



# **Healthy Families New York/ Home Visiting Program Forms Manual**

**Version 5.08  
December 2008**

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## HEALTHY FAMILIES/HOME VISITING PROGRAM –DATA COLLECTION TIME TABLE

Information for the Healthy Families New York/Home Visiting data management system is collected on five different schedules:

- Before enrollment
- Upon intake
- When the target child reaches a certain age
- When an event happens
- Upon discharge

The time frames and corresponding forms are listed in the table below.

	Prior to Enrollment	At Intake	Target Child's Age in Months												When Event Occurs	
			4	6	8	12	16	18	20	24	36	48	60	Dis		
Screen	✓															
Pre-Assessment Activity	✓															
Kempe	✓															
Pre-Intake Activity	✓															
Informed Consent		✓														
ID and Contact		✓														
Intake		✓														
Target Child's ID/Birth Outcomes		**														
PSI		**		✓		✓				✓	✓	✓	✓	✓		
Follow-up				✓		✓				✓	✓	✓	✓	✓		
ASQ			✓	*	✓	✓	✓	*	✓	✓	✓	✓				
Home Visit Log																✓
Target Child's Medical																✓
Service Referral																✓
Change Form																✓
Service Status Sheet															✓	✓

\*optional

\*\*The Target Child's Identification and Birth Outcomes Form and Parenting Stress Index (PSI) are administered at intake for postnatal cases, but within one month of the birth of the target child for prenatal cases.

## GENERAL INFORMATION ON NYS DATA COLLECTION AND FORMS

### Why We Collect Data

The data that are collected on the New York State forms are intended to meet the needs of several audiences:

**NYS Legislature:** Information is collected to fulfill the legislative requirement, to conduct an evaluation of the implementation and effectiveness of the home visitation programs.

**State Contract Monitors:** Information is collected for State contract monitors to oversee the implementation of programs, monitor the expenditure of funds, make informed policy decisions, examine outcomes, advocate for funding for program continuation and/or expansion and provide local technical assistance.

**Local Sites:** Information is collected to help local sites administer the program, evaluate the progress of participants, oversee the nature and level of service provision, and promote the program to funders and others in the community.

**Healthy Families America (HFA) National Office:** Data are provided to the HFA office for decisions about local site credentialing, and to contribute to the body of knowledge about home visitation programs.

### When Forms are Completed

Forms must be completed on the prescribed timetable on the previous page. For the information to be considered valid the forms should be completed as close to the due date as possible, but as a general rule, form dates must be within a window from 30 days before the due date to 30 days after the due date. If the form is completed outside of this time frame, the information is considered invalid and the data are not used to compute performance targets or outcomes.

Ticklers are available from data entry operators on a monthly basis to alert workers of the due date of the New York State forms. They are also useful to supervisors who are ultimately responsible for the integrity of the data.

The intake date is the date of the first home visit when the participant accepts home visiting services.

### How Forms are Completed

While the home visitor completes most forms, there are a few exceptions:

- The Screen is completed by the family assessment worker or a worker from a cooperating institution
- The Pre-Assessment Activity form and Kempe are completed by the Family Assessment Worker
- The Change form may be filled out by the Family Assessment Worker, the Family Support Worker or the Supervisor.
- The ASQ is completed jointly by the participant and Family Support Worker.
- The PSI forms are completed by the participant.

Filling out items in front of participants should be kept at a minimum.

Please use clear, legible handwriting when completing the forms.

### **Local Fields**

There are local fields on most forms. The State or the evaluators do not require these items; individual sites decide which local fields are completed. Check with your supervisor or program manager to find out the local fields that are collected at your site.

### **Who We Collect Information On**

Most of the information that is collected concerns the participant and the target child. The reason for this is purely practical -- we do not want to overburden workers by asking for information on all members of the caretaker's social network. This does not mean that you should not work with other household or family members. We simply need to limit the amount of data we are asking you to collect.

We also realize the information collected on the forms only provides us with a partial picture of the home visiting program. That is why we also conduct focus groups, interviews, surveys, and other forms of data collection.

