Healthy Families New York/Home Visiting Program
Pre-Assessment Activity Form (Post Screen)

The Family Assessment Worker records monthly engagement activities and outcomes on this form for new or expectant parents who have screened positive. Complete and submit this form for data entry when: (1) the Kempe assessment is completed, or (2) engagement efforts terminate, or (3) on the last day of the month the status has not changed and engagement efforts will continue into the next month.

1. Primary Caretaker's Identifier ☐☐☐ ☐ ☐☐☐☐☐☐

Last Name (3 let) FI Birth Date (Month/Day/Year)

2. Screen Date ☐☐ ☐☐ ☐☐

Month Day Year

3. Family Assessment Worker

First Name Last Name

4. Month of Activity ☐☐ / ☐☐☐☐

Month 4 digit Year

5. Prenatal/Postnatal

☐ Prenatal

☐ Postnatal

(Enter Due date or Target Child DOB) ☐☐ ☐☐ ☐☐

6. Activity Performed (Put a number next to each activity to indicate how often it was performed since the beginning of the month. Enter 0 for none. ***Parent refers to expectant or new parent.)***

☐ Letter Mailed to Parent

☐ Phone Call(s) Made to Parent

☐ Phone Call Received from Parent

☐ Visit Attempted to Parent (unavailable)

☐ Visit Conducted to Parent

☐ Referrals Made to Service Other Than Home Visiting

☐ Parent Came to Office

☐ Program Material Provided/Sent to Parent

☐ Gift Provided to Parent

☐ Case Conference/Review

☐ Other (Specify Activity_____)

Limit response to 30 characters

7. Case Status *(Check and complete either 1 , 2, or 3 below)*

☐ 1. Engagement Efforts Continue into next month

☐ 2. Assessment Completed Kempe Date: ☐☐ ☐☐ ☐☐ Kempe Result: ☐ 1. Positive ☐ 2. Negative

If Positive Kempe Result, Was Case Assigned? ☐ Yes ➔ *If Yes,* FSW Assigned, _____

Date FSW Assigned ☐☐ ☐☐ ☐☐

☐ No ➔ *If No, Answer Q8 Below.* ➓

☐ 3. Engagement Efforts Terminated, Kempe not Completed, Enter Termination Date: ☐☐ ☐☐ ☐☐

Why? *(Go to Q8)*

8. Termination Reasons *(Check only one)* ➓

☐ Caseload Full (08)

☐ Participant Refused, Non Compliant, Unresponsive (11)

☐ Program Unable to Locate/Make Contact (12)

☐ Out of Geographical Target Area (07)

☐ CPS Status Issue for Program (14)

☐ Miscarriage/Pregnancy Terminated (17)

☐ Target Child Died (18) ☐☐ ☐☐ ☐☐

☐ Target Child Aged Out (19)

☐ PC1 No Longer has Custody (20) (Adoption/Foster Care)

☐ No FAW Available to Speak Participant's Language (31)

☐ PC1 Deceased (21) ☐☐ ☐☐ ☐☐

☐ Participant Unavailable Due to School or Employment (22)

☐ Safety Issues for PC1, FAW or FSW (23)

☐ Unstable Housing (24)

☐ Previously Enrolled in HF Program (26)

☐ Transferred/Referred/Involved in Other Program (25)

☐ Family or Other Household member objects to Program (32)

☐ Control Case for Random Assignment (13)

☐ Other (99)

(Specify_____)

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