

VII. Directions for the Family Intake Form

Overview. The Family Intake expands on information obtained during the screening and assessment process in order to establish a baseline against which future progress will be measured. **The home visitor completes it during the first month of service for Intensive Service families only.**

IMPORTANT: Even if a family is on creative outreach, the FSW must submit a Family Intake form on the family when one is due.

The Family Intake is divided into two sections:

I. Demographic Information

II. Basic Services and Resources

IMPORTANT: Always fill in the bubbles for Worker ID, Child ID, County of Service, Today's Date, Child's Date of Birth, and Date of First Home Visit.

I. Demographic Information

1. Date of first home visit

2. Is/was the family served by Healthy Start prenatally?

Did your Healthy Start program serve this family before the baby was born?

3. Is this family a Healthy Start family?

Choose *Yes* if this family is receiving any Healthy Start services. If *No*, enter the program name currently serving the family, and do not send form to NPC. (A few counties use this form for other programs besides Healthy Start.)

4. Gross monthly family income

Choose the category that best describes the financial resources for this family. Family is defined as newborn child and primary caregiver(s). If the family lives with parent(s) or relatives and shares expenses, use the caregiver(s) personal income. If the family lives with parent(s) or relatives and the caregiver has no personal income, use the gross monthly income of the household.

5. Size of family supported by income

Choose the number of people supported by the family income. If the baby is not born, do not include the baby in this number.

II. Basic Services and Resources

6. Which services or resources does the family currently use?

The purpose of this section is to document the family's service needs and resources at the point of entry into the program. As such, this provides a baseline snapshot of the family's involvement with services, as well as documenting the family's service needs in a variety of areas. It is not expected that the family's needs will have been met at this initial point in time. However, if you have connected a family to a service that they lacked at the time of their

Healthy Start enrollment, but prior to completing this form, indicate “Family lacks needed service” on the intake. On the 6 month Family Update, you should then indicate that you’ve connected the family with service. This helps establish a true baseline of a family’s need at the time of enrollment.

Please choose one of the following options for each of the items a to indicate which services the family current needs or uses.

Service Currently Used: Fill in this bubble if any member of the family currently receives this type of assistance.

Service Not Needed: Fill in this bubble if the family doesn’t currently receive assistance and none of the family members need the service.

Family lacks needed service: If the family doesn’t receive assistance, but any one person in the family currently needs this service or resource. Use this option to indicate a family lacked the needed service at the time of their Healthy Start enrollment, even if you connected them to service prior to the completion of this form.

a. Dental services

Services related to dental health/hygiene (e.g., a dentist).

b. Drug/alcohol treatment

Needs or uses services for substance abuse issues, including further assessment if a drug/alcohol problem is suspected. Includes AA/NA group attendance.

c. Domestic violence assistance

Needs or utilizes services related to domestic violence issues in the family (e.g., shelter, anger management).

d. Education assistance

Including obtaining GED, attending college, tutoring, literacy, etc.

e. Housing

Assistance in finding, paying for, or maintaining housing.

f. Job training or employment services

Assistance or support maintaining, improving, or finding employment.

g. Mental health services

Family needs or uses mental health services, including assessment if mental health issues are suspected.

h. Medicaid/OHP

OHP = Oregon Health Plan (or other publicly funding insurance), assistance obtaining, qualifying, working with, or maintaining Medicaid or OHP.

i. Public health nursing services (Babies First!, CaCoon, MCM)

j. TANF or other cash assistance

TANF was formerly welfare/AFDC. Family needs assistance obtaining, working with, or maintaining cash assistance. Family needs assistance obtaining, working with, or maintaining other forms of cash assistance (e.g., disability payments).

k. Other (specify)

7. Has baby been born?

If baby has not been born, fill in the bubble for "No," but do not fill out the remainder of this form until baby is born. When the baby is born, complete the remaining survey questions and update the baby’s birthdate in Family Manager from the estimated date to the actual date.

