Family Home Visiting (FHV) Evaluation
Data collection forms

Standard packet
January 2015 Update
Version 3.0
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<td>60 months preschooler</td>
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</tr>
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<td>FHV-66-PRE</td>
<td>66 months preschooler</td>
<td>49</td>
</tr>
<tr>
<td>FHV-99-CLO</td>
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<td>53</td>
</tr>
</tbody>
</table>
Form FHV-0-INT

Primary caregiver intake

**HEADER**
*1 Data entry staff (name) *2 Home visitor (name)

*3 Site

3b Name of subcontracting agency, if applicable
   - 360 Communities
   - Catholic Charities
   - Community Action Partnership (CAP)
   - MN Visiting Nurses' Association (MVNA)
   - Headway
   - St. David's

*4 Date of first home visit

**DEMOGRAPHICS (PRIMARY CAREGIVER)**
6 First name 7a Last name 7b Maiden name, if applicable

*8a Identifier #1 8b Identifier #2

9 Home address (number and street or rural route)^1

10 City

*11 State 12 Zip

*13 Birth date

*14 Home visiting model
   - 01 Healthy Families America (HFA)
   - 02 Nurse-Family Partnership (NFP)
   - 77 Other, ongoing
   - 88 Other, short-term/limited

*15 Funding source
   - 01 MIECHV Formula Funding Grant
   - 02 MIECHV Expansion Funding Grant
   - 03 Non-MIECHV

*16 Client type at enrollment (relationship to index child)
   - 01 Prenatal woman
   - 02 Postpartum mother (biological)
   - 03 Father (biological)
   - 04 Other primary caregiver:

*17 Gender
   - 01 Male
   - 02 Female

*18 PRENATAL/POSTPARTUM ONLY: How many live births have you had?

*19 Hispanic or Latino/a ethnicity
   - 01 Hispanic or Latino/a
   - 02 Not Hispanic or Latino/a
   - 88 Client does not know/not sure
   - 99 Client declines to answer

*20 Race (select one or more)
   - 01 White
   - 02 Black/African American
   - 03 American Indian/Alaska Native
   - 04 Asian
   - 05 Native Hawaiian/Other Pacific Islander
   - 06 Other:
   - 88 Client does not know/not sure
   - 99 Client declines to answer

---
^1 If homeless, write "homeless" in the address field.
Primary language

- 01 English
- 02 Hmong
- 03 Somali
- 04 Spanish
- 05 Other:
- 99 Client declines to answer

Legal marital status

- 01 Married (legal or common law)
- 02 Divorced
- 03 Widowed
- 04 Separated
- 05 Never married
- 99 Client declines to answer

I. IMPROVED MATERNAL & NEWBORN HEALTH

PRENATAL CLIENTS ONLY: How many weeks pregnant are you (client) now?

23  weeks pregnant

II. CHILD INJURIES, CHILD ABUSE, NEGLECT OR MALTREATMENT / REDUCTION OF EMERGENCY ROOM VISITS

In the past 6 months, have you (client) obtained care at the emergency room/urgent care center for ANY reason?

24  Yes
- 01 No
- 88 Client does not know/not sure
- 99 Client declines to answer

V. FAMILY ECONOMIC SELF-SUFFICIENCY

Are you (client) currently working?

25  Yes, full-time (37+ hours/week)
- 01 No, part-time (36 hours or less/week)
- 03 No, not employed
- 99 Client declines to answer

What is your (client's) household size?

26  persons

BENCHMARK V.28

Which category best describes your (client's) total annual household income and benefits?

- 02 $1 - $6,000
- 03 $6,001 - $9,000
- 04 $9,001 - $12,000
- 05 $12,001 - $16,000
- 06 $16,001 - $20,000
- 07 $20,001 - $30,000
- 08 Over $30,000
- 88 Client does not know/not sure
- 99 Client declines to answer

In what educational program are you (client) currently enrolled, if any?

29  Not enrolled in a program
- 01 Middle school (6th through 8th grade)
- 02 High school (9th through 12th grade)
- 03 GED program
- 04 Post-high school vocational/cert./technical training
- 05 Other:

What is the highest level of education you (client) have attained?

30  Never attended school or kindergarten
- 01 Grades 1 through 8 (Elementary)
- 02 Grades 9 through 11 (Some high school)
- 03 Grade 12 (High school)
- 04GED
- 05 Post-high school vocational/cert./technical training
- 06 Some college/training (no degree)
- 07 Technical training cert./Associate's degree
- 08 Bachelor's degree or higher
- 09 Other:
- 99 Client declines to answer

More on next page
### Questionnaire Page 3 of 3

**31** In the past 6 months, have you *(client)* completed any educational programs or classes, such as grade advancement, certificate, ESOL\(^5\), etc.?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 01 Yes: ______________________</td>
<td>☐ 99 Client declines to answer</td>
</tr>
<tr>
<td>☐ 02 No</td>
<td></td>
</tr>
</tbody>
</table>

**32** Do you *(client)* have health insurance?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 01 Yes, insured</td>
<td>☐ 88 Client does not know/not sure <em>(END form)</em></td>
</tr>
<tr>
<td>☐ 02 No, uninsured(^6) <em>(END form)</em></td>
<td>☐ 99 Client declines to answer <em>(END form)</em></td>
</tr>
</tbody>
</table>

**33** What is your major medical care resource for health insurance? (select one or more)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 01 Private insurance</td>
<td>☐ 04 Other:</td>
</tr>
<tr>
<td>☐ 02 Public insurance(^7)</td>
<td>☐ 88 Client does not know/not sure</td>
</tr>
<tr>
<td>☐ 03 TRICARE (Military)</td>
<td>☐ 99 Client declines to answer</td>
</tr>
</tbody>
</table>

---

5. ESOL = English for Speakers of Other Languages, also sometimes referred to as English as a Second Language (ESL) or English as a New Language (ENL)
6. Includes clients who have applied for insurance (pending)
7. Minnesota Health Care Programs (MHCP): Medical Assistance (MA), Prepaid Medical Assistance Program (PMAP), MinnesotaCare, Minnesota Family Planning Program
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## Child intake

### HEADER

<table>
<thead>
<tr>
<th>*1</th>
<th>Data entry staff (name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*2</td>
<td>Home visitor (name)</td>
</tr>
</tbody>
</table>

| *3 | Site         |

<table>
<thead>
<tr>
<th>3b</th>
<th>Name of subcontracting agency, if applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>360 Communities</td>
</tr>
<tr>
<td>O</td>
<td>Catholic Charities</td>
</tr>
<tr>
<td>O</td>
<td>Community Action Partnership (CAP)</td>
</tr>
<tr>
<td>O</td>
<td>MN Visiting Nurses' Association (MVNA)</td>
</tr>
<tr>
<td>O</td>
<td>Headway</td>
</tr>
<tr>
<td>O</td>
<td>St. David's</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*4</th>
<th>Date of home visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>*5</td>
<td>Total # home visits to-date</td>
</tr>
</tbody>
</table>

### Demographics (Child)

<table>
<thead>
<tr>
<th>6</th>
<th>First name (child)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Last name (child)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*8a</th>
<th>Identifier #1 (child)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*8b</td>
<td>Identifier #2 (child)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*9</th>
<th>Primary caregiver ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>*10</td>
<td>Birth date (child)</td>
</tr>
</tbody>
</table>

### Gender

<table>
<thead>
<tr>
<th>01</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>02</td>
<td>Female</td>
</tr>
</tbody>
</table>

### Hispanic or Latino/a ethnicity

<table>
<thead>
<tr>
<th>01</th>
<th>Hispanic or Latino/a</th>
</tr>
</thead>
<tbody>
<tr>
<td>02</td>
<td>Not Hispanic or Latino/a</td>
</tr>
<tr>
<td>88</td>
<td>Client does not know/not sure</td>
</tr>
<tr>
<td>99</td>
<td>Client declines to answer</td>
</tr>
</tbody>
</table>

### Race (child) (select one or more)

<table>
<thead>
<tr>
<th>01</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>02</td>
<td>Black/African American</td>
</tr>
<tr>
<td>03</td>
<td>American Indian/Alaska Native</td>
</tr>
<tr>
<td>04</td>
<td>Asian</td>
</tr>
<tr>
<td>05</td>
<td>Native Hawaiian/Other Pacific Islander</td>
</tr>
<tr>
<td>06</td>
<td>Other:</td>
</tr>
<tr>
<td>88</td>
<td>Client does not know/not sure</td>
</tr>
<tr>
<td>99</td>
<td>Client declines to answer</td>
</tr>
</tbody>
</table>

### I. IMPROVED MATERNAL & NEWBORN HEALTH

**BIOLOGICAL MOTHERS ONLY: Did you (client) smoke cigarettes at all during pregnancy, including before you found out you were pregnant?**

<table>
<thead>
<tr>
<th>01</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>02</td>
<td>No</td>
</tr>
<tr>
<td>99</td>
<td>Client declines to answer</td>
</tr>
</tbody>
</table>

### II. CHILD INJURIES, CHILD ABUSE, NEGLECT OR MALTREATMENT / REDUCTION OF EMERGENCY ROOM VISITS

**ANSWER ONLY IF ENROLLED PRENATALLY: Since enrollment, have you (client) obtained care at the emergency room/urgent care center for ANY reason?**

<table>
<thead>
<tr>
<th>01</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>02</td>
<td>No</td>
</tr>
<tr>
<td>88</td>
<td>Client does not know/not sure</td>
</tr>
<tr>
<td>99</td>
<td>Client declines to answer</td>
</tr>
</tbody>
</table>

### V. FAMILY ECONOMIC SELF-SUFFICIENCY

**ANSWER ONLY IF ENROLLED PRENATALLY: Since enrollment, have you (client) completed any educational programs or classes, such as grade advancement, certificate, ESOL\(^1\), etc.?**

<table>
<thead>
<tr>
<th>01</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>02</td>
<td>No</td>
</tr>
<tr>
<td>99</td>
<td>Client declines to answer</td>
</tr>
</tbody>
</table>

---

\(^1\) ESOL = English for Speakers of Other Languages, also sometimes referred to as English as a Second Language (ESL) or English as a New Language (ENL)
**17** ANSWER ONLY IF ENROLLED PRENATALLY: Do you (client) have health insurance?  
- 01 Yes, insured  
- 02 No, uninsured\(^2\) *(SKIP to #19)*  
- 88 Client does not know/not sure *(SKIP to #19)*  
- 99 Client declines to answer *(SKIP to #19)*

**18** ANSWER ONLY IF ENROLLED PRENATALLY: What is your major medical care resource for health insurance? (select one or more)  
- 01 Private insurance  
- 02 Public insurance\(^3\)  
- 03 TRICARE (Military)  
- 04 Other: ___________________________  
- 88 Client does not know/not sure  
- 99 Client declines to answer

**19** Does your child have health insurance?  
- 01 Yes, insured  
- 02 No, uninsured\(^2\) *(END form)*  
- 88 Client does not know/not sure *(END form)*  
- 99 Client declines to answer *(END form)*

**20** What is your child's major medical care resource for health insurance? (select one or more)  
- 01 Private insurance  
- 02 Public insurance  
- 03 TRICARE (Military)\(^3\)  
- 04 Other: ___________________________  
- 88 Client does not know/not sure  
- 99 Client declines to answer

---

\(^2\) Includes clients who have applied for insurance (pending)  
\(^3\) Minnesota Health Care Programs (MHCP): Medical Assistance (MA), Prepaid Medical Assistance Program (PMAP), MinnesotaCare, Minnesota Family Planning Program
Form FHV-06-INF

6 months infant

**HEADER**

*1 Data entry staff (name)  

*2 Home visitor (name)

*3 Site

3b Name of subcontracting agency, if applicable

- 360 Community
- Catholic Charities
- Community Action Partnership (CAP)
- MN Visiting Nurses' Association (MVNA)
- Headway
- St. David's

*4 Date of home visit  

*5 Total # home visits to-date

**CHILD/CAREGIVER LOOKUP**

*6 Child ID  

*7 Primary caregiver ID

**DEMOGRAPHICS UPDATE (CAREGIVER)**

*8 Legal marital status

- 01 Married (legal or common law)
- 02 Divorced
- 03 Widowed
- 04 Separated
- 05 Never married
- 09 Client declines to answer

**I. IMPROVED MATERNAL & NEWBORN HEALTH**

9 BIOLOGICAL MOTHERS ONLY: Are you (client) taking a vitamin containing folic acid?

- 01 Yes
- 02 No

10 BIOLOGICAL MOTHERS ONLY: Was the mother screened with a standardized instrument (EPDS, PHQ-2, or PHQ-9) for possible postpartum depression by 3 months postpartum?

- 01 Yes
- 02 No (SKIP to #12)

11 BIOLOGICAL MOTHERS ONLY: Was the mother referred to relevant community resources for screening positive for postpartum depression? (Use EPDS or PHQ-9)

- 01 Yes
- 02 No
- 03 Not applicable (did not screen positive)

12 Has your child ever had breast milk?

- 01 Yes
- 02 No
- 88 Client does not know/not sure (SKIP to #15)

13 Does your child continue to get breastmilk?

- 01 Yes (SKIP to #15)
- 02 No
- 99 Client declines to answer (SKIP to #15)

14 How many weeks old was your child when he or she stopped getting breastmilk?

[ ] weeks old

BENCHMARKS:

1 MARITAL STATUS:

* Select "01 Married" if the client is legally married in the United States.