### **Missing Information**

Please answer all items on the forms. If you are unable to get information, have the supervisor initial the item so the data entry operator knows you have not overlooked it.

### **Forms Review**

Supervisors should review all forms before being submitted for data entry.

## SCREEN

**WHY:** To identify individuals who possess certain risk factors to determine eligibility for the Kempe assessment interview.

**INFORMATION IS COLLECTED ABOUT:** Expectant parents or new parents who reside within target area.

**WHEN:** The form can be administered any time during pregnancy or prior to the newborn reaching three months of age and preferably before the baby is two weeks old.

**WHO COMPLETES THE FORM:** Family assessment worker or a worker from a cooperating institution

<b>ESSENTIAL ITEMS:</b>	1. Expectant/New Parent's Name
	2. Expectant/New Parent's Date of Birth
	3. Date screen was completed
	9. Prenatal/Postnatal Screen/TC DOB or EDC
	12-26. All Risk Factors
	27. The results of the screen
	29. FAW assigned, if positive

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### IMPORTANT INFORMATION

- The Screening Form is often completed by a worker from another institution such as a nurse in an ob/gyn office or maternity ward. Sometimes these workers complete a different form that contains the same information but is more "user-friendly." The information can then be directly entered into the computer and printed for the record.
- In some cases someone from another institution does not complete the form. Instead, the Family Assessment Worker herself who interviews the woman or reviews her medical chart completes it.
- **#7 "Screener's Name":** The name in this question should be the individual who gathered the information requested on the form. This may be different than who filled out the form. If a nurse collected the information, but a Home Visiting worker filled out the instrument, the answer to item #7 is the Nurse.
- **Risk Factors:** Each risk factor (items #12-26) should have a response -- either a "T" that indicates the factor is present, an "F" that indicates the factor is not present, or a "U" if it cannot be determined if the risk factor exists. Please complete all items. Risk factor definitions are on the second page of the form.
- A positive screen occurs when: either item #12, item #20, or item #23 is true, or there are two more or "true" scores, or there are seven or more unknowns.
- When a screen is positive (#27) and referred for assessment is yes (#28), a Family Assessment Worker is assigned in item #29. This entry will add this participant to the FAW caseload/tickler list. It is expected that the FAW will then complete at least one Pre-Assessment activity form for all participants on this list.
- A screen can be positive and not referred (No for #28). The reason why should be marked in item #28 and no further forms are required.

## PRE-ASSESSMENT ACTIVITY FORM (POST SCREEN)

**WHY:** To track cases in the time period after the Screen and through the Kempe Assessment and to document outreach activities.

**INFORMATION COLLECTED ABOUT:** All parents who screen positive and are being engaged to complete a Kempe assessment.

**WHEN:** This form is administered after a positive screen and during engagement to complete the Kempe assessment.

**WHO COMPLETES FORM:** Family assessment worker.

**ESSENTIAL ITEMS:**

1. Primary Caretaker's Identifier
2. Screen Date
4. Month of Activity (2 digit month and 4 digit year)
5. Prenatal/Postnatal with EDC or DOB
6. Activity Performed
7. Case Status (If Assessment Complete, the Kempe Date, Kempe Result. If Positive and assigned, FSW assigned and Date FSW assigned. If positive and not assigned, termination date and reason)

---

### IMPORTANT INFORMATION

- This form is to be completed for new or expectant parents who have screened positive and referred for assessment. Fill out this form when 1) the Kempe Assessment is complete, or 2) when engagement efforts terminate, or 3) on the last day of the month and the status has not changed and the engagement effort continues into the next month.
- The number of activities is placed in the appropriate box in #6, Activity Performed. Place a zero where there are no activities.
- When the Case Status is “2. Assessment Complete” and assigned to an FSW, the assignment of the case (within 30 days of the Kempe date) to an FSW will now be reflected on the FSW Case List as a Pre-Intake case with a .5 case weight. FSW tickler may also be generated.
- When Kempe Assessment is positive but not assigned, the termination date and reason needs to be completed. No further forms are required.

