

Healthy Families New York/Home Visiting Program Service Status Sheet

Complete this form for each family at time of discharge from the program.

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

2. Home Visitor's Name	3. Discharge Date
<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"/>
First Last	Month Day Year

5. Discharge Reason (*Check only one*)

<input type="checkbox"/> Participant Graduated, Met Goals, Completed Program (29) <input type="checkbox"/> Target Child Entered Kindergarten (27) <input type="checkbox"/> Target Child Entered Head Start (28) <input type="checkbox"/> Out of Geographical Target Area (07) <input type="checkbox"/> Participant Refused, Non Compliant, Unresponsive (11) <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"/> Miscarriage/Pregnancy Terminated (17) <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"/> Date Target Child Died <input type="checkbox"/> PC1 Deceased (21) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date PC1 Died <input type="checkbox"/> Other (99) (<i>Specify</i> _____)	<input type="checkbox"/> Participant Unavailable Due to School or Employment (22) <input type="checkbox"/> Participant Refused Change in FSW (30) <input type="checkbox"/> Program Terminated Due to CPS Status Issues (14) <input type="checkbox"/> Program Terminated Due to Substance Abuse Issues (16) <input type="checkbox"/> Program Terminated Due to Mental Health Issues (15) <input type="checkbox"/> Safety Issues for PC1, FAW or FSW (23) <input type="checkbox"/> Family or Other Household Member Objects to Program (32) <input type="checkbox"/> Unstable Housing (24) <input type="checkbox"/> Transferred/Referred/Involved in Other Program (25) <input type="checkbox"/> No FSW Available to Speak Participant's Language (31)
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Closure Summary (Optional)

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