8. How many times did you visit with the family prenatally?

Include all face-to-face visits with the family prior to the birth of the target child. Please use two-digit numbers when reporting this information. For example, if you visited the family 8 times, you would write in “08.”

9. How many other contacts did you have with the family prenatally?

This includes telephone as well as other contacts you have had with the family. Please use two-digit numbers. For example, if you contacted the family 8 times prior to the birth of the target child, then you would write in “08”.

10. Was baby premature?

Choose “Yes” if the baby was born at thirty-six (36) weeks or less gestational age.

11. Who is baby’s primary caregiver(s)?

Choose the best description of baby’s primary caregiver at this time. **Please choose only one response! If mother and father jointly act as primary caregiver, choose “Mother and second parent figure” then specify the second parent figure on question 12.**

- Mother only
- Mother and second parent figure
- Father only
- Other_____

12. If there is a second parent figure, specify:

- No second parent figure
- Specify second parent figure if applicable:_____

Coding instructions

Please fill in bubble for *Yes, No, or DK(Don’t Know)* for questions 13-15. Answer these questions to the best of your knowledge at this time.

13. Is this family receiving services from DHS Child Welfare?

This includes both voluntary and involuntary services related to parenting and maintaining the safety of the child.

14. Have you made any DHS Child Welfare reports on this family?

Indicate yes only if a formal report has been made to DHS Child Welfare, e.g., through the Child Abuse hotline or other formal referral source. Do not include reports made for spousal abuse. Child abuse/neglect reports do not have to be substantiated.

15. At this time, do you know of any other DHS Child Welfare reports on this family?

Indicate yes only if you have knowledge of other child abuse/neglect reports (e.g., if parents or caseworker informs you) on the family.

Coding instructions

Please fill in the bubble for *Yes, No, or DK (Don’t Know)* for questions 16-22.

16. Did mother smoke during pregnancy?

Yes, if mother smoked at any time during her pregnancy.

17. Does mother currently smoke?

Yes, if the mother currently smokes (even if not in the home). This question tracks passive smoke exposure.

18. Does anyone else currently living in household smoke?

This question tracks passive smoke exposure. Please indicate, “yes” even if the individual typically goes outside when smoking.

19. Does baby have a primary health care provider?

Yes, if baby is linked to pediatric health care provider or family practitioner at this time.

20. Does the primary caregiver have a primary health care provider?

The definition of a primary health care provider according to HFA is "the primary individual, provider, medical group, public and/or private health agency, or a culturally recognized medical professional where participants can go to receive a full array of health, mental health and medical services."

21. Is mother breast-feeding baby (either totally or part time)?

Yes, if mother is breast-feeding at all, even if supplementing with formula.

22. Does the baby have any special health needs?

If “Yes,” specify special health needs in the space provided. Note any special health needs such as jaundice or suspected failure to thrive.

23. What prenatal care did the mother receive?

Choose the best description of the mother’s prenatal care. For first-time adoptive parents, this question should be completed based on the biological mother’s information (if known).

Early, comprehensive prenatal care

Criteria: a) Five or more total checkups and b) Care beginning at or before 3rd month/12 weeks gestation.

Limited prenatal care

Criteria: a) Less than five checkups and/or b) Care beginning at or after 3rd month/12 weeks gestation.

No prenatal care

Unknown: Use this only if you do not know the type/frequency of the mother’s prenatal care.

24. Are any of the following events known to have occurred in the family during the past six months? Please fill in the bubbles for all answers that apply to this family.

Marriage

Criminal activity (*family involvement in*)

New partner

Divorce, separation, or break-up with partner

New job

Death of a family member

Obtained GED

Medical crisis or major illness of family member

Graduated from school

Unplanned job loss or unstable employment

Off public assistance (TANF)

On public assistance (TANF)

25. Is there anything else you want to tell us about this family?

This is a general notes section that you can use for your own notes or to indicate something to the evaluation team.