## KEMPE FAMILY STRESS CHECKLIST

**WHY:** To identify psychological and social risk factors associated with child maltreatment to determine eligibility for home visiting services.

**INFORMATION COLLECTED ABOUT:** All mothers, fathers or partners who will have in home parenting responsibilities of the target child and who score positive on the screen.

**WHEN:** The form can be administered any time during pregnancy or prior to the newborn reaching three months of age and preferably before the baby is two weeks old.

**WHO COMPLETES FORM:** A trained family assessment worker

**ESSENTIAL ITEMS:**

1. Primary Caretaker Identifier
2. Date Kempe was done
- 3-4. FAW Name
8. Prenatal/Postnatal with EDC or DOB
- 30-31. Scores for mom and dad
32. Assessment results
- 34-38 Demographics of PC1
- 41 PC1 Current Issues

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### IMPORTANT INFORMATION

- The biological parent should be assessed even when he/she is not in the home and will not be parenting. A partner of the biological parent may be assessed if he/she will be living in the household and will have parenting responsibilities.
- The preferred method for obtaining information for the Kempe is a face-to-face interview
- Detailed instructions for completed the Kempe are included in the HFA publication "Early Identification Training Materials."
- FAWs must complete a Pre-Assessment Activity form with the Kempe Result (positive or negative) and Kempe date before the computer will accept the Kempe Assessment.
- #34-37 *only* apply to Primary Caretaker 1
- **Primary Caretaker 1 Current Issues:** Mark "Y" or "yes" for the presence of an issue if 1) Primary Caretaker 1 tells you that she/he has a particular problem, 2) someone else like a friend or relative reports the problem, or 3) you observe the issue but no one has discussed it with you. If you have no evidence that the issue is present, check "N" or "no". If you are don't know, check "U" or "unknown." You must check only one box for each issued listed.

## **PRE-INTAKE ACTIVITY FORM (POST ASSESSMENT)**

**WHY:** To track cases in the time period after the Kempe Assessment and before enrollment into the program and to document outreach activities.

**INFORMATION COLLECTED ABOUT:** All parents who assess positive and have not accepted services and enrolled in the home visiting program.

**WHEN:** This form is administered after a positive Kempe Assessment and prior to enrollment.

**WHO COMPLETES FORM:** Family Support worker.

**ESSENTIAL ITEMS:**

1. Primary Caretaker's Identifier
2. Kempe Assessment Date
3. FSW assigned
4. Month of Activity (2 digit month and 4 digit year)
5. Prenatal/Postnatal with EDC or DOB
6. Activity Performed
7. Case Status (If Parent Enrolls/Accepts Services, Intake Date)

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### **IMPORTANT INFORMATION**

- The number of activities is placed in the appropriate box in #6, Activity Performed. Place a zero where there are no activities.
- This form is to be completed for new or expectant parents who have assessed positive and have been assigned to a FSW. Fill out this form when 1) the parent enrolls or accepts services, or 2) when engagement efforts terminate, or 3) on the last day of the month and the status has not changed and the engagement effort continues into the next month.
- Placing the Intake date in 7. Case Status will not move a participant from Pre-Intake status to Level 1-Prenatal and Level 1 status. Only completion and data entry of the ID Contact will accomplish this switch in Level.

## INFORMED CONSENT

**WHY:** To inform the participant about the home visiting evaluation and to get their agreement to participate in the research study.

**INFORMATION COLLECTED ABOUT:** All participants who receive a positive assessment and accept home visiting services.

**WHEN:** The Informed Consent is completed as soon as possible after the first home visit conducted by the home visitor. This form is completed once.