2 A cutoff score of 10 or greater on the EPDS is indicative of possible depression. A cutoff score of 10 on the PHQ-9 is indicative of moderate or more severe depression.

3 Enter "1" if less than one week

More on next page
## II. CHILD INJURIES, CHILD ABUSE, NEGLECT OR MALTREATMENT / REDUCTION OF EMERGENCY ROOM VISITS

<table>
<thead>
<tr>
<th>Question</th>
<th>Benchmark</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the past 6 months, have you (client) obtained care at the emergency room/urgent care center for ANY reason?</td>
<td>II.10</td>
<td>01 Yes, 02 No, 88 Client does not know/not sure, 99 Client declines to answer</td>
</tr>
<tr>
<td>In the past 6 months, have you (client) taken your child to the emergency room/urgent care center for an injury?</td>
<td>II.12</td>
<td>01 Yes, 02 No, 88 Client does not know/not sure, 99 Client declines to answer</td>
</tr>
<tr>
<td>In the past 6 months, have you (client) taken your child to the emergency room/urgent care center for ANY reason, including injury?</td>
<td>II.09</td>
<td>01 Yes, 02 No, 88 Client does not know/not sure, 99 Client declines to answer</td>
</tr>
<tr>
<td>Does this client have a home safety checklist (or equivalent) completed?</td>
<td>II.11</td>
<td>01 Yes, 02 No, 88 Client does not know/not sure, 99 Client declines to answer</td>
</tr>
<tr>
<td>Is there currently an active file at the lead Child Protection Agency (CPA) of suspected maltreatment for this child?</td>
<td>II.13</td>
<td>01 Yes, 02 No, (SKIP to #22)</td>
</tr>
<tr>
<td>Was the suspected case of maltreatment substantiated by the lead CPA?</td>
<td>II.14</td>
<td>01 Yes, 02 No, 03 Pending investigation (SKIP to #22)</td>
</tr>
<tr>
<td>Was the child of the substantiated case of maltreatment a first-time victim, as reported by lead CPA?</td>
<td>II.15</td>
<td>01 Yes, 02 No</td>
</tr>
</tbody>
</table>

## III. IMPROVEMENTS IN SCHOOL READINESS & ACHIEVEMENT

<table>
<thead>
<tr>
<th>Question</th>
<th>Benchmark</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the child's current weight?</td>
<td>III.24</td>
<td>01 Client self-report, 02 Home visitor measurement (preferred), 03 Physician or WIC report</td>
</tr>
<tr>
<td>What is the child's current length? (head-to-toe)</td>
<td>III.24</td>
<td>01 Client self-report, 02 Home visitor measurement (preferred), 03 Physician or WIC report</td>
</tr>
<tr>
<td>Does your agency (home visiting) have an NCAST trained staff person?</td>
<td>III.16, III.18</td>
<td>01 Yes, 02 No, (SKIP to #26)</td>
</tr>
<tr>
<td>Has the home visitor discussed the child's ASQ-3 scores at 4 months of age with the primary caregiver?</td>
<td>III.17</td>
<td>01 Yes, 02 No, 03 Not applicable (did not administer ASQ-3 at 4 mo) (SKIP to #30)</td>
</tr>
<tr>
<td>Please indicate whether the child's ASQ-3 scores at 4 months of age were below the established referral score cutoff in the following areas? Note: Checked box = scored below the cutoff (i.e., did not meet developmental milestone)</td>
<td>III.20-22</td>
<td>01 Communication (below 34.60 at 4 months), 02 Gross Motor (below 38.41 at 4 months), 03 Fine Motor (below 29.62 at 4 months), 04 Problem Solving (below 34.98 at 4 months), 05 Personal-Social (below 33.16 at 4 months)</td>
</tr>
</tbody>
</table>

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4 The Home Safety Checklist (Minnesota Department of Health) is available online at http://www.health.mn.us/divs/fh/mch/fhv/safety.html
28 If home visitor checked any box for question 27:
Was the child referred to relevant community resources for scoring below any referral score cutoff for Communication, Gross Motor, Fine Motor, Problem Solving, or Personal-Social areas on the ASQ-3?

- 01 Yes
- 02 No (SKIP to #30)

29 Was an appointment made for further screening/assessment of the child referred to relevant community resources?

- 01 Yes
- 02 No

IV. DOMESTIC VIOLENCE

30 BIOLOGICAL MOTHERS ONLY: Was the client screened for the presence of domestic violence using the NFP Relationship Assessment or HFA Humiliation Afraid Rape Kick Child Survey (HARK-C) by 3 months postpartum?

- 01 Yes
- 02 No (SKIP to #34)

31 Did the screening tool reveal evidence of domestic violence?\textsuperscript{5}

- 01 Yes
- 02 No

32 Was a referral made to relevant domestic violence services and noted in the client's chart?

- 01 Yes
- 02 No

33 Was an intimate partner violence safety plan discussed, completed, or reviewed?

- 01 Yes
- 02 No

V. FAMILY ECONOMIC SELF-SUFFICIENCY

*34 Are you (client) currently working?

- 01 Yes, full-time (37+ hours/week)
- 02 Yes, part-time (36 hours or less/week)
- 03 No, not employed
- 09 Client declines to answer

*35 What is your (client's) household size\textsuperscript{6} (Note: Count 1 for yourself)

\[\text{persons}\]

*36 Which category best describes your (client's) total annual household income and benefits?\textsuperscript{7}

- 02 $1 - $6,000
- 03 $6,001 - $9,000
- 04 $9,001 - $12,000
- 05 $12,001 - $16,000
- 06 $16,001 - $20,000
- 07 $20,001 - $30,000
- 08 Over $30,000
- 09 Client declines to answer

37 In what educational program are you (client) currently enrolled, if any?

- 01 Not enrolled in a program
- 02 Middle school (6th through 8th grade)
- 03 High school (9th through 12th grade)
- 04 GED program
- 05 Post-high school vocational/cert./technical training
- 06 College
- 07 Other:
- 09 Client declines to answer

38 What is the highest level of education you (client) have attained?

- 01 Never attended school or kindergarten
- 02 Grades 1 through 8 (Elementary)
- 03 Grades 9 through 11 (Some high school)
- 04 Grade 12 (High school)
- 05 GED
- 06 Some college/training (no degree)
- 07 Technical training cert./Associate's degree
- 08 Bachelor's degree or higher
- 09 Other:
- 09 Client declines to answer

\textsuperscript{5} HARK-C: A cutoff score of 1 will be used as criteria for a positive screen. Source: Sohal , et. al. BMC Family Practice 2007 8:49.

\textsuperscript{6} A "household" is defined as a group of related or non-related individuals who are living together as one economic unit sharing income and consumption of goods and/or services (who stay there at least 4 nights per week on average and contribute to the support of the child or primary caregiver). Tenants/boarders shall not be counted as members of the household. Household size: total number of individuals sharing income and consumption of goods and/or services.

\textsuperscript{7} "Income and benefits" should include annual earnings from work, plus other sources of cash support, whether private (e.g., rent from tenants/boarders, cash assistance from friends/relatives) or public (e.g., child support payments, TANF, Social Security (SSI/SSDI/OAI) and Unemployment Insurance).
In the past 6 months, have you (client) completed any educational programs or classes, such as grade advancement, certificate, ESOL, etc.?

- 01 Yes:
- 02 No
- 99 Client declines to answer

Do you (client) have health insurance?

- 01 Yes, insured
- 02 No, uninsured (SKIP to #41)
- 88 Client does not know/not sure (SKIP to #41)
- 99 Client declines to answer (SKIP to #41)

What is your major medical care resource for health insurance? (select one or more)

- 01 Private insurance
- 02 Public insurance (Public insurance includes clients who have applied for insurance (pending))
- 03 TRICARE (Military)
- 04 Other:
- 88 Client does not know/not sure
- 99 Client declines to answer

Does your child have health insurance?

- 01 Yes, insured
- 02 No, uninsured (END form)
- 88 Client does not know/not sure (END form)
- 99 Client declines to answer (END form)

What is your child's major medical care resource for health insurance? (select one or more)

- 01 Private insurance
- 02 Public insurance (Public insurance includes clients who have applied for insurance (pending))
- 03 TRICARE (Military)
- 04 Other:
- 88 Client does not know/not sure
- 99 Client declines to answer

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ESOL = English for Speakers of Other Languages, also sometimes referred to as English as a Second Language (ESL) or English as a New Language (ENL)

Includes clients who have applied for insurance (pending)

Minnesota Health Care Programs (MHCP): Medical Assistance (MA), Prepaid Medical Assistance Program (PMAP), MinnesotaCare, Minnesota Family Planning Program
# 12 months infant

## HEADER

<table>
<thead>
<tr>
<th>*1</th>
<th>Data entry staff (name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*2</td>
<td>Home visitor (name)</td>
</tr>
<tr>
<td>*3</td>
<td>Site</td>
</tr>
</tbody>
</table>

3b Name of subcontracting agency, if applicable

- 360 Communities
- Catholic Charities
- Community Action Partnership (CAP)
- MN Visiting Nurses' Association (MVNA)
- Headway
- St. David's

<table>
<thead>
<tr>
<th>*4</th>
<th>Date of home visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>*5</td>
<td>Total # home visits to-date</td>
</tr>
</tbody>
</table>

## CHILD/CAREGIVER LOOKUP

<table>
<thead>
<tr>
<th>*6</th>
<th>Child ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>*7</td>
<td>Primary caregiver ID</td>
</tr>
</tbody>
</table>

## DEMOGRAPHICS UPDATE (CAREGIVER)

<table>
<thead>
<tr>
<th>*8</th>
<th>Legal marital status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>01 Married (legal or common law)</td>
</tr>
<tr>
<td></td>
<td>02 Divorced</td>
</tr>
<tr>
<td></td>
<td>03 Widowed</td>
</tr>
<tr>
<td></td>
<td>04 Separated</td>
</tr>
<tr>
<td></td>
<td>05 Never married</td>
</tr>
<tr>
<td></td>
<td>99 Client declines to answer</td>
</tr>
</tbody>
</table>

## I. IMPROVED MATERNAL & NEWBORN HEALTH

9 BIOLOGICAL MOTHERS ONLY: Are you (client) taking a vitamin containing folic acid?

- 01 Yes
- 02 No

10 BIOLOGICAL MOTHERS ONLY: Since you had your child, have you (client) been pregnant again?

- 01 Yes
- 02 No
- 99 Client declines to answer

11 Has your child ever had breast milk?

- 01 Yes
- 02 No (SKIP to #14)
- 88 Client does not know/not sure (SKIP to #14)

12 Does your child continue to get breast milk?

- 01 Yes (SKIP to #14)
- 02 No (SKIP to #14)
- 99 Client declines to answer (SKIP to #14)

13 How many weeks old was your child when he or she stopped getting breast milk?

[___] weeks old

14 Has your child had 50% of their well-child check-ups?

- 01 Yes
- 02 No
- 99 Client declines to answer

---

1 Select "01 Married" if the client is legally married in the United States.
2 Enter "1" if less than one week
3 Determine number of well-child visits by use of recognized schedule, such as: Follow-along Program, AAP Recommendations for Preventive Pediatric Health Care, or the Minnesota Child and Teen Checkups (C&TC) Early and Periodic Screening, Diagnosis & Treatment Schedule of Age-Related Screening Standards. Do NOT count a well-child check-up that has been scheduled but not yet completed.
II. CHILD INJURIES, CHILD ABUSE, NEGLECT OR MALTREATMENT / REDUCTION OF EMERGENCY ROOM VISITS

15 In the past 6 months, have you (client) obtained care at the emergency room/urgent care center for ANY reason?
   ○ 01 Yes
   ○ 02 No
   ○ 08 Client does not know/not sure
   ○ 99 Client declines to answer

16 In the past 6 months, have you (client) taken your child to the emergency room/urgent care center for an injury?
   ○ 01 Yes
   ○ 02 No
   ○ 08 Client does not know/not sure
   ○ 99 Client declines to answer

17 In the past 6 months, have you (client) taken your child to the emergency room/urgent care center for ANY reason, including injury?
   ○ 01 Yes
   ○ 02 No
   ○ 08 Client does not know/not sure
   ○ 99 Client declines to answer

18 Is there currently an active file at the lead Child Protection Agency (CPA) of suspected maltreatment for this child?
   ○ 01 Yes
   ○ 02 No

19 Was the suspected case of maltreatment substantiated by the lead CPA?
   ○ 01 Yes
   ○ 02 No
   ○ 03 Pending investigation

20 Was the child of the substantiated case of maltreatment a first-time victim, as reported by lead CPA?
   ○ 01 Yes
   ○ 02 No

III. IMPROVEMENTS IN SCHOOL READINESS & ACHIEVEMENT

21 What is the child's current weight?
   lbs. oz.
   ○ 01 Client self-report
   ○ 02 Home visitor measurement (preferred)
   ○ 03 Physician or WIC report

22 What is the child's current length? (head-to-toe)
   in.
   ○ 01 Client self-report
   ○ 02 Home visitor measurement (preferred)
   ○ 03 Physician or WIC report

23 Does your agency (home visiting) have an NCAST trained staff person?
   ○ 01 Yes
   ○ 02 No

24 NCAST Teaching Subscale Scores at 12 months of child age:
   1. Sens to cues
   2. Resp to distress
   3. SE growth foster
   4. Cogn growth foster
   5. Clarity of cues
   6. Resp to caregiver

