatal
☐ Postnatal
(Enter Due Date or Target Child DOB)
☐☐ ☐☐ ☐☐
Month Day Year

Demographic Criteria
Circle "T" if factor is present, "F" if it is not and "U" if you are unable to determine

10. Marital status is single, separated, divorced, widowed	T	F	U
11. Late (started after the 12th week of pregnancy) or no prenatal care, poor compliance	T	F	U
12. Inadequate income (Public Assistance or Medicaid, employed without insurance or family financial concerns)	T	F	U
13. Expectant/New Parent is under 21 years of age at time of Screen	T	F	

14. Name of Referral Source

15. Type of Referral/Recruitment Source *(Check only one)*

☐ 1. Private Physician	☐ 6. Home visiting program	☐ 11. School
☐ 2. Health clinic	☐ 7. Visiting nurse	☐ 12. Day care center
☐ 3. Hospital	☐ 8. Home health care agency	☐ 13. Friends/family
☐ 4. WIC	☐ 9. Church	☐ 14. Door to door outreach
☐ 5. Child Protective Services	☐ 10. Community based organization	☐ 15. Other (S*pecify*_____)

Screening Outcome

A positive screen occurs when: 1. "True" score on either #10, #11, #12 or #13
2. Unknowns on #10, #11 and #12

16. Screen Result
☐ Positive *(Go to Q17)*
☐ Negative *(Skip Q17 and Q18)*

17. If positive, was referral made for assessment to home visiting program?
☐ Yes *(Skip to Q18)* ☐ No *If no, Why?* ↓ *(Check only one reason)*

☐ Income ineligible (05)	☐ Inappropriate Screen (06)	☐ A Positive Screen for this Participant's Pregnancy Already Recorded (33)
☐ Out of Geographical Target Area (07)	☐ Caseload Full (08)	
☐ Subsequent Birth for open case (34)	☐ Transferred/Referred/Involved in Other Program (25)	☐ Other (99) *(Specify_____)*
☐ Control Case for Random Assignment (13)		
☐ Participant Refused, Non Compliant, Unresponsive (11)		

18. If Referred for Assessment, Enter Name of Family Assessment Worker Assigned:

For Program Office Use Only PC1 ID: ☐☐☐ ☐ ☐☐/☐☐/☐☐ ☐☐/☐☐/☐☐

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