**WHO COMPLETES FORM:** Home visitor and primary caretaker.

**ESSENTIAL ITEMS:** 1. Primary caretaker 1's identifier

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## IMPORTANT INFORMATION

- The informed consent should be completed when the case is opened (after the first home visit by the Family Support Worker). If the participant wishes not to be included in the Evaluation at intake, the FSW may try again to get consent after the worker-participant relationship develops.
- The form is completed on **all** individuals who enroll in the program, whether or not they agree to participate in the research study.
- The informed consent is only an indication of the family's wish to not be included in the University at Albany, SUNY Evaluation. Data forms are still filled out on participants who refuse consent to participate in the evaluation. This data is used for contract monitoring.
- There is a Spanish version of this form

## IDENTIFICATION AND CONTACT FORM

**WHY:** To obtain basic identifying information on the primary caretakers and a contact person.

**INFORMATION COLLECTED ABOUT:** All primary caretakers and secondary caretakers.

**WHEN:** The Identification and Contact form is completed as soon as possible after the first home visit when the participant accepts services. This form is completed once.

**WHO COMPLETES FORM:** Home visitor

**ESSENTIAL ITEMS:**

1. Primary caretaker 1's identifier
2. Home visitor name
12. Consent status
13. Prenatal/Postnatal with EDC or DOB at Intake

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### IMPORTANT INFORMATION

- **Primary Caretaker 1 (PC1):** The PC1 is the mother in most cases. If the mother is not in the household, the PC1 might be the father or another person who has responsibility for the target child.
- **Primary Caretaker 2 (PC2):** The PC2 is the father when he lives in the home, and is not PC1. If the father does not live in the home, the PC2 can be the mother's live-in partner, the target child's grandmother, or another person who shares responsibility for the target child *and* lives in the home. If the PC2 moves out of the household, there will never be another PC2 since we would not have any baseline (intake) information on that new individual to use as a basis for comparison. If there is no PC2 at enrollment, then answer no to #7, "**Is There a PC2 in the Household at Enrollment?**" and do not complete #7a & #8.
- **Contact Person:** The contact person is an individual who might know where the participant is if she or he moves during the course of the study.
- **Local Use Fields:** Some programs have site-specific categories that are needed to identify certain groups of participants. You need to speak to your supervisor or program manager to find out if your site uses these items. They appear on the bottom of the form and #14 - #18.
- This is the first form that is data entered for each case after the screen, Kempe and engagement activity forms. The data entry operator will not be able to enter any other forms (intake, home visit logs, etc.) until this form is submitted and entered.
- Although we can correct the Identifier after forms have been entered, be careful to construct it correctly -- first three letters of last name of PC1, first letter of first name of PC1, date of birth of PC1, and intake date (date of first home visit when they accept the program services.) Please use all capital letters when writing the PC1 identifier.
- A Pre-Intake form with the case status "Parent Enrolls" must accompany this form for data entry.

## INTAKE FORM

**WHY:** To get basic information about the mother and, if appropriate, another caretaker residing in the household. The information gathered at intake will be compared with later assessments to track the participant's progress.

**INFORMATION COLLECTED ABOUT:** Primary caretaker 1 (PC1) and primary caretaker 2 (PC2).

**WHEN:** The Intake Form is to be completed within one month of the first home visit or intake date. This form is completed once.

**WHO COMPLETES FORM:** Family Support Worker

- ESSENTIAL ITEMS:**
1. Primary caretaker 1's identifier
  3. Is there a PC2 living in this Household at Intake
  4. Sex of the primary caretaker
  5. Relationship of primary caretaker to target child
  7. Race
  11. Highest grade completed
  12. Currently enrolled in educational or employment and training program
  14. Currently employed for pay
  - 19-20. Primary care provider
  21. Health insurance
  23. Monthly Income
  - 25-30. Is family currently receiving (check all that apply)
  31. Does this Family Meet TANF criteria at Intake
  - 33-36. Other children in household excluding target child

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### IMPORTANT INFORMATION

- The form gathers information on the PC1 and the PC2, and household characteristics.
- Born in the USA is considered to be born in one of the 50 states only.
- Health Insurance: We are only collecting this information on the primary caretaker 1 on the intake in #21. The target child's health insurance is first recorded on the Target Child Identification and Birth Outcomes form. The format of an MA or PCAP number is two letters, five numbers, and one letter.
- A separate form (supplied by your Agency) should be filled out to determine if the family is eligible for TANF services. The results should be entered on questions #31 & #32. If the family is not eligible for TANF services, they should still be eligible to receive Health Families New York services. Please check with your Program Manager.
- If you are unable to collect certain information, have the supervisor sign off on the item. If the item is blank, it is assumed that you forgot to do it.