25 Has the home visitor discussed the child's ASQ-3 scores at 10/12 months of age with the primary caregiver?
   ○ 01 Yes
   ○ 02 No
   ○ 03 Not applicable (did not administer)

26 Please indicate whether the child's ASQ-3 scores at 10/12 months of age were below the established referral score cutoff in the following areas? Note: Checked box = scored below the cutoff (i.e., did not meet developmental milestone)
   ○ 01 Communication (below 22.87 at 10 months; 15.64 at 12 months)
   ○ 02 Gross Motor (below 30.07 at 10 months; 21.49 at 12 months)
   ○ 03 Fine Motor (below 37.97 at 10 months; 34.50 at 12 months)
   ○ 04 Problem Solving (below 32.51 at 10 months; 27.32 at 12 months)
   ○ 05 Personal-Social (below 27.25 at 10 months; 21.73 at 12 months)

27 If home visitor checked any box for question 26:
   Was the child referred to relevant community resources for scoring below any referral score cutoff for Communication, Gross Motor, Fine Motor, Problem Solving, or Personal-Social areas on the ASQ-3?
   ○ 01 Yes
   ○ 02 No

More on next page
<table>
<thead>
<tr>
<th>Question</th>
<th>Code</th>
<th>Yes</th>
<th>No</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>28 Was an appointment made for further screening/assessment of the child referred to relevant community resources?</td>
<td>BENCHMARK VI.35</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>29 Has the home visitor discussed the child's ASQ:SE scores at 12 months of age with the primary caregiver?</td>
<td>BENCHMARK III.17</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>30 Please indicate whether the child's ASQ:SE score at 12 months of age was above the established referral score cutoff. Note: Checked box = scored above the cutoff (i.e., did not meet socio-emotional milestones)</td>
<td>BENCHMARK III.23</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>31 If home visitor checked the box for question 30: Did the child referred to relevant community resources for scoring above the referral score cutoff on the ASQ:SE?</td>
<td>BENCHMARK VI.31, VI.32</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>32 Was an appointment made for further screening/assessment of the child referred to relevant community resources?</td>
<td>BENCHMARK VI.35</td>
<td>01</td>
<td>02</td>
<td>03</td>
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</table>

### IV. DOMESTIC VIOLENCE

<table>
<thead>
<tr>
<th>Question</th>
<th>Code</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>33 BIOLOGICAL MOTHERS ONLY: Was the client screened for the presence of domestic violence using the NFP Relationship Assessment or HFA Humiliation Afraid Rape Kick Child Survey (HARK-C)?</td>
<td></td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>34 Did the screening tool reveal evidence of domestic violence?</td>
<td></td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>35 Was a referral made to relevant domestic violence services and noted in the client's chart?</td>
<td></td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>36 Was an intimate partner violence safety plan discussed, completed, or reviewed?</td>
<td></td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
</tbody>
</table>

### V. FAMILY ECONOMIC SELF-SUFFICIENCY

<table>
<thead>
<tr>
<th>Question</th>
<th>Code</th>
<th>Yes</th>
<th>No</th>
<th>Skip</th>
</tr>
</thead>
<tbody>
<tr>
<td>37 Are you (client) currently working?</td>
<td></td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>38 What is your (client's) household size?</td>
<td></td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>39 Which category best describes your (client's) total annual household income and benefits?</td>
<td></td>
<td>02</td>
<td>03</td>
<td>04</td>
</tr>
</tbody>
</table>

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4. HARK-C: A cutoff score of 1 will be used as criteria for a positive screen. Source: Sohal, et. al. BMC Family Practice 2007 8:49.

5. A “household” is defined as a group of related or non-related individuals who are living together as one economic unit sharing income and consumption of goods and/or services (who stay there at least 4 nights per week on average and contribute to the support of the child or primary caregiver). Tenants/boarders shall not be counted as members of the household. Household size: total number of individuals sharing income and consumption of goods and/or services.

6. Income and benefits should include annual earnings from work, plus other sources of cash support, whether private (e.g., rent from tenants/borders, cash assistance from friends/relatives) or public (e.g., child support payments, TANF, Social Security (SSI/SSDI/OAI) and Unemployment Insurance).
In what educational program are you (client) currently enrolled, if any?

- 01 Not enrolled in a program
- 02 Middle school (6th through 8th grade)
- 03 High school (9th through 12th grade)
- 04 GED program
- 05 Post-high school vocational/cert./technical training
- 06 College
- 07 Other: ___________
- 99 Client declines to answer

What is the highest level of education you (client) have attained?

- 01 Never attended school or kindergarten
- 02 Grades 1 through 8 (Elementary)
- 03 Grades 9 through 11 (Some high school)
- 04 Grade 12 (High school)
- 05 GED
- 06 Some college/training (no degree)
- 07 Technical training cert./Associate's degree
- 08 Bachelor's degree or higher
- 09 Other: ___________
- 99 Client declines to answer

In the past 6 months, have you (client) completed any educational programs or classes, such as grade advancement, certificate, ESOL, etc.?

- 01 Yes: ___________
- 02 No
- 99 Client declines to answer

Do you (client) have health insurance?

- 01 Yes, insured
- 02 No, uninsured
- 88 Client does not know/not sure (SKIP to #44)
- 99 Client declines to answer (SKIP to #44)

What is your major medical care resource for health insurance? (select one or more)

- 01 Private insurance
- 02 Public insurance
- 03 TRICARE (Military)
- 04 Other: ___________
- 88 Client does not know/not sure
- 99 Client declines to answer

Does your child have health insurance?

- 01 Yes, insured
- 02 No, uninsured
- 88 Client does not know/not sure (END form)
- 99 Client declines to answer (END form)

What is your child's major medical care resource for health insurance? (select one or more)

- 01 Private insurance
- 02 Public insurance
- 03 TRICARE (Military)
- 04 Other: ___________
- 88 Client does not know/not sure
- 99 Client declines to answer

---

7 ESOL = English for Speakers of Other Languages, also sometimes referred to as English as a Second Language (ESL) or English as a New Language (ENL)
8 Includes clients who have applied for insurance (pending)
9 Minnesota Health Care Programs (MHCP): Medical Assistance (MA), Prepaid Medical Assistance Program (PMAP), MinnesotaCare, Minnesota Family Planning Program
Form FHV-18-TOD
18 months toddler

HEADER

*1 Data entry staff (name)  
*2 Home visitor (name)

*3 Site

3b Name of subcontracting agency, if applicable
   - 360 Communities
   - Catholic Charities
   - Community Action Partnership (CAP)
   - MN Visiting Nurses' Association (MVNA)
   - Headway
   - St. David's

*4 Date of home visit  
*5 Total # home visits to-date

CHILD/CAREGIVER LOOKUP

*6 Child ID  
*7 Primary caregiver ID

I. IMPROVED MATERNAL & NEWBORN HEALTH

8 BIOLOGICAL MOTHERS ONLY: Are you (client) taking a vitamin containing folic acid?
   - 01 Yes
   - 02 No

9 BIOLOGICAL MOTHERS ONLY: Since you had your child, have you (client) been pregnant again?
   - 01 Yes
   - 02 No
   - 99 Client declines to answer

10 Has your child ever had breast milk?
   - 01 Yes
   - 02 No (SKIP to #13)
   - 88 Client does not know/not sure (SKIP to #13)

11 Does your child continue to get breast milk?
   - 01 Yes (SKIP to #13)
   - 02 No
   - 99 Client declines to answer (SKIP to #13)

12 How many weeks old was your child when he or she stopped getting breast milk? 

   [ ] weeks old

II. CHILD INJURIES, CHILD ABUSE, NEGLECT OR MALTREATMENT / REDUCTION OF EMERGENCY ROOM VISITS

13 In the past 6 months, have you (client) obtained care at the emergency room/urgent care center for ANY reason?
   - 01 Yes
   - 02 No (SKIP to #13)
   - 88 Client does not know/not sure (SKIP to #13)
   - 99 Client declines to answer

14 In the past 6 months, have you (client) taken your child to the emergency room/urgent care center for an injury?
   - 01 Yes
   - 02 No
   - 88 Client does not know/not sure
   - 99 Client declines to answer

15 In the past 6 months, have you (client) taken your child to the emergency room/urgent care center for ANY reason, including injury?
   - 01 Yes
   - 02 No
   - 88 Client does not know/not sure
   - 99 Client declines to answer

More on next page

1 Enter "1" if less than one week
### III. IMPROVEMENTS IN SCHOOL READINESS & ACHIEVEMENT

16. What is the child's current weight?
- [ ] lbs.
- [ ] oz.
  - 01 Client self-report
  - 02 Home visitor measurement (preferred)
  - 03 Physician or WIC report

17. What is the child's current length? (head-to-toe)
- [ ] in.
  - 01 Client self-report
  - 02 Home visitor measurement (preferred)
  - 03 Physician or WIC report

18. Does your agency (home visiting) have an NCAST trained staff person?
- 01 Yes
- 02 No (SKIP to #20)

19. NCAST Teaching Subscale Scores at 18 months of age:
- 1. Sens to cues
- 2. Resp to distress
- 3. SE growth foster
- 4. Cogn growth foster
- 5. Clarity of cues
- 6. Resp to caregiver

20. Has the home visitor discussed the child's ASQ-3 scores at 18 months of age with the primary caregiver?
- 01 Yes
- 02 No
  - 03 Not applicable (did not administer ASQ-3 at 18 mo) (SKIP to #24)

21. Please indicate whether the child's ASQ-3 scores at 18 months of age were below the established referral score cutoff in the following areas? Note: Checked box = scored below the cutoff (i.e., did not meet developmental milestone)
- 01 Communication (below 13.06 at 18 months)
- 02 Gross Motor (below 37.38 at 18 months)
- 03 Fine Motor (below 34.32 at 18 months)
- 04 Problem Solving (below 25.74 at 18 months)
- 05 Personal-Social (below 27.19 at 18 months)

22. If home visitor checked any box for question 21:
- Was the child referred to relevant community resources for scoring below any referral score cutoff for Communication, Gross Motor, Fine Motor, Problem Solving, or Personal-Social areas on the ASQ-3?
- 01 Yes
- 02 No (SKIP to #24)

23. Was an appointment made for further screening/assessment of the child referred to relevant community resources?
- 01 Yes
- 02 No

24. Has the home visitor discussed the child's ASQ:SE scores at 18 months of age with the primary caregiver?
- 01 Yes
- 02 No
  - 03 Not applicable (did not administer ASQ:SE at 18 mo) (SKIP to #28)

25. Please indicate whether the child's ASQ:SE score at 18 months of age was above the established referral score cutoff. Note: Checked box = scored above the cutoff (i.e., did not meet socio-emotional milestones)
- 01 ASQ:SE (above 50 at 18 months)

26. If home visitor checked the box for question 29:
- Was the child referred to relevant community resources for scoring above the referral score cutoff on the ASQ:SE?
- 01 Yes
- 02 No (SKIP to #28)

27. Was an appointment made for further screening/assessment of the child referred to relevant community resources?
- 01 Yes
- 02 No

### IV. DOMESTIC VIOLENCE

28. BIOLOGICAL MOTHERS ONLY: Was the client screened for the presence of domestic violence using the NFP Relationship Assessment or HFA Humiliation Afraid Rape Kick Child Survey (HARK-C)?
- 01 Yes
- 02 No (SKIP to #32)

More on next page
29 Did the screening tool reveal evidence of domestic violence?2
- 01 Yes
- 02 No (SKIP to #32)

30 Was a referral made to relevant domestic violence services and noted in the client's chart?
- 01 Yes
- 02 No

31 Was an intimate partner violence safety plan discussed, completed, or reviewed?
- 01 Yes
- 02 No

V. FAMILY ECONOMIC SELF-SUFFICIENCY

*32 Which category best describes your (client's) total annual household income and benefits?3
- 02 $1 - $6,000
- 03 $6,001 - $9,000
- 04 $9,001 - $12,000
- 05 $12,001 - $16,000
- 06 $16,001 - $20,000
- 07 $20,001 - $30,000
- 08 Over $30,000
- 09 Client does not know/not sure
- 09 Client declines to answer

*33 In the past 6 months, have you (client) completed any educational programs or classes, such as grade advancement, certificate, ESOL4, etc.?5
- 01 Yes: ______________________
- 02 No
- 09 Client does not know/not sure
- 09 Client declines to answer

*34 Do you (client) have health insurance?
- 01 Yes, insured
- 02 No, uninsured6 (SKIP to #36)
- 09 Client does not know/not sure (SKIP to #36)
- 09 Client declines to answer (SKIP to #36)

*35 What is your major medical care resource for health insurance? (select one or more) 7
- 01 Private insurance
- 02 Public insurance6
- 03 TRICARE (Military)
- 04 Other:
- 08 Client does not know/not sure
- 09 Client declines to answer

*36 Does your child have health insurance?
- 01 Yes, insured
- 02 No, uninsured6 (END form)
- 09 Client does not know/not sure (END form)
- 09 Client declines to answer (END form)

*37 What is your child's major medical care resource for health insurance? (select one or more) 7
- 01 Private insurance
- 02 Public insurance6
- 03 TRICARE (Military)
- 04 Other:
- 08 Client does not know/not sure
- 09 Client declines to answer

