

# Healthy Families New York/Home Visiting Program

## Identification and Contact Information

This form should be completed on all enrolled Home Visiting Program participants. It should be completed within one month of intake (the date of the first home visit when the participant accepts services).

<b>1. Primary Caretaker 1's Identifier</b>  <div style="display: flex; justify-content: space-between;"> <div style="display: flex; gap: 10px;"> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> </div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <span>Last Name (3 let)</span> <span>FI</span> <span>Birth Date (Month/Day/Yr)</span> <span>Date of Intake (Month/Day/Yr)</span> </div>	<b>2. Home Visitor's Name</b>  <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 10px;"> <span>First</span> <span>Last</span> </div>
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### Primary Caretaker 1's Identification Information

*Primary Caretaker 1 will be the mother in most cases. If the mother is not in the household, Primary Caretaker 1 might be the father or another person who has responsibility for the target child.*

<b>3. Primary Caretaker 1's Name</b>  <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 10px;"> <span>First</span> <span>MI</span> <span>Last</span> </div>	<b>4. Primary Caretaker 1's Social Security Number</b>  <div style="display: flex; justify-content: center; gap: 10px; margin-top: 10px;"> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> </div>
<b>5. Primary Caretaker 1's Address</b>  <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 10px;"> <span>Apt</span> <span>Street</span> <span>City</span> <span>ZipCode</span> </div>	<b>6. Primary Caretaker 1's Phone</b>  <div style="display: flex; justify-content: center; gap: 10px; margin-top: 10px;"> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> </div>

### Primary Caretaker 2's Identification Information

*Primary Caretaker 2 will be the father when he lives in the household. If the father does not live in the household, Primary Caretaker 2 might be the mother's live-in partner or another person who shares responsibility for the target child and lives in the household. For subsequent follow-ups, data is collected only on the Primary Caretaker 2 who is identified at intake.*

<b>7. Is There a PC2 in the Household at Enrollment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>7a. Primary Caretaker 2's Name</b>  <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 10px;"> <span>First</span> <span>MI</span> <span>Last</span> </div>	<b>8. Primary Caretaker 2's Birth Date</b>  <div style="display: flex; justify-content: center; gap: 10px; margin-top: 10px;"> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> </div> <div style="display: flex; justify-content: center; font-size: x-small; margin-top: 5px;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>

### Contact Person Information

<b>9. Contact Person's Name</b>  <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 10px;"> <span>First</span> <span>MI</span> <span>Last</span> </div>	<b>10. Contact Person's Phone</b>  <div style="display: flex; justify-content: center; gap: 10px; margin-top: 10px;"> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> </div>
<b>11. Contact Person's Address</b>  <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 10px;"> <span>Apt</span> <span>Street</span> <span>City</span> <span>Zip Code</span> </div>	<b>11a. Contact Person Date of Birth</b>  <div style="display: flex; justify-content: center; gap: 10px; margin-top: 10px;"> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> </div> <div style="display: flex; justify-content: center; font-size: x-small; margin-top: 5px;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>

<b>12. Signed informed consent form</b> agreeing to participate in the evaluation <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>13. Prenatal/Postnatal at Intake</b> ( <i>Prenatal due dates must be after date of intake</i> )  <input type="checkbox"/> Prenatal ( <i>Enter due date →</i> ) <div style="display: flex; justify-content: center; gap: 10px; font-size: small; margin-top: 5px;"> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> </div> <input type="checkbox"/> Postnatal ( <i>Enter Target Child DOB ↗</i> )
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### Local Use Fields (Locally Defined)

<b>14. Field 1</b> ( <i>limit 30 characters</i> )	<b>15. Field 2</b> ( <i>limit 30 characters</i> )	<b>16. Field 3</b> ( <i>limit 30 characters</i> )
<b>17. Field 4</b> ( <i>limit 30 characters</i> )	<b>18. Field 5</b> ( <i>limit 30 characters</i> )	
<b>19. Field 7</b> ( <i>limit 30 characters</i> )	<b>20. Field 8</b> ( <i>limit 30 characters</i> )	<b>21. Field 9</b> ( <i>limit 30 characters</i> )

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