- If you identified a PC2 on the ID and Contact form, you must complete the PC2 sections on the intake.
- For postnatal cases at intake, do not count the target child as an “other child” in the Other Children section of the intake.
- If a condition is "pending" such as Medicaid, the condition does not exist at time of completion of the intake.
- Date of Birth is collected for other children for whom PC1 is responsible.

## TARGET CHILD IDENTIFICATION AND BIRTH OUTCOMES

**WHY:** To obtain information on prenatal care and pregnancy outcomes, the target child's health insurance and medical provider, and the involvement of biological parent.

**INFORMATION COLLECTED ABOUT:** The mother, the target child, and biological parent.

**WHEN:** For prenatal cases, complete this form within one month of the birth of target child. For postnatal cases, complete within one month of the first home visit (intake).

**WHO COMPLETES FORM:** Home visitor

**ESSENTIAL ITEMS:**

1. Primary caretaker 1's identifier
2. Home visitor's name
3. Multiple birth question
4. Target Child's first and last name
5. Target child date of birth
6. Target child sex
10. Was target child full-term or premature
11. Gestation Age (if premature)
14. Health Insurance
15. Medical Provider

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### IMPORTANT INFORMATION

- The baby is **full term if born at 37 weeks or above**. For the purpose of this form, all full term babies will be calculated as 40 weeks gestation. The baby is **premature if gestation is below 37 weeks and the actual number of weeks is entered**.
- This form must be completed, submitted, and input before the target child medical, PSI, 4 month ASQ or follow-up forms can be data entered.
- Please fill in both the child's first and last name.
- Don't forget page two of the form, which collects information on the Biological Parent's Involvement and Optional Items (Some programs may collect more information on the Target Child. You need to speak to your supervisor or program manager to find out if your site uses these items. They are questions #20 - #28).

## TARGET CHILD'S MEDICAL INFORMATION

**WHY:** To collect information on preventive medical services provided to the target child.

**INFORMATION COLLECTED ABOUT:** Target child.

**WHEN:** Complete this form every time the target child receives an immunization, goes on a well-baby visit, or has a lead assessment or screening.

**WHO COMPLETES FORM:** Home visitor

**ESSENTIAL ITEMS:**

1. Primary caretaker 1's identifier
2. Home visitor's name
3. Target Child's Name
4. Target child date of birth
- 4a. Target child SS#

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### IMPORTANT INFORMATION

- Families should be asked about interactions with the health community at least once per month by the FSW, especially regarding immunizations and well baby visits. Supervisor review of this activity can be recorded on the Supervisor Review sheet.
- Submit form for data entry on a regular basis (monthly).
- Lead assessments and lead screens are required by NYS Health Department as per schedule on the form.
- Lead screens are defined as positive (10 ml/dl or above) or negative (below 10 ml/dl)
- The HEP shot at birth is usually in the hospital records
- Since this is important outcome data, it is suggested that immunization dates are gathered by contacting the child's medical provider or recording dates taken from the immunization card.
- Immunization cards for the families are helpful to record immunization dates.
- The immunization schedule listed on the form is based on the NYS Health Department Recommended Schedule for Immunizations

## **PARENTAL STRESS INDEX (PSI)**

**WHY:** To measure the change over time of parent-child interaction.

**INFORMATION COLLECTED ABOUT:** Primary caretaker 1

**WHEN:** The PSI is administered on the following schedule: within one month of the birth of the target child (in postnatal cases, within one month of intake), when the target child is 6 months old, 1 year old, 2 years old, 3 years old, 4 years old, 5 years old and at time of discharge from the program

**WHO COMPLETES FORM:** Home visitor is responsible for getting the participant to complete the form. Home visitor completes cover sheet.