---

2 HARK-C: A cutoff score of 1 will be used as criteria for a positive screen. Source: Sohal, et. al. BMC Family Practice 2007 8:49.
3 "Income and benefits" should include annual earnings from work, plus other sources of cash support, whether private (e.g., rent from tenants/borders, cash assistance from friends/relatives) or public (e.g., child support payments, TANF, Social Security (SSI/SSDI/OAI) and Unemployment Insurance).
4 ESOL = English for Speakers of Other Languages, also sometimes referred to as English as a Second Language (ESL) or English as a New Language (ENL)
5 Includes clients who have applied for insurance (pending)
6 Minnesota Health Care Programs (MHCP): Medical Assistance (MA), Prepaid Medical Assistance Program (PMAP), MinnesotaCare, Minnesota Family Planning Program
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Form FHV-24-TOD

24 months toddler

**HEADER**

| *1 | Data entry staff (name) |
| *2 | Home visitor (name) |
| *3 | Site |

<table>
<thead>
<tr>
<th>3b</th>
<th>Name of subcontracting agency, if applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ 360 Communities</td>
<td>○ MN Visiting Nurses' Association (MVNA)</td>
</tr>
<tr>
<td>○ Catholic Charities</td>
<td>○ Headway</td>
</tr>
<tr>
<td>○ Community Action Partnership (CAP)</td>
<td>○ St. David's</td>
</tr>
</tbody>
</table>

| *4 | Date of home visit |
| *5 | Total # home visits to-date |

**CHILD/CAREGIVER LOOKUP**

| *6 | Child ID |
| *7 | Primary caregiver ID |

I. IMPROVED MATERNAL & NEWBORN HEALTH

| 8 | BIOLOGICAL MOTHERS ONLY: Are you *(client)* taking a vitamin containing folic acid? |
| 01 | Yes |
| 02 | No |

| 9 | BIOLOGICAL MOTHERS ONLY: Since you had your child, have you *(client)* been pregnant again? |
| 01 | Yes |
| 02 | No |

| 10 | Has your child ever had breast milk? |
| 01 | Yes |
| 02 | No |

| 11 | Does your child continue to get breastmilk? |
| 01 | Yes |
| 02 | No |

| 12 | How many weeks old was your child when he or she stopped getting breastmilk? |
|   |   weeks old |

| 13 | Has your child had 50% of their well-child check-ups? |
| 01 | Yes |
| 02 | No |

II. CHILD INJURIES, CHILD ABUSE, NEGLECT OR MALTREATMENT / REDUCTION OF EMERGENCY ROOM VISITS

| 14 | In the past 6 months, have you *(client)* obtained care at the emergency room/urgent care center for ANY reason? |
| 01 | Yes |
| 02 | No |

---

1. Enter "1" if less than one week
2. Determine number of well-child visits by use of recognized schedule, such as: Follow-along Program, AAP Recommendations for Preventive Pediatric Health Care, or the Minnesota Child and Teen Checkups (C&TC) Early and Periodic Screening, Diagnosis & Treatment Schedule of Age-Related Screening Standards. Do NOT count a well-child check-up that has been scheduled but not yet completed. Example: 5 of 9 well-child visits must be completed by 24 months of age to meet 50% of guidelines according to the C&TC schedule.
In the past 6 months, have you (client) taken your child to the emergency room/urgent care center for an injury?

- 01 Yes
- 02 No
- 88 Client does not know/not sure
- 99 Client declines to answer

In the past 6 months, have you (client) taken your child to the emergency room/urgent care center for ANY reason, including injury?

- 01 Yes
- 02 No
- 88 Client does not know/not sure
- 99 Client declines to answer

### III. IMPROVEMENTS IN SCHOOL READINESS & ACHIEVEMENT

What is the child's current weight?

- 01 Client self-report
- 02 Home visitor measurement (preferred)
- 03 Physician or WIC report

What is the child's current length? (head-to-toe)

- 01 Client self-report
- 02 Home visitor measurement (preferred)
- 03 Physician or WIC report

Does your agency (home visiting) have an NCAST trained staff person?

- 01 Yes
- 02 No

NCAST Teaching Subscale Scores at 24 months of age:

1. Sens to cues
2. Resp to distress
3. SE growth foster
4. Cogn growth foster
5. Clarity of cues
6. Resp to caregiver

Has the home visitor discussed the child's ASQ-3 scores at 24 months of age with the primary caregiver?

- 01 Yes
- 02 No
- 03 Not applicable (did not administer ASQ-3 at 24 mo)

Please indicate whether the child's ASQ-3 scores at 24 months of age were below the established referral score cutoff in the following areas? Note: Checked box = scored below the cutoff (i.e., did not meet developmental milestone)

- 01 Communication (below 24.17 at 24 months)
- 02 Gross Motor (below 38.07 at 24 months)
- 03 Fine Motor (below 35.16 at 24 months)
- 04 Problem Solving (below 29.78 at 24 months)
- 05 Personal-Social (below 31.54 at 24 months)

If home visitor checked any box for question 22:

Was the child referred to relevant community resources for scoring below any referral score cutoff for Communication, Gross Motor, Fine Motor, Problem Solving, or Personal-Social areas on the ASQ-3?

- 01 Yes
- 02 No

Was an appointment made for further screening/assessment of the child referred to relevant community resources?

- 01 Yes
- 02 No

Has the home visitor discussed the child's ASQ:SE scores at 24 months of age with the primary caregiver?

- 01 Yes
- 02 No
- 03 Not applicable (did not administer ASQ:SE at 24 mo)

Please indicate whether the child's ASQ:SE score at 24 months of age was above the established referral score cutoff. Note: Checked box = scored above the cutoff (i.e., did not meet socio-emotional milestones)

- 01 ASQ:SE (above 50 at 24 months)

If home visitor checked the box for question 26:

Was the child referred to relevant community resources for scoring above the referral score cutoff on the ASQ:SE?

- 01 Yes
- 02 No
28 Was an appointment made for further screening/assessment of the child referred to relevant community resources?
   ○ 01 Yes
   ○ 02 No

IV. DOMESTIC VIOLENCE

29 BIOLOGICAL MOTHERS ONLY: Was the client screened for the presence of domestic violence using the NFP Relationship Assessment or HFA Humiliation Afraid Rape Kick Child Survey (HARK-C)?
   ○ 01 Yes
   ○ 02 No (SKIP to #33)

30 Did the screening tool reveal evidence of domestic violence?
   ○ 01 Yes
   ○ 02 No (SKIP to #33)

31 Was a referral made to relevant domestic violence services and noted in the client's chart?
   ○ 01 Yes
   ○ 02 No

32 Was an intimate partner violence safety plan discussed, completed, or reviewed?
   ○ 01 Yes
   ○ 02 No

V. FAMILY ECONOMIC SELF-SUFFICIENCY

*33 Which category best describes your (client's) total annual household income and benefits?
   ○ 02 $1 - $6,000
   ○ 03 $6,001 - $9,000
   ○ 04 $9,001 - $12,000
   ○ 05 $12,001 - $16,000
   ○ 06 $16,001 - $20,000
   ○ 07 $20,001 - $30,000
   ○ 08 Over $30,000
   ○ 09 Client does not know/not sure
   ○ 99 Client declines to answer

34 In the past 6 months, have you (client) completed any educational programs or classes, such as grade advancement, certificate, ESOL\(^1\), etc.?
   ○ 01 Yes:
   ○ 02 No
   ○ 99 Client declines to answer

*35 Do you (client) have health insurance?
   ○ 01 Yes, insured
   ○ 02 No, uninsured\(^6\) (SKIP to #38)
   ○ 88 Client does not know/not sure (SKIP to #38)
   ○ 99 Client declines to answer (SKIP to #38)

*36 What is your major medical care resource for health insurance? (select one or more)
   ○ 01 Private insurance
   ○ 02 Public insurance\(^7\)
   ○ 03 TRICARE (Military)
   ○ 04 Other:
   ○ 88 Client does not know/not sure
   ○ 99 Client declines to answer

*37 Does your child have health insurance?
   ○ 01 Yes, insured
   ○ 02 No, uninsured\(^8\) (END form)
   ○ 88 Client does not know/not sure (END form)
   ○ 99 Client declines to answer (END form)

*38 What is your child's major medical care resource for health insurance? (select one or more)
   ○ 01 Private insurance
   ○ 02 Public insurance\(^7\)
   ○ 03 TRICARE (Military)
   ○ 04 Other:
   ○ 88 Client does not know/not sure
   ○ 99 Client declines to answer

---

\(^1\)HARK-C: A cutoff score of 1 will be used as criteria for a positive screen. Source: Sohal, et. al. BMC Family Practice 2007 8:49.

\(^2\)“Income and benefits” should include annual earnings from work, plus other sources of cash support, whether private (e.g., rent from tenants/borders, cash assistance from friends/relatives) or public (e.g., child support payments, TANF, Social Security (SSI/SSDI/OAI) and Unemployment Insurance).

\(^3\)ESOL = English for Speakers of Other Languages, also sometimes referred to as English as a Second Language (ESL) or English as a New Language (ENL)

\(^4\)Includes clients who have applied for insurance (pending)

\(^5\)Minnesota Health Care Programs (MHCP): Medical Assistance (MA), Prepaid Medical Assistance Program (PMAP), MinnesotaCare, Minnesota Family Planning Program
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### FORM FHV-30-TOD

**30 months toddler**

#### HEADER

<table>
<thead>
<tr>
<th>*1</th>
<th>Data entry staff (name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*2</td>
<td>Home visitor (name)</td>
</tr>
</tbody>
</table>

| *3 | Site |

<table>
<thead>
<tr>
<th>3b</th>
<th>Name of subcontracting agency, if applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>○</td>
<td>360 Communities</td>
</tr>
<tr>
<td>○</td>
<td>Catholic Charities</td>
</tr>
<tr>
<td>○</td>
<td>Community Action Partnership (CAP)</td>
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<tr>
<td>○</td>
<td>MN Visiting Nurses' Association (MVNA)</td>
</tr>
<tr>
<td>○</td>
<td>Headway</td>
</tr>
<tr>
<td>○</td>
<td>St. David's</td>
</tr>
</tbody>
</table>

| *4 | Date of home visit |

| *5 | Total # home visits to-date |

#### CHILD/CAREGIVER LOOKUP

| *6 | Child ID |

| *7 | Primary caregiver ID |

#### I. IMPROVED MATERNAL & NEWBORN HEALTH

<table>
<thead>
<tr>
<th>8</th>
<th>BIOLOGICAL MOTHERS ONLY: Are you (client) taking a vitamin containing folic acid?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○</td>
<td>01 Yes</td>
</tr>
<tr>
<td>○</td>
<td>02 No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9</th>
<th>BIOLOGICAL MOTHERS ONLY: In the past 6 months, was the mother screened with a standardized instrument (PHQ-2 or PHQ-9) for depressive symptoms?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○</td>
<td>01 Yes</td>
</tr>
<tr>
<td>○</td>
<td>02 No (SKIP to #11)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10</th>
<th>BIOLOGICAL MOTHERS ONLY: Was the mother referred to relevant community resources for screening positive for depressive symptoms? (PHQ-9)¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>○</td>
<td>01 Yes</td>
</tr>
<tr>
<td>○</td>
<td>02 No</td>
</tr>
<tr>
<td>○</td>
<td>03 Not applicable (did not screen positive)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11</th>
<th>Has your child ever had breast milk?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○</td>
<td>01 Yes</td>
</tr>
<tr>
<td>○</td>
<td>02 No (SKIP to #14)</td>
</tr>
<tr>
<td>○</td>
<td>88 Client does not know/not sure (SKIP to #14)</td>
</tr>
<tr>
<td>○</td>
<td>99 Client declines to answer (SKIP to #14)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12</th>
<th>Does your child continue to get breastmilk?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○</td>
<td>01 Yes (SKIP to #14)</td>
</tr>
<tr>
<td>○</td>
<td>02 No</td>
</tr>
<tr>
<td>○</td>
<td>99 Client declines to answer (SKIP to #14)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13</th>
<th>How many weeks old was your child when he or she stopped getting breastmilk?²</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>__________ weeks old</td>
</tr>
</tbody>
</table>

#### II. CHILD INJURIES, CHILD ABUSE, NEGLECT OR MALTREATMENT / REDUCTION OF EMERGENCY ROOM VISITS

<table>
<thead>
<tr>
<th>14</th>
<th>In the past 6 months, have you (client) obtained care at the emergency room/urgent care center for ANY reason?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○</td>
<td>01 Yes</td>
</tr>
<tr>
<td>○</td>
<td>02 No</td>
</tr>
<tr>
<td>○</td>
<td>88 Client does not know/not sure</td>
</tr>
<tr>
<td>○</td>
<td>99 Client declines to answer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15</th>
<th>In the past 6 months, have you (client) taken your child to the emergency room/urgent care center for an injury?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○</td>
<td>01 Yes</td>
</tr>
<tr>
<td>○</td>
<td>02 No</td>
</tr>
<tr>
<td>○</td>
<td>88 Client does not know/not sure</td>
</tr>
<tr>
<td>○</td>
<td>99 Client declines to answer</td>
</tr>
</tbody>
</table>

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¹ A cutoff score of 10 on the PHQ-9 is indicative of moderate or more severe depression.

² Enter "1" if less than one week
In the past 6 months, have you (client) taken your child to the emergency room/urgent care center for ANY reason, including injury?

- [ ] 01 Yes
- [ ] 02 No
- [ ] 88 Client does not know/not sure
- [ ] 99 Client declines to answer

Does this client have a home safety checklist (or equivalent) completed?

