

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

The FSW records monthly engagement activity and outcomes on this form for new or expectant parents who have assessed positive on the Kempe. Complete and submit this form for data entry when: (1) the new or expectant parent enrolls/accepts services, 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 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"/>	
		Last Name (3 let)	FI	Birth Date (Month/Day/Year)	
2. Kempe Assessment Date		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	3. FSW Assigned		
		Month Day Year	First Name Last Name		
4. Month of Activity		5. Prenatal/Postnatal			
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/> Prenatal <input type="checkbox"/> Postnatal (Enter Due date or Target Child DOB)			
		Month 4 digit Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
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. <i>Parent refers to expectant or new parent.</i>)					
<input type="checkbox"/> Letter Mailed to Parent	<input type="checkbox"/> Parent Came to Office				
<input type="checkbox"/> Phone Call(s) Made to Parent	<input type="checkbox"/> Program Material Provided/Sent to Parent				
<input type="checkbox"/> Phone Call Received from Parent	<input type="checkbox"/> Gift Provided to Parent				
<input type="checkbox"/> Visit Attempted to Engage Parent (unavailable)	<input type="checkbox"/> Case Conference/Review				
<input type="checkbox"/> Visit Conducted to Engage Parent	<input type="checkbox"/> Other				
<input type="checkbox"/> Referrals Made to Service Other Than Home Visiting	(Specify _____) <i>Limit Response to 30 characters</i>				
7. Case Status (Check and complete either 1, 2, or 3 below)					
<input type="checkbox"/> 1. Engagement Efforts Continue					
<input type="checkbox"/> 2. Parent Enrolls/Accepts Services, Enter Date of Intake:					
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
Month Day Year					
<input type="checkbox"/> 3. Engagement Efforts Terminated, Enter Termination Date:					
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
Month Day Year					
Why? (Go to Q8 ↓)					
8. Termination Reasons (Check only one)					
<input type="checkbox"/> Participant Refused, Non Compliant, Unresponsive (11)	<input type="checkbox"/> Target Child Aged Out (19)	<input type="checkbox"/> Safety Issues for PC1, FAW or FSW (23)			
<input type="checkbox"/> Program Unable to Locate or Make Contact (12)	<input type="checkbox"/> PC1 No Longer has Custody (Adoption/Foster Care) (20)	<input type="checkbox"/> Unstable Housing (24)			
<input type="checkbox"/> Out of Geographical Target Area (07)	<input type="checkbox"/> No FSW Available to Speak Participant's Language (31)	<input type="checkbox"/> Previously Enrolled in HF Program (26)			
<input type="checkbox"/> CPS Status Issue for Program (14)	<input type="checkbox"/> PC1 Deceased (21) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Transferred/Referred/Involved in Other Program (25)			
<input type="checkbox"/> Miscarriage/Pregnancy Terminated (17)	<input type="checkbox"/> Participant Unavailable Due to School or Employment (22)	<input type="checkbox"/> Family or Other Household Member Objects to Program (32)			
<input type="checkbox"/> Target Child Died (18) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Other (99) Specify _____				
Date Form Submitted	Reviewer's Initials	Date of Data Entry	Initials of Data Entry Operator		