**ESSENTIAL ITEMS:**

1. Primary Caretaker 1 Identifier
3. English or Spanish
4. Date form completed
5. Follow-up interval

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### **IMPORTANT INFORMATION**

- Home Visitors should complete the identification information on the cover sheet, while the Primary Caretaker 1 is completing the Parental Stress Index (PSI) short form.
- Home Visitors should encourage the parent to read the instructions before completing questionnaire.
- Home Visitors should identify, with the participant, “a testing environment that is relatively quiet, free from distraction, and adequately illuminated. Although there is no time limit for completing the PSI, it requires approximately 20 minutes to complete.”
- Instruct the participant to fill out only their “Name” and “Today’s date” on the answer sheet.
- Before leaving the participant’s home, check to see if all the questions were answered.
- There is a Spanish version.
- The PSI may be given to either mothers or fathers.
- Complete a PSI for each child when participant has a multiple birth. However, pick only one target child to have PSI’s entered in the computer, using that same child’s PSI for each interval.
- PSI’s that score outside the normal range should be reviewed by the supervisor or Program Manager.

## HOME VISIT LOG

**WHY:** To obtain information on the activities engaged in during home visit.

**INFORMATION COLLECTED ABOUT:** Where home visit occurred, family members and home visitor activities.

**WHEN:** After each visit with the family.

**WHO COMPLETES FORM:** Home visitor

**ESSENTIAL ITEMS:**

1. Primary caretaker 1's identifier
  2. Home visitor's name
  3. Date of the visit
  5. Type of visit
  6. Length of the visit
  7. Who participated in the visit
- At least one activity if the visit occurred

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### IMPORTANT INFORMATION

- This is a two page form.
- Home Visits are defined as a face-to-face contact with the family.
- A home visit may be in the home, out of the home or partly in the home and partly out of home. You can indicate this on the form. No more than 20% of home visits should be out of the home.
- Attempted visits are recorded on a home visit log **after the worker visits the home** and finds the participant/family unavailable or not at home.
- In addition, one parent group meeting per month that the family support worker attends with the participant may be counted as a home visit. This is an "out of the home" home visit.
- A home visit may be recorded when a participant is accompanied to a medical or non-medical appointment and parent-child interaction or other curriculum-related activities occur. This is an "out of the home" home visit.
- Telephone contacts are not recorded on home visit logs.
- #7 "**Who participated in this home visit?**" does not mean who was in the home at the time of the visit. We want to know whom you interacted with, gave materials to, did assessments on, etc. If the baby was sleeping during the whole visit, do not record that the target child participated in the visit.
- Minimize the use of "Other" categories. Try to fit the activity into one of the existing categories.
- A visit is considered "in home" as long as it takes place on the property of the family; in other words, the worker is able to see the child/parent in the child's environment. Workers are encouraged to try to meet in the home itself in order to assess safety, etc. Therefore, visits in the yard/porch are in-home visits and visits in the park are "out of home" visits.

## AGES AND STAGES QUESTIONNAIRE (ASQ)

**WHY:** Screening instrument to measure child's developmental progress and determine need for referral for services.

**INFORMATION COLLECTED ABOUT:** Target child

**WHEN:** The ASQ is administered when the child is 4 months, 8 months, 12 months, ....

**WHO COMPLETES FORM:** Home visitors with primary caretaker

**ESSENTIAL ITEMS:**

1. Primary caretaker 1's identifier
2. Home visitor's name
4. Date ASQ was completed
5. Target child's age
6. Target Child's first and last name

All scores  
If any Under Cutoff score is "yes," then 13. Was target child referred to EIP?