- [ ] 01 Yes
- [ ] 02 No

Is there currently an active file at the lead Child Protection Agency (CPA) of suspected maltreatment for this child?

- [ ] 01 Yes
- [ ] 02 No (SKIP to #21)

Was the suspected case of maltreatment substantiated by the lead CPA?

- [ ] 01 Yes
- [ ] 02 No (SKIP to #21)

- [ ] 03 Pending investigation (SKIP to #21)

Was the child of the substantiated case of maltreatment a first-time victim, as reported by lead CPA?

- [ ] 01 Yes
- [ ] 02 No

III. IMPROVEMENTS IN SCHOOL READINESS & ACHIEVEMENT

What is the child's current weight?

- [ ] Client self-report
- [ ] Home visitor measurement (preferred)
- [ ] Physician or WIC report

What is the child's current height?

- [ ] Client self-report
- [ ] Home visitor measurement (preferred)
- [ ] Physician or WIC report

Does your agency (home visiting) have an NCAST trained staff person?

- [ ] Yes
- [ ] No (SKIP to #25)

NCAST Teaching Subscale Scores (at this interval):

1. Sens to cues
2. Resp to distress
3. SE growth foster
4. Cogn growth foster
5. Clarity of cues
6. Resp to caregiver

Has the home visitor discussed the child's ASQ-3 scores at 30 months of age with the primary caregiver?

- [ ] Yes
- [ ] No (SKIP to #29)
- [ ] Not applicable (did not administer ASQ-3 at 30 mo)

Please indicate whether the child's ASQ-3 scores at 30 months of age were below the established referral score cutoff in the following areas? Note: Checked box = scored below the cutoff (i.e., did not meet developmental milestone)

- [ ] Communication (below 33.30 at 30 months)
- [ ] Gross Motor (below 36.14 at 30 months)
- [ ] Fine Motor (below 19.25 at 30 months)
- [ ] Problem Solving (below 27.08 at 30 months)
- [ ] Personal-Social (below 32.01 at 30 months)

If home visitor checked any box for question 26:

Was the child referred to relevant community resources for scoring below any referral score cutoff for Communication, Gross Motor, Fine Motor, Problem Solving, or Personal-Social areas on the ASQ-3?

- [ ] Yes
- [ ] No (SKIP to #29)

Was an appointment made for further screening/assessment of the child referred to relevant community resources?

- [ ] Yes
- [ ] No

Has the home visitor discussed the child's ASQ:SE scores at 30 months of age with the primary caregiver?

- [ ] Yes
- [ ] No

- [ ] Not applicable (did not administer ASQ:SE at 30 mo)

More on next page
30 Please indicate whether the child's ASQ:SE score at 30 months of age was above the established referral score cutoff. Note: Checked box = scored above the cutoff (i.e., did not meet socio-emotional milestones)

☐ 01 ASQ:SE (above 57 at 30 months)

31 If home visitor checked the box for question 30:
Was the child referred to relevant community resources for scoring above the referral score cutoff on the ASQ:SE?

☐ 01 Yes
☐ 02 No (SKIP to #33)

32 Was an appointment made for further screening/assessment of the child referred to relevant community resources?

☐ 01 Yes
☐ 02 No

IV. DOMESTIC VIOLENCE

33 BIOLOGICAL MOTHERS ONLY: In the past 6 months, was the client screened for the presence of domestic violence using the HFA Humiliation Afraid Rape Kick Child Survey (HARK-C)?

☐ 01 Yes
☐ 02 No (SKIP to #37)

34 Did the screening tool reveal evidence of domestic violence? 

☐ 01 Yes
☐ 02 No (SKIP to #37)

35 Was a referral made to relevant domestic violence services and noted in the client's chart?

☐ 01 Yes
☐ 02 No

36 Was an intimate partner violence safety plan discussed, completed, or reviewed?

☐ 01 Yes
☐ 02 No

V. FAMILY ECONOMIC SELF-SUFFICIENCY

*37 Are you (client) currently working?

☐ 01 Yes, full-time (37+ hours/week)
☐ 02 Yes, part-time (36 hours or less/week)
☐ 03 No, not employed
☐ 99 Client declines to answer

*38 What is your (client's) household size? (Note: Count 1 for yourself)

☐ ______ persons

*39 Which category best describes your (client's) total annual household income and benefits?

☐ 02 $1 - $6,000
☐ 03 $6,001 - $9,000
☐ 04 $9,001 - $12,000
☐ 05 $12,001 - $16,000
☐ 06 $16,001 - $20,000
☐ 07 $20,001 - $30,000
☐ 08 Over $30,000
☐ 88 Client does not know/not sure
☐ 99 Client declines to answer

40 What is the highest level of education you (client) have attained?

☐ 01 Never attended school or kindergarten
☐ 02 Grades 1 through 8 (Elementary)
☐ 03 Grades 9 through 11 (Some high school)
☐ 04 Grade 12 (High school)
☐ 05 GED
☐ 06 Some college/training (no degree)
☐ 07 Technical training cert./Associate's degree
☐ 08 Bachelor's degree or higher
☐ 09 Other: ______________________
☐ 99 Client declines to answer

More on next page

---

4 HARK-C: A cutoff score of 1 will be used as criteria for a positive screen. Source: Sohal, et. al. BMC Family Practice 2007 8:49.
5 A "household" is defined as a group of related or non-related individuals who are living together as one economic unit sharing income and consumption of goods and/or services (who stay there at least 4 nights per week on average and contribute to the support of the child or primary caregiver). Tenants/boarders shall not be counted as members of the household. Household size: total number of individuals sharing income and consumption of goods and/or services.
6 "Income and benefits" should include annual earnings from work, plus other sources of cash support, whether private (e.g., rent from tenants/borders, cash assistance from friends/relatives) or public (e.g., child support payments, TANF, Social Security (SSI/SSDI/OAI) and Unemployment Insurance).
In the past 6 months, have you (client) completed any educational programs or classes, such as grade advancement, certificate, ESOL\(^7\), etc.?

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>O 01 Yes: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>O 02 No</td>
</tr>
</tbody>
</table>

*42 Do you (client) have health insurance?

<table>
<thead>
<tr>
<th></th>
<th>O 01 Yes, insured</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>O 02 No, uninsured(^b) (SKIP to #44)</td>
</tr>
</tbody>
</table>

*43 What is your major medical care resource for health insurance? (select one or more)

- 01 Private insurance
- 02 Public insurance\(^d\)
- 03 TRICARE (Military)
- 04 Other: __________________________

<table>
<thead>
<tr>
<th></th>
<th>O 04 Other: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>O 02 Public insurance(^d)</td>
</tr>
</tbody>
</table>

*44 Does your child have health insurance?

<table>
<thead>
<tr>
<th></th>
<th>O 01 Yes, insured</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>O 02 No, uninsured(^a) (END form)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>O 01 Yes, insured</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>O 02 No, uninsured(^a) (END form)</td>
</tr>
</tbody>
</table>

*45 What is your child's major medical care resource for health insurance? (select one or more)

- 01 Private insurance
- 02 Public insurance\(^d\)
- 03 TRICARE (Military)
- 04 Other: __________________________

\(^a\) Includes clients who have applied for insurance (pending)

\(^b\) Minnesota Health Care Programs (MHCP): Medical Assistance (MA), Prepaid Medical Assistance Program (PMAP), MinnesotaCare, Minnesota Family Planning Program

\(^d\) Minnesota Health Care Programs (MHCP): Medical Assistance (MA), Prepaid Medical Assistance Program (PMAP), MinnesotaCare, Minnesota Family Planning Program

\(^7\) ESOL = English for Speakers of Other Languages, also sometimes referred to as English as a Second Language (ESL) or English as a New Language (ENL)
Form FHV-36-PRE

36 months preschooler

**HEADER**

*1 Data entry staff (name)  *2 Home visitor (name)

*3 Site

3b Name of subcontracting agency, if applicable

- ○ 360 Communities
- ○ Catholic Charities
- ○ Community Action Partnership (CAP)
- ○ MN Visiting Nurses' Association (MVNA)
- ○ Headway
- ○ St. David's

*4 Date of home visit  *5 Total # home visits to-date

**CHILD/CAREGIVER LOOKUP**

*6 Child ID  *7 Primary caregiver ID

**I. IMPROVED MATERNAL & NEWBORN HEALTH**

8 BIOLOGICAL MOTHERS ONLY: Are you (client) taking a vitamin containing folic acid?

- ○ 01 Yes
- ○ 02 No

9 BIOLOGICAL MOTHERS ONLY: In the past 6 months, was the mother screened with a standardized instrument (PHQ-2 or PHQ-9) for depressive symptoms?

- ○ 01 Yes

10 BIOLOGICAL MOTHERS ONLY: Was the mother referred to relevant community resources for screening positive for depressive symptoms? (PHQ-9)

- ○ 01 Yes
- ○ 02 No
- ○ 03 Not applicable (did not screen positive)

11 Has your child ever had breast milk?

- ○ 01 Yes
- ○ 02 No

12 Does your child continue to get breast milk?

- ○ 01 Yes
- ○ 02 No

13 How many weeks old was your child when he or she stopped getting breast milk?

[ ] weeks old

14 Has your child had 50% of their well-child check-ups?

- ○ 01 Yes
- ○ 02 No

**II. CHILD INJURIES, CHILD ABUSE, NEGLECT OR MALTREATMENT / REDUCTION OF EMERGENCY ROOM VISITS**

15 In the past 6 months, have you (client) obtained care at the emergency room/urgent care center for ANY reason?

- ○ 01 Yes
- ○ 02 No
- ○ 03 Not applicable (did not screen positive)

More on next page

---

1 A cutoff score of 10 on the PHQ-9 is indicative of moderate or more severe depression.

2 Enter "1" if less than one week.

3 Determine number of well-child visits by use of recognized schedule, such as: Follow-along Program, AAP Recommendations for Preventive Pediatric Health Care, or the Minnesota Child and Teen Checkups (C&TC) Early and Periodic Screening, Diagnosis & Treatment Schedule of Age-Related Screening Standards. Do NOT count a well-child check-up that has been scheduled but not yet completed. Example: 5 of 9 well-child visits must be completed by 24 months of age to meet 50% of guidelines according to the C&TC schedule.
16 In the past 6 months, have you (client) taken your child to the emergency room/urgent care center for an injury?
   - 01 Yes
   - 02 No
   - 08 Client does not know/not sure
   - 99 Client declines to answer

17 In the past 6 months, have you (client) taken your child to the emergency room/urgent care center for ANY reason, including injury?
   - 01 Yes
   - 02 No
   - 08 Client does not know/not sure
   - 99 Client declines to answer

18 Does this client have a home safety checklist (or equivalent) completed?
   - 01 Yes
   - 02 No
   - 08 Client does not know/not sure
   - 99 Client declines to answer

19 Is there currently an active file at the lead Child Protection Agency (CPA) of suspected maltreatment for this child?
   - 01 Yes
   - 02 No
   - (SKIP to #22)

20 Was the suspected case of maltreatment substantiated by the lead CPA?
   - 01 Yes
   - 02 No
   - 03 Pending investigation (SKIP to #22)

21 Was the child of the substantiated case of maltreatment a first-time victim, as reported by lead CPA?
   - 01 Yes
   - 02 No
   - (SKIP to #22)

III. IMPROVEMENTS IN SCHOOL READINESS & ACHIEVEMENT

22 What is the child's current weight?
   - 01 Client self-report
   - 02 Home visitor measurement (preferred)
   - 03 Physician or WIC report

23 What is the child's current height?
   - 01 Client self-report
   - 02 Home visitor measurement (preferred)
   - 03 Physician or WIC report

24 Does your agency (home visiting) have an NCAST trained staff person?
   - 01 Yes
   - 02 No (SKIP to #26)

25 NCAST Teaching Subscale Scores (at this interval):
   1. Sens to cues
   2. Resp to distress
   3. SE growth foster
   4. Cogn growth foster
   5. Clarity of cues
   6. Resp to caregiver

26 Has the home visitor discussed the child's ASQ-3 scores at 36 months of age with the primary caregiver?
   - 01 Yes
   - 02 No
   - 03 Not applicable (did not administer ASQ-3 at 36 mo) (SKIP to #30)

27 Please indicate whether the child's ASQ-3 scores at 36 months of age were below the established referral score cutoff in the following areas? Note: Checked box = scored below the cutoff (i.e., did not meet developmental milestone)
   - 01 Communication (below 30.99 at 36 months)
   - 02 Gross Motor (below 36.99 at 36 months)
   - 03 Fine Motor (below 18.07 at 36 months)
   - 04 Problem Solving (below 30.29 at 36 months)
   - 05 Personal-Social (below 35.33 at 36 months)

28 If home visitor checked any box for question 27:
   - Was the child referred to relevant community resources for scoring below any referral score cutoff for Communication, Gross Motor, Fine Motor, Problem Solving, or Personal-Social areas on the ASQ-3?
   - 01 Yes
   - 02 No (SKIP to #30)

More on next page

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4 The Home Safety Checklist (Minnesota Department of Health) is available online at http://www.health.mn.us/divs/fh/mch/fhv/safety.html
29 Was an appointment made for further screening/assessment of the child referred to relevant community resources?
   ○ 01 Yes
   ○ 02 No

30 Has the home visitor discussed the child's ASQ:SE scores at 36 months of age with the primary caregiver?
   ○ 01 Yes
   ○ 02 No
   ○ 03 Not applicable (did not administer ASQ:SE at 36 mo) (SKIP to #34)