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### IMPORTANT INFORMATION

- If the baby is born prematurely -- before 37 weeks of gestation -- use the calculated date of birth (CDOB) up through the 20 month ASQ. For the 24 month ASQ use the actual target child date of birth to determine the due date for the ASQ assessment.
- To calculate the CDOB, add the number of weeks premature to the actual target child's date of birth. Example: if a premature baby is born at 35 weeks of gestation on 9-1-2001, the CDOB would be five weeks after 9-1-2001 or 10-5-2001. Therefore, the 4 month ASQ would be due on 2-4-2002.
- For the performance target, if the baby scores below the cutoff on any measure, you must make a referral to your local Early Intervention Program. This is done by indicating "Yes" for #13 "**Was Target child referred to EIP?**"
- If you have given the participant information about EIP services because of an under cutoff score and she refuses to follow-up on the referral, mark "yes" to question #13 "Was target child referred to EIP?" Continue to administer the ASQ on the prescribed schedule and continue to offer information to the participant about EIP if subsequent ASQ's indicate under cutoff scores.
- The 6 and 18 month ASQ are optional for the evaluation. Ask your supervisor if your site is administering these assessments.

## FOLLOW UP INFORMATION

**WHY:** To measure participant progress in a number of different areas.

**INFORMATION COLLECTED ABOUT:** The mother or other primary caretaker, secondary caretaker, and target child.

**WHEN:** Complete this form when the target child is 6 months, 1 year, 2 years, 3 years, 4 years, and 5 years old. Also, complete at time of discharge from the program.

**WHO COMPLETES FORM:** Home visitor

<b>ESSENTIAL ITEMS:</b>	1.	Primary caretaker 1's identifier
	2.	Home visitor's name
	3.	Date form completed
	4.	Follow-up interval
	6.	Living in household
	8.	Did PC1 hold a job?
	11.	Has PC1 been involved in educational/employment/ training program
	29.	CPS Reports
	30-35.	Did family receive any public benefits?
	36-37.	TANF Certification
	39.	Medical providers
	39-40.	Health Insurance

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## IMPORTANT INFORMATION

- If a PC2 existed at intake, you must complete the PC2 section of the Follow-up form. If the PC2 no longer lives in the household with PC1, answer "No" for #6 (In the PC2 column) "**Is participant living in household at time of the follow-up?**" You do not have to complete the rest of the PC2 section.
- If the PC2 at intake leaves the household and another caregiver moves into the household, you should not collect any subsequent data on the new person in the household. However, if the original PC2 moves back into the household, follow-up information should be collected.
- It is a good idea to record information on this form for employment, education, emergency room visits and hospitalizations as it happens, rather than waiting until the Follow-up form is due. It may be difficult to remember the particular details of the job, educational program or visit to the hospital. You would then simply complete and submit the Follow-up form when it was actually due.
- If the family is utilizing any public benefits, answer "Yes" for #30 "**Did family receive any of the following benefits since last follow-up/intake?**" Make sure you answer all five items regarding public benefits.
- Do not answer the TANF eligibility question, #36 & #37, if this is the 6 month or discharge follow-up
- For the Target Child Emergency Room Visits and Overnight Hospitalizations, only circle the 5 primary or major reasons.
- The **Additional Family Jobs for Follow-up Form** is used when there are more than 5 jobs to report on a follow-up form.

## SERVICE REFERRAL

**WHY:** To obtain information on services participants are referred to, whether within the home visiting agency or to an outside program.

**INFORMATION COLLECTED ABOUT:** Members of the household.

**WHEN:** Completed each time a referral is made and each time information about the referral is received.

**WHO COMPLETES FORM:** Home visitor

**ESSENTIAL ITEMS:**

1. Primary caretaker 1's identifier
  2. Home visitor's name
  3. Service code
  4. Family member referred
  6. Date of referral
- All follow-up information  
If Yes to 7, then 8 (date started)  
If No to 7, then 9 (reason not received)

---

### IMPORTANT INFORMATION

- This form needs to be completed by using codes provided on the back of the form. Codes are provided for the following items:
  3. Service codes: Type of service that is provided.
  4. Family member referred: Who was referred.
  9. Reason not received: Reason why the participant did not receive the service.
- A referral consists of either making arrangements for a participant to receive services or providing information about specific providers so that the participant can make arrangements him or herself.
- Only one referral should be entered on each line. If you refer more than one person to a service, complete one line (referral) for each individual.
- Workers need to continually follow-up with participants to determine whether the service was received.
- A Referral Follow-up tickler is available from the data entry operator.