31 Please indicate whether the child's ASQ:SE score at 36 months of age was above the established referral score cutoff.
   Note: Checked box = scored above the cutoff (i.e., did not meet socio-emotional milestones)
   □ 01 ASQ:SE (above 59 at 36 months)

32 If home visitor checked the box for question 31:
   Was the child referred to relevant community resources for scoring above the referral score cutoff on the ASQ:SE?
   ○ 01 Yes
   ○ 02 No (SKIP to #34)

33 Was an appointment made for further screening/assessment of the child referred to relevant community resources?
   ○ 01 Yes
   ○ 02 No

IV. DOMESTIC VIOLENCE

34 BIOLOGICAL MOTHERS ONLY: In the past 6 months, was the client screened for the presence of domestic violence using the HFA Humiliation Afraid Rape Kick Child Survey (HARK-C)?
   ○ 01 Yes
   ○ 02 No (SKIP to #38)

35 Did the screening tool reveal evidence of domestic violence?5
   ○ 01 Yes
   ○ 02 No (SKIP to #38)

36 Was a referral made to relevant domestic violence services and noted in the client's chart?
   ○ 01 Yes
   ○ 02 No

37 Was an intimate partner violence safety plan discussed, completed, or reviewed?
   ○ 01 Yes
   ○ 02 No

V. FAMILY ECONOMIC SELF-SUFFICIENCY

*38 Are you (client) currently working?
   ○ 01 Yes, full-time (37+ hours/week)
   ○ 02 Yes, part-time (36 hours or less/week)
   ○ 03 No, not employed
   ○ 09 Client declines to answer

*39 What is your (client's) household size?6 (Note: Count 1 for yourself)
   ______ persons

*40 Which category best describes your (client's) total annual household income and benefits?7
   ○ 02 $1 - $6,000
   ○ 03 $6,001 - $9,000
   ○ 04 $9,001 - $12,000
   ○ 05 $12,001 - $16,000
   ○ 06 $16,001 - $20,000
   ○ 07 $20,001 - $30,000
   ○ 08 Over $30,000
   ○ 09 Client declines to answer
   ○ 88 Client does not know/not sure

More on next page

---

5 HARK-C: A cutoff score of 1 will be used as criteria for a positive screen. Source: Sohal , et. al. BMC Family Practice 2007 8:49.
6 A "household" is defined as a group of related or non-related individuals who are living together as one economic unit sharing income and consumption of goods and/or services (who stay there at least 4 nights per week on average and contribute to the support of the child or primary caregiver). Tenants/boarders shall not be counted as members of the household. Household size: total number of individuals sharing income and consumption of goods and/or services.
7 "Income and benefits" should include annual earnings from work, plus other sources of cash support, whether private (e.g., rent from tenants/borders, cash assistance from friends/relatives) or public (e.g., child support payments, TANF, Social Security (SSI/SSDI/OAI) and Unemployment Insurance).
**41** What is the highest level of education you *(client)* have attained?

- 01 Never attended school or kindergarten
- 02 Grades 1 through 8 (Elementary)
- 03 Grades 9 through 11 (Some high school)
- 04 Grade 12 (High school)
- 05 GED
- 06 Some college/training (no degree)
- 07 Technical training cert./Associate's degree
- 08 Bachelor's degree or higher
- 09 Other: __________________________
- 99 Client declines to answer

**42** In the past 6 months, have you *(client)* completed any educational programs or classes, such as grade advancement, certificate, ESOL\(^8\), etc.?

- 01 Yes: __________________________
- 02 No
- 99 Client declines to answer

**43** Do you *(client)* have health insurance?

- 01 Yes, insured
- 02 No, uninsured\(^9\) *(SKIP to #45)*
- 88 Client does not know/not sure *(SKIP to #45)*
- 99 Client declines to answer *(SKIP to #45)*

**44** What is your major medical care resource for health insurance? (select one or more)

- 01 Private insurance
- 02 Public insurance\(^{10}\)
- 03 TRICARE (Military)
- 04 Other: __________________________
- 88 Client does not know/not sure
- 99 Client declines to answer

**45** Does your child have health insurance?

- 01 Yes, insured
- 02 No, uninsured\(^{11}\) *(END form)*
- 88 Client does not know/not sure *(END form)*
- 99 Client declines to answer *(END form)*

**46** What is your child's major medical care resource for health insurance? (select one or more)

- 01 Private insurance
- 02 Public insurance\(^{10}\)
- 03 TRICARE (Military)
- 04 Other: __________________________
- 88 Client does not know/not sure
- 99 Client declines to answer

---

\(^8\) ESOL = English for Speakers of Other Languages, also sometimes referred to as English as a Second Language (ESL) or English as a New Language (ENL)

\(^9\) Includes clients who have applied for insurance (pending)

\(^{10}\) Minnesota Health Care Programs (MHCP): Medical Assistance (MA), Prepaid Medical Assistance Program (PMAP), MinnesotaCare, Minnesota Family Planning Program

\(^{11}\) Includes clients who are pending insurance.
Form FHV-42-PRE

42 months preschooler

<table>
<thead>
<tr>
<th>HEADER</th>
</tr>
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<tbody>
<tr>
<td>*1 Data entry staff (name)</td>
</tr>
<tr>
<td>*3 Site</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3b Name of subcontracting agency, if applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ 360 Communities</td>
</tr>
<tr>
<td>○ Catholic Charities</td>
</tr>
<tr>
<td>○ Community Action Partnership (CAP)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*4 Date of home visit</th>
<th>*5 Total # home visits to-date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CHILD/CAREGIVER LOOKUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>*6 Child ID</td>
</tr>
</tbody>
</table>

I. IMPROVED MATERNAL & NEWBORN HEALTH

<table>
<thead>
<tr>
<th>8 BIOLOGICAL MOTHERS ONLY: Are you (client) taking a vitamin containing folic acid?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ 01 Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9 BIOLOGICAL MOTHERS ONLY: In the past 6 months, was the mother screened with a standardized instrument (PHQ-2 or PHQ-9) for depressive symptoms?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ 01 Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10 BIOLOGICAL MOTHERS ONLY: Was the mother referred to relevant community resources for screening positive for depressive symptoms? (PHQ-9)¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ 01 Yes</td>
</tr>
</tbody>
</table>

II. CHILD INJURIES, CHILD ABUSE, NEGLECT OR MALTREATMENT / REDUCTION OF EMERGENCY ROOM VISITS

<table>
<thead>
<tr>
<th>11 In the past 6 months, have you (client) obtained care at the emergency room/urgent care center for ANY reason?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ 01 Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12 In the past 6 months, have you (client) taken your child to the emergency room/urgent care center for an injury?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ 01 Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13 In the past 6 months, have you (client) taken your child to the emergency room/urgent care center for ANY reason, including injury?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ 01 Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14 Does this client have a home safety checklist (or equivalent) completed?²</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ 01 Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15 Is there currently an active file at the lead Child Protection Agency (CPA) of suspected maltreatment for this child?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ 01 Yes</td>
</tr>
</tbody>
</table>

---

¹ A cutoff score of 10 on the PHQ-9 is indicative of moderate or more severe depression.
² The Home Safety Checklist (Minnesota Department of Health) is available online at http://www.health.mn.us/divs/fh/mch/fhv/safety.html
16. Was the suspected case of maltreatment substantiated by the lead CPA?
   - 01 Yes
   - 02 No (SKIP to #18)
   - 03 Pending investigation (SKIP to #18)

17. Was the child of the substantiated case of maltreatment a first-time victim, as reported by lead CPA?
   - 01 Yes
   - 02 No

### III. IMPROVEMENTS IN SCHOOL READINESS & ACHIEVEMENT

18. What is the child's current weight?
   - 01 Client self-report
   - 02 Home visitor measurement (preferred)
   - 03 Physician or WIC report

19. What is the child's current height?
   - 01 Client self-report
   - 02 Home visitor measurement (preferred)
   - 03 Physician or WIC report

20. Has the home visitor discussed the child's ASQ-3 scores at 42 months of age with the primary caregiver?
   - 01 Yes
   - 02 No
   - 03 Not applicable (did not administer ASQ-3 at 42 mo) (SKIP to #24)

21. Please indicate whether the child's ASQ-3 scores at 42 months of age were below the established referral score cutoff in the following areas? Note: Checked box = scored below the cutoff (i.e., did not meet developmental milestone)
   - 01 Communication (below 27.06 at 42 months)
   - 02 Gross Motor (below 36.27 at 42 months)
   - 03 Fine Motor (below 19.82 at 42 months)
   - 04 Problem Solving (below 28.11 at 42 months)
   - 05 Personal-Social (below 31.12 at 42 months)

22. If home visitor checked any box for question 21:
    - Was the child referred to relevant community resources for scoring below any referral score cutoff for Communication, Gross Motor, Fine Motor, Problem Solving, or Personal-Social areas on the ASQ-3?
      - 01 Yes
      - 02 No (SKIP to #24)

23. Was an appointment made for further screening/assessment of the child referred to relevant community resources?
    - 01 Yes
    - 02 No

### IV. DOMESTIC VIOLENCE

24. BIOLOGICAL MOTHERS ONLY: In the past 6 months, was the client screened for the presence of domestic violence using the HFA Humiliation Afraid Rape Kick Child Survey (HARK-C)?
    - 01 Yes
    - 02 No (SKIP to #28)

25. Did the screening tool reveal evidence of domestic violence?
    - 01 Yes
    - 02 No (SKIP to #28)

26. Was a referral made to relevant domestic violence services and noted in the client's chart?
    - 01 Yes
    - 02 No

27. Was an intimate partner violence safety plan discussed, completed, or reviewed?
    - 01 Yes
    - 02 No

---

3 HARK-C: A cutoff score of 1 will be used as criteria for a positive screen. Source: Sohal, et. al. BMC Family Practice 2007 8:49.
V. FAMILY ECONOMIC SELF-SUFFICIENCY

*28 Are you (client) currently working?
   ○ 01 Yes, full-time (37+ hours/week)          ○ 03 No, not employed
   ○ 02 Yes, part-time (36 hours or less/week)   ○ 99 Client declines to answer

*29 What is your (client’s) household size? *(Note: Count 1 for yourself)*

   ______ persons

*30 Which category best describes your (client’s) total annual household income and benefits? *
   ○ 02 $1 - $6,000                        ○ 07 $20,001 - $30,000
   ○ 03 $6,001 - $9,000                     ○ 08 Over $30,000
   ○ 04 $9,001 - $12,000                   ○ 88 Client does not know/not sure
   ○ 05 $12,001 - $16,000                  ○ 99 Client declines to answer
   ○ 06 $16,001 - $20,000

31 What is the highest level of education you (client) have attained?
   ○ 01 Never attended school or kindergarten  ○ 06 Some college/training (no degree)
   ○ 02 Grades 1 through 8 (Elementary)       ○ 07 Technical training cert./Associate’s degree
   ○ 03 Grades 9 through 11 (Some high school) ○ 08 Bachelor’s degree or higher
   ○ 04 Grade 12 (High school)               ○ 09 Other: __________________________
   ○ 05 GED                                  ○ 99 Client declines to answer

32 In the past 6 months, have you (client) completed any educational programs or classes, such as grade advancement, certificate, ESOL, etc.?
   ○ 01 Yes: ________________                ○ 99 Client declines to answer
   ○ 02 No

*33 Do you (client) have health insurance? *
   ○ 01 Yes, insured                        ○ 88 Client does not know/not sure *(SKIP to #35)*
   ○ 02 No, uninsured* *(SKIP to #35)*      ○ 99 Client declines to answer *(SKIP to #35)*

*34 What is your major medical care resource for health insurance? (select one or more)
   □ 01 Private insurance                    □ 04 Other: __________________________
   □ 02 Public insurance*                    □ 88 Client does not know/not sure
   □ 03 TRICARE (Military)                   □ 99 Client declines to answer

*35 Does your child have health insurance? *
   ○ 01 Yes, insured                         ○ 88 Client does not know/not sure *(END form)*
   ○ 02 No, uninsured* *(END form)*         ○ 99 Client declines to answer *(END form)*

*36 What is your child’s major medical care resource for health insurance? (select one or more)
   □ 01 Private insurance                    □ 04 Other: __________________________
   □ 02 Public insurance*                    □ 88 Client does not know/not sure
   □ 03 TRICARE (Military)                   □ 99 Client declines to answer

---

4 A “household” is defined as a group of related or non-related individuals who are living together as one economic unit sharing income and consumption of goods and/or services (who stay there at least 4 nights per week on average and contribute to the support of the child or primary caregiver). Tenants/boarders shall not be counted as members of the household. Household size: total number of individuals sharing income and consumption of goods and/or services.

5 “Income and benefits” should include annual earnings from work, plus other sources of cash support, whether private (e.g., rent from tenants/borders, cash assistance from friends/relatives) or public (e.g., child support payments, TANF, Social Security (SSI/SSDI/OAI) and Unemployment Insurance).

6 ESOL = English for Speakers of Other Languages, also sometimes referred to as English as a Second Language (ESL) or English as a New Language (ENL).