## **SERVICE STATUS SHEET**

**WHY:** To collect information on when and why participants leave the program after intake.

**INFORMATION COLLECTED ABOUT:** The mother or primary caretaker

**WHEN:** The form is completed when the family has been discharged from services.

**WHO COMPLETES FORM:** Home visitor

**ESSENTIAL ITEMS:**

1. Primary Caretaker 1 Identifier
3. Discharge Date
4. Discharge Reason

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### **IMPORTANT INFORMATION**

- You will not be able to enter any forms dated after the discharge date.

## CHANGE FORM

**WHY:** To maintain current information on the family.

**INFORMATION COLLECTED ABOUT:** Changes of information about the case.

**WHEN:** Complete the form when the following changes have occurred: dates of events, staff assigned to the case, the primary caretaker's identifying information, address, phone number, contact person information, target child identifying information, informed consent, level, medical provider and local use fields.

**WHO COMPLETES FORM:** Home visitor

**ESSENTIAL ITEMS:**

1. Date of change
2. Primary caretaker 1's identifier
3. Identifying Case Date

At least one other item that indicates a change

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### IMPORTANT INFORMATION

- Enter old information in the left column and new information in the right column.
- **Changes in Level:** You will not have to submit a change form when the primary caretaker who enrolled prenatally, has her baby. The computer will automatically change the level from Level 1-Prenatal to Level 1 when the Target Child Identification and Birth Outcomes is data entered. Note: level changes only should occur if the conditions outlined in the HFA training manual are present and you have agreement of your supervisor. Changes from Level 1-Prenatal can only be made to Level X or Level 1-SS. If the family in on Level X at the time of the Target Child's birth, entering the Target Child ID will change the level to Level 1. If you want the family to remain on Level X, submit a Change Form from Level 1 to Level X for the day after the Target Child's DOB.
- **PC1 Identification Information:** Changes in the name, phone and address should be noted. If the PC1 no longer has a phone, mark an "x" in the NONE box.
- **Contact Information:** Note if a different person is to be listed as a contact person.
- **Medical Providers:** Changes in the primary care provider of the PC1 or target child should be noted. The presence of a Medical Provider for PC1 and target child is also collected on the Follow-up form.
- **Local Use Field Changes:** This change will, in most cases, not be the responsibility of the FSW.
- **Developmental Services:** There are times when you do not know if the child is receiving developmental services when you complete the ASQ form. As you will 1) not be responsible to complete developmental screens (ASQ form) if the child is receiving developmental services and 2) will need this information for the performance targets, you may need to change this one item on a particular ASQ form.

## **WORKER INFORMATION UPON HIRE**

**WHY:** To collect some basic information on the Healthy Families Worker

**INFORMATION COLLECTED ABOUT:** Demographic and life experience information of the worker.

**WHEN:** At worker hire.

**WHO COMPLETES FORM:** Home visitor

**ESSENTIAL ITEMS:**

1. Worker Name
2. Worker Code
6. Supervisor
7. Employment Date
8. Primary Function

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### **IMPORTANT INFORMATION**

- The Employment Date #7 is the date the worker started working for the program.
- The Primary Function #8 is what the worker was hired to do. If there are questions about this, ask your Supervisor or Program Manager
- If the worker was hired to be an Assessment Worker 50% of the time and a Supervisor 50% of the time, check both boxes

## **WORKER INFORMATION CHANGE FORM**

**WHY:** To maintain current information on the worker.

**INFORMATION COLLECTED ABOUT:** Changes of information about the worker.

**WHEN:** Complete the form when the following changes have occurred: dates of events, termination date, the worker's identifying information, address, phone number, change in supervisor, primary function of job, educational milestone etc...

**WHO COMPLETES FORM:** Home visitor

**ESSENTIAL ITEMS:**

1. Date of change
2. Worker Name

At least one other item that indicates a change

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### **IMPORTANT INFORMATION**

- Enter old (existing) information in the left column and new (information to change) information in the right column.
- It is wise to only do one change per change form. Changing the address is one change.