7 Includes clients who have applied for insurance (pending).

8 Minnesota Health Care Programs (MHCP): Medical Assistance (MA), Prepaid Medical Assistance Program (PMAP), MinnesotaCare, Minnesota Family Planning Program.
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Form FHV-48-PRE

48 months preschooler

**HEADER**

*1 Data entry staff (name)  
*2 Home visitor (name)

*3 Site

3b Name of subcontracting agency, if applicable

- ○ 360 Communities
- ○ Catholic Charities
- ○ Community Action Partnership (CAP)
- ○ 04 MN Visiting Nurses' Association (MVNA)
- ○ 05 Headway
- ○ 06 St. David's

*4 Date of home visit  
*5 Total # home visits to-date

**CHILD/CAREGIVER LOOKUP**

*6 Child ID  
*7 Primary caregiver ID

I. IMPROVED MATERNAL & NEWBORN HEALTH

8 BIOLOGICAL MOTHERS ONLY: Are you (client) taking a vitamin containing folic acid?

- ○ 01 Yes
- ○ 02 No

9 BIOLOGICAL MOTHERS ONLY: In the past 6 months, was the mother screened with a standardized instrument (PHQ-2 or PHQ-9) for depressive symptoms?

- ○ 01 Yes
- ○ 02 No (SKIP to #11)

10 BIOLOGICAL MOTHERS ONLY: Was the mother referred to relevant community resources for screening positive for depressive symptoms? (PHQ-9)\(^1\)

- ○ 01 Yes
- ○ 02 No

- ○ 03 Not applicable (did not screen positive)

11 Has your child had 50% of their well-child check-ups?\(^2\)

- ○ 01 Yes
- ○ 02 No

- ○ 99 Client declines to answer

II. CHILD INJURIES, CHILD ABUSE, NEGLECT OR MALTREATMENT / REDUCTION OF EMERGENCY ROOM VISITS

12 In the past 6 months, have you (client) obtained care at the emergency room/urgent care center for ANY reason?

- ○ 01 Yes
- ○ 02 No

- ○ 88 Client does not know/not sure

- ○ 99 Client declines to answer

13 In the past 6 months, have you (client) taken your child to the emergency room/urgent care center for an injury?

- ○ 01 Yes
- ○ 02 No

- ○ 88 Client does not know/not sure

- ○ 99 Client declines to answer

14 In the past 6 months, have you (client) taken your child to the emergency room/urgent care center for ANY reason, including injury?

- ○ 01 Yes
- ○ 02 No

- ○ 88 Client does not know/not sure

- ○ 99 Client declines to answer

15 Does this client have a home safety checklist (or equivalent) completed?\(^3\)

- ○ 01 Yes
- ○ 02 No

---

\(^1\) A cutoff score of 10 on the PHQ-9 is indicative of moderate or more severe depression.

\(^2\) Determine number of well-child visits by use of recognized schedule, such as: Follow-along Program, AAP Recommendations for Preventive Pediatric Health Care, or the Minnesota Child and Teen Checkups (C&TC) Early and Periodic Screening, Diagnosis & Treatment Schedule of Age-Related Screening Standards. Do NOT count a well-child check-up that has been scheduled but not yet completed. Example: 5 of 9 well-child visits must be completed by 24 months of age to meet 50% of guidelines according to the C&TC schedule.

\(^3\) The Home Safety Checklist (Minnesota Department of Health) is available online at http://www.health.mn.us/divs/fh/mch/fhv/safety.html
16 Is there currently an active file at the lead Child Protection Agency (CPA) of suspected maltreatment for this child?
   ○ 01 Yes
   ○ 02 No (SKIP to #19)

17 Was the suspected case of maltreatment substantiated by the lead CPA?
   ○ 01 Yes
   ○ 02 No (SKIP to #19)
   ○ 03 Pending investigation (SKIP to #19)

18 Was the child of the substantiated case of maltreatment a first-time victim, as reported by lead CPA?
   ○ 01 Yes
   ○ 02 No

III. IMPROVEMENTS IN SCHOOL READINESS & ACHIEVEMENT

19 What is the child's current weight?
   __________ lbs.
   ○ 01 Client self-report
   ○ 02 Home visitor measurement (preferred)
   ○ 03 Physician or WIC report

20 What is the child's current height?
   __________ ft. __________ in.
   ○ 01 Client self-report
   ○ 02 Home visitor measurement (preferred)
   ○ 03 Physician or WIC report

21 Has the home visitor discussed the child's ASQ-3 scores at 48 months of age with the primary caregiver?
   ○ 01 Yes
   ○ 02 No
   ○ 03 Not applicable (did not administer ASQ-3 at 48 mo) (SKIP to #25)

22 Please indicate whether the child's ASQ-3 scores at 48 months of age were below the established referral score cutoff in the following areas? Note: Checked box = scored below the cutoff (i.e., did not meet developmental milestone)
   ☐ 01 Communication (below 30.72 at 48 months)
   ☐ 02 Gross Motor (below 32.78 at 48 months)
   ☐ 03 Fine Motor (below 15.81 at 48 months)
   ☐ 04 Problem Solving (below 31.30 at 48 months)
   ☐ 05 Personal-Social (below 26.60 at 48 months)

23 If home visitor checked any box for question 22:
   Was the child referred to relevant community resources for scoring below any referral score cutoff for Communication, Gross Motor, Fine Motor, Problem Solving, or Personal-Social areas on the ASQ-3?
   ○ 01 Yes
   ○ 02 No (SKIP to #25)

24 Was an appointment made for further screening/assessment of the child referred to relevant community resources?
   ○ 01 Yes
   ○ 02 No

25 Has the home visitor discussed the child's ASQ:SE scores at 48 months of age with the primary caregiver?
   ○ 01 Yes
   ○ 02 No
   ○ 03 Not applicable (did not administer ASQ:SE at 48 mo) (SKIP to #29)

26 Please indicate whether the child's ASQ:SE score at 48 months of age was above the established referral score cutoff. Note: Checked box = scored above the cutoff (i.e., did not meet socio-emotional milestones)
   ☐ 01 ASQ:SE (above 70 at 48 months)

27 If home visitor checked the box for question 26:
   Was the child referred to relevant community resources for scoring above the referral score cutoff on the ASQ:SE?
   ○ 01 Yes
   ○ 02 No (SKIP to #29)

28 Was an appointment made for further screening/assessment of the child referred to relevant community resources?
   ○ 01 Yes
   ○ 02 No

More on next page
IV. DOMESTIC VIOLENCE

29 BIOLOGICAL MOTHERS ONLY: In the past 6 months, was the client screened for the presence of domestic violence using the HFA Humiliation Afraid Rape Kick Child Survey (HARK-C)?

☐ 01 Yes
☐ 02 No (SKIP to #33)

30 Did the screening tool reveal evidence of domestic violence?*

☐ 01 Yes
☐ 02 No (SKIP to #33)

31 Was a referral made to relevant domestic violence services and noted in the client's chart?

☐ 01 Yes
☐ 02 No

32 Was an intimate partner violence safety plan discussed, completed, or reviewed?

☐ 01 Yes
☐ 02 No

V. FAMILY ECONOMIC SELF-SUFFICIENCY

*33 Are you (client) currently working?

☐ 01 Yes, full-time (37+ hours/week)
☐ 02 Yes, part-time (36 hours or less/week)
☐ 03 No, not employed
☐ 99 Client declines to answer

*34 What is your (client's) household size?* (Note: Count 1 for yourself)

[ ] persons

*35 Which category best describes your (client's) total annual household income and benefits?*

☐ 02 $1 - $6,000
☐ 03 $6,001 - $9,000
☐ 04 $9,001 - $12,000
☐ 05 $12,001 - $16,000
☐ 06 $16,001 - $20,000
☐ 07 $20,001 - $30,000
☐ 08 Over $30,000
☐ 09 Other:
☐ 88 Client does not know/not sure
☐ 99 Client declines to answer

36 What is the highest level of education you (client) have attained?

☐ 01 Never attended school or kindergarten
☐ 02 Grades 1 through 8 (Elementary)
☐ 03 Grades 9 through 11 (Some high school)
☐ 04 Grade 12 (High school)
☐ 05 GED
☐ 06 Some college/training (no degree)
☐ 07 Technical training cert./Associate's degree
☐ 08 Bachelor's degree or higher
☐ 09 Other:
☐ 99 Client declines to answer

37 In the past 6 months, have you (client) completed any educational programs or classes, such as grade advancement, certificate, ESOL7, etc.?

☐ 01 Yes: __________________________
☐ 02 No
☐ 99 Client declines to answer

*38 Do you (client) have health insurance?

☐ 01 Yes, insured
☐ 02 No, uninsured* (SKIP to #40)
☐ 88 Client does not know/not sure (SKIP to #40)
☐ 99 Client declines to answer (SKIP to #40)

*39 What is your major medical care resource for health insurance? (select one or more)

☐ 01 Private insurance
☐ 02 Public insurance* (SKIP to #40)
☐ 03 TRICARE (Military)
☐ 04 Other:
☐ 88 Client does not know/not sure
☐ 99 Client declines to answer

More on next page

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4 HARK-C: A cutoff score of 1 will be used as criteria for a positive screen. Source: Sohal, et. al. BMC Family Practice 2007 8:49.

5 A "household" is defined as a group of related or non-related individuals who are living together as one economic unit sharing income and consumption of goods and/or services (who stay there at least 4 nights per week on average and contribute to the support of the child or primary caregiver). Tenants/boarders shall not be counted as members of the household. Household size: total number of individuals sharing income and consumption of goods and/or services.

6 "Income and benefits" should include annual earnings from work, plus other sources of cash support, whether private (e.g., rent from tenants/borders, cash assistance from friends/relatives) or public (e.g., child support payments, TANF, Social Security (SSI/SSDI/OAI) and Unemployment Insurance).

7 ESOL = English for Speakers of Other Languages, also sometimes referred to as English as a Second Language (ESL) or English as a New Language (ENL)

8 Includes clients who have applied for insurance (pending)

9 Minnesota Health Care Programs (MHCP): Medical Assistance (MA), Prepaid Medical Assistance Program (PMAP), MinnesotaCare, Minnesota Family Planning Program
*40 Does your child have health insurance?

- [ ] 01 Yes, insured
- [ ] 02 No, uninsured
- [ ] 88 Client does not know/not sure
- [ ] 99 Client declines to answer

*41 What is your child's major medical care resource for health insurance? (select one or more)

- [ ] 01 Private insurance
- [ ] 02 Public insurance
- [ ] 03 TRICARE (Military)
- [ ] 04 Other:
- [ ] 88 Client does not know/not sure
- [ ] 99 Client declines to answer
Form FHV-54-PRE

54 months preschooler

| HEADER |
|------------------|------------------|
| *1 Data entry staff (name) | *2 Home visitor (name) |
| *3 Site |
| 3b Name of subcontracting agency, if applicable |
| ○ 360 Communities | ○ MN Visiting Nurses' Association (MVNA) |
| ○ Catholic Charities | ○ Headway |
| ○ Community Action Partnership (CAP) | ○ St. David's |
| *4 Date of home visit | *5 Total # home visits to-date |

| CHILD/CAREGIVER LOOKUP |
|------------------|------------------|
| *6 Child ID | *7 Primary caregiver ID |

I. IMPROVED MATERNAL & NEWBORN HEALTH

8 BIOLOGICAL MOTHERS ONLY: Are you (client) taking a vitamin containing folic acid?
| ○ 01 Yes | ○ 02 No |

9 BIOLOGICAL MOTHERS ONLY: In the past 6 months, was the mother screened with a standardized instrument (PHQ-2 or PHQ-9) for depressive symptoms?
| ○ 01 Yes | ○ 02 No *(SKIP to #11)* |

10 BIOLOGICAL MOTHERS ONLY: Was the mother referred to relevant community resources for screening positive for depressive symptoms? (PHQ-9)^1 |
| ○ 01 Yes | ○ 02 No | ○ 03 Not applicable (did not screen positive) |

II. CHILD INJURIES, CHILD ABUSE, NEGLECT OR MALTREATMENT / REDUCTION OF EMERGENCY ROOM VISITS

11 In the past 6 months, have you (client) obtained care at the emergency room/urgent care center for ANY reason?
| ○ 01 Yes | ○ 02 No | ○ 88 Client does not know/not sure | ○ 99 Client declines to answer |

12 In the past 6 months, have you (client) taken your child to the emergency room/urgent care center for an injury?
| ○ 01 Yes | ○ 02 No | ○ 88 Client does not know/not sure | ○ 99 Client declines to answer |

13 In the past 6 months, have you (client) taken your child to the emergency room/urgent care center for ANY reason, including injury?
| ○ 01 Yes | ○ 02 No | ○ 88 Client does not know/not sure | ○ 99 Client declines to answer |

14 Does this client have a home safety checklist (or equivalent) completed?^2
| ○ 01 Yes | ○ 02 No |

15 Is there currently an active file at the lead Child Protection Agency (CPA) of suspected maltreatment for this child?
| ○ 01 Yes | ○ 02 No *(SKIP to #18)* |

---

^1 A cutoff score of 10 on the PHQ-9 is indicative of moderate or more severe depression.

^2 The Home Safety Checklist (Minnesota Department of Health) is available online at http://www.health.mn.us/divs/fh/mch/fhv/safety.html
16  Was the suspected case of maltreatment substantiated by the lead CPA?
   ○ 01 Yes
   ○ 02 No (SKIP to #18)
   ○ 03 Pending investigation (SKIP to #18)

17  Was the child of the substantiated case of maltreatment a first-time victim, as reported by lead CPA?
   ○ 01 Yes
   ○ 02 No

III. IMPROVEMENTS IN SCHOOL READINESS & ACHIEVEMENT

18  What is the child's current weight?
   □ 01 Client self-report
   □ 02 Home visitor measurement (preferred)
   □ 03 Physician or WIC report

19  What is the child's current height?
   □ 01 Client self-report
   □ 02 Home visitor measurement (preferred)
   □ 03 Physician or WIC report

20  Has the home visitor discussed the child's ASQ-3 scores at 54 months of age with the primary caregiver?
   ○ 01 Yes
   ○ 02 No
   ○ 03 Not applicable (did not administer ASQ-3 at 54 mo) (SKIP to #24)

21  Please indicate whether the child's ASQ-3 scores at 54 months of age were below the established referral score cutoff in the following areas? Note: Checked box = scored below the cutoff (i.e., did not meet developmental milestone)
   □ 01 Communication (below 31.85 at 54 months)
   □ 02 Gross Motor (below 35.18 at 54 months)
   □ 03 Fine Motor (below 17.32 at 54 months)
   □ 04 Problem Solving (below 28.12 at 54 months)
   □ 05 Personal-Social (below 32.33 at 54 months)

22  If home visitor checked any box for question 21:
   Was the child referred to relevant community resources for scoring below any referral score cutoff for Communication, Gross Motor, Fine Motor, Problem Solving, or Personal-Social areas on the ASQ-3?
   ○ 01 Yes
   ○ 02 No (SKIP to #24)

23  Was an appointment made for further screening/assessment of the child referred to relevant community resources?
   ○ 01 Yes
   ○ 02 No

IV. DOMESTIC VIOLENCE

24  BIOLOGICAL MOTHERS ONLY: In the past 6 months, was the client screened for the presence of domestic violence using the HFA Humiliation Afraid Rape Kick Child Survey (HARK-C)?
   ○ 01 Yes
   ○ 02 No (SKIP to #28)

25  Did the screening tool reveal evidence of domestic violence?
   ○ 01 Yes
   ○ 02 No (SKIP to #28)

26  Was a referral made to relevant domestic violence services and noted in the client's chart?
   ○ 01 Yes
   ○ 02 No

27  Was an intimate partner violence safety plan discussed, completed, or reviewed?
   ○ 01 Yes
   ○ 02 No

More on next page

3 HARK-C: A cutoff score of 1 will be used as criteria for a positive screen. Source: Sohal, et. al. BMC Family Practice 2007 8:49.
## V. FAMILY ECONOMIC SELF-SUFFICIENCY

### 28 Are you (client) currently working?
- 01 Yes, full-time (37+ hours/week)
- 02 Yes, part-time (36 hours or less/week)
- 03 No, not employed
- 99 Client declines to answer

### 29 What is your (client’s) household size? (Note: Count 1 for yourself)

<table>
<thead>
<tr>
<th>Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>02 $1 - $6,000</td>
</tr>
<tr>
<td>03 $6,001 - $9,000</td>
</tr>
<tr>
<td>04 $9,001 - $12,000</td>
</tr>
<tr>
<td>05 $12,001 - $16,000</td>
</tr>
<tr>
<td>06 $16,001 - $20,000</td>
</tr>
</tbody>
</table>
- 07 $20,001 - $30,000
- 08 Over $30,000
- 88 Client does not know/not sure
- 99 Client declines to answer

### 30 Which category best describes your (client’s) total annual household income and benefits?

- 01 Never attended school or kindergarten
- 02 Grades 1 through 8 (Elementary)
- 03 Grades 9 through 11 (Some high school)
- 04 Grade 12 (High school)
- 05 GED
- 06 Some college/training (no degree)
- 07 Technical training cert./Associate's degree
- 08 Bachelor's degree or higher
- 09 Other:
- 99 Client declines to answer

### 31 In the past 6 months, have you (client) completed any educational programs or classes, such as grade advancement, certificate, ESOL, etc.?
- 01 Yes: ______________________
- 02 No
- 99 Client declines to answer

### 33 Do you (client) have health insurance?
- 01 Yes, insured
- 02 No, uninsured (SKIP to #35)
- 88 Client does not know/not sure (SKIP to #35)
- 99 Client declines to answer (SKIP to #35)

### 34 What is your major medical care resource for health insurance? (select one or more)
- 01 Private insurance
- 02 Public insurance (END form)
- 03 TRICARE (Military)
- 04 Other:
- 88 Client does not know/not sure
- 99 Client declines to answer (END form)

### 35 Does your child have health insurance?
- 01 Yes, insured
- 02 No, uninsured (END form)
- 88 Client does not know/not sure (END form)
- 99 Client declines to answer (END form)

### 36 What is your child's major medical care resource for health insurance? (select one or more)
- 01 Private insurance
- 02 Public insurance (END form)
- 03 TRICARE (Military)
- 04 Other:
- 88 Client does not know/not sure
- 99 Client declines to answer

---

4 A "household" is defined as a group of related or non-related individuals who are living together as one economic unit sharing income and consumption of goods and/or services (who stay there at least 4 nights per week on average and contribute to the support of the child or primary caregiver). Tenants/boarders shall not be counted as members of the household. Household size: total number of individuals sharing income and consumption of goods and/or services.

5 "Income and benefits" should include annual earnings from work, plus other sources of cash support, whether private (e.g., rent from tenants/borders, cash assistance from friends/relatives) or public (e.g., child support payments, TANF, Social Security (SSI/SSDI/OAI) and Unemployment Insurance).

6 ESOL = English for Speakers of Other Languages, also sometimes referred to as English as a Second Language (ESL) or English as a New Language (ENL)

7 Includes clients who have applied for insurance (pending)

8 Minnesota Health Care Programs (MHCP): Medical Assistance (MA), Prepaid Medical Assistance Program (PMAP), MinnesotaCare, Minnesota Family Planning Program
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# 60 months preschooler

## HEADER

<table>
<thead>
<tr>
<th>*1</th>
<th>Data entry staff (name)</th>
<th>*2</th>
<th>Home visitor (name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*3</td>
<td>Site</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3b Name of subcontracting agency, if applicable

- 360 Communities
- Catholic Charities
- Community Action Partnership (CAP)
- MN Visiting Nurses' Association (MVNA)
- Headway
- St. David's

*4 Date of home visit

*5 Total # home visits to-date

## CHILD/CAREGIVER LOOKUP

<table>
<thead>
<tr>
<th>*6</th>
<th>Child ID</th>
</tr>
</thead>
</table>

| *7 | Primary caregiver ID |

## I. IMPROVED MATERNAL & NEWBORN HEALTH

### 8 BIOLOGICAL MOTHERS ONLY: Are you (client) taking a vitamin containing folic acid?

- 01 Yes
- 02 No

### 9 BIOLOGICAL MOTHERS ONLY: In the past 6 months, was the mother screened with a standardized instrument (PHQ-2 or PHQ-9) for depressive symptoms?

- 01 Yes
- 02 No (SKIP to #11)

### 10 BIOLOGICAL MOTHERS ONLY: Was the mother referred to relevant community resources for screening positive for depressive symptoms? (PHQ-9)¹

<table>
<thead>
<tr>
<th>01</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>02</td>
<td>No</td>
</tr>
</tbody>
</table>

| 03 | Not applicable (did not screen positive) |

### 11 Has your child had 50% of their well-child check-ups?²

- 01 Yes
- 02 No

| 99 | Client declines to answer |

## II. CHILD INJURIES, CHILD ABUSE, NEGLECT OR MALTREATMENT / REDUCTION OF EMERGENCY ROOM VISITS

### 12 In the past 6 months, have you (client) obtained care at the emergency room/urgent care center for ANY reason?

- 01 Yes
- 02 No

<table>
<thead>
<tr>
<th>88</th>
<th>Client does not know/not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>99</td>
<td>Client declines to answer</td>
</tr>
</tbody>
</table>

### 13 In the past 6 months, have you (client) taken your child to the emergency room/urgent care center for an injury?

- 01 Yes
- 02 No

<table>
<thead>
<tr>
<th>88</th>
<th>Client does not know/not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>99</td>
<td>Client declines to answer</td>
</tr>
</tbody>
</table>

### 14 In the past 6 months, have you (client) taken your child to the emergency room/urgent care center for ANY reason, including injury?

- 01 Yes
- 02 No

<table>
<thead>
<tr>
<th>88</th>
<th>Client does not know/not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>99</td>
<td>Client declines to answer</td>
</tr>
</tbody>
</table>

### 15 Does this client have a home safety checklist (or equivalent) completed?³

- 01 Yes
- 02 No

*1 A cutoff score of 10 on the PHQ-9 is indicative of moderate or more severe depression.

*2 Determine number of well-child visits by use of recognized schedule, such as: Follow-along Program, AAP Recommendations for Preventive Pediatric Health Care, or the Minnesota Child and Teen Checkups (C&T) Early and Periodic Screening, Diagnosis & Treatment Schedule of Age-Related Screening Standards. Do NOT count a well-child check-up that has been scheduled but not yet completed. Example: 5 of 9 well-child visits must be completed by 24 months of age to meet 50% of guidelines according to the C&T schedule.

³ The Home Safety Checklist (Minnesota Department of Health) is available online at http://www.health.mn.us/divs/fh/mch/fhv/safety.html

---

**More on next page**
16 Is there currently an active file at the lead Child Protection Agency (CPA) of suspected maltreatment for this child?
   ○ 01 Yes
   ○ 02 No (SKIP to #19)

17 Was the suspected case of maltreatment substantiated by the lead CPA?
   ○ 01 Yes
   ○ 02 No (SKIP to #19)
   ○ 03 Pending investigation (SKIP to #19)

18 Was the child of the substantiated case of maltreatment a first-time victim, as reported by lead CPA?
   ○ 01 Yes
   ○ 02 No

III. IMPROVEMENTS IN SCHOOL READINESS & ACHIEVEMENT

19 What is the child's current weight?
   lbs.
   ○ 01 Client self-report
   ○ 02 Home visitor measurement (preferred)
   ○ 03 Physician or WIC report

20 What is the child's current height?
   ft. in.
   ○ 01 Client self-report
   ○ 02 Home visitor measurement (preferred)
   ○ 03 Physician or WIC report

21 Has the home visitor discussed the child's ASQ-3 scores at 60 months of age with the primary caregiver?
   ○ 01 Yes
   ○ 02 No
   ○ 03 Not applicable (did not administer ASQ-3 at 60 mo) (SKIP to #25)

22 Please indicate whether the child's ASQ-3 scores at 60 months of age were below the established referral score cutoff in the following areas? Note: Checked box = scored below the cutoff (i.e., did not meet developmental milestone)
   ○ 01 Communication (below 33.19 at 60 months)
   ○ 02 Gross Motor (below 31.28 at 60 months)
   ○ 03 Fine Motor (below 26.54 at 60 months)
   ○ 04 Problem Solving (below 29.99 at 60 months)
   ○ 05 Personal-Social (below 39.07 at 60 months)

23 If home visitor checked any box for question 22:
   Was the child referred to relevant community resources for scoring below any referral score cutoff for Communication, Gross Motor, Fine Motor, Problem Solving, or Personal-Social areas on the ASQ-3?
   ○ 01 Yes
   ○ 02 No (SKIP to #25)

24 Was an appointment made for further screening/assessment of the child referred to relevant community resources?
   ○ 01 Yes
   ○ 02 No

25 Has the home visitor discussed the child's ASQ:SE scores at 60 months of age with the primary caregiver?
   ○ 01 Yes
   ○ 02 No
   ○ 03 Not applicable (did not administer ASQ:SE at 60 mo) (SKIP to #29)

26 Please indicate whether the child's ASQ:SE score at 60 months of age was above the established referral score cutoff. Note: Checked box = scored above the cutoff (i.e., did not meet socio-emotional milestones)
   ○ 01 ASQ:SE (above 70 at 60 months)

27 If home visitor checked the box for question 26:
   Was the child referred to relevant community resources for scoring above the referral score cutoff on the ASQ:SE?
   ○ 01 Yes
   ○ 02 No (SKIP to #29)

28 Was an appointment made for further screening/assessment of the child referred to relevant community resources?
   ○ 01 Yes
   ○ 02 No

More on next page
IV. DOMESTIC VIOLENCE

29 BIOLOGICAL MOTHERS ONLY: In the past 6 months, was the client screened for the presence of domestic violence using the HFA Humiliation Afraid Rape Kick Child Survey (HARK-C)?
   ○ 01 Yes
   ○ 02 No (SKIP to #33)

30 Did the screening tool reveal evidence of domestic violence?
   ○ 01 Yes
   ○ 02 No (SKIP to #33)

31 Was a referral made to relevant domestic violence services and noted in the client's chart?
   ○ 01 Yes
   ○ 02 No

32 Was an intimate partner violence safety plan discussed, completed, or reviewed?
   ○ 01 Yes
   ○ 02 No

V. FAMILY ECONOMIC SELF-SUFFICIENCY

*33 Are you (client) currently working?
   ○ 01 Yes, full-time (37+ hours/week)
   ○ 02 Yes, part-time (36 hours or less/week)
   ○ 03 No, not employed
   ○ 04 No, not employed (client declines to answer)

*34 What is your (client's) household size? (Note: Count 1 for yourself)
   [ ] persons

*35 Which category best describes your (client's) total annual household income and benefits?
   ○ 01 $0
   ○ 02 $1 - $6,000
   ○ 03 $6,001 - $9,000
   ○ 04 $9,001 - $12,000
   ○ 05 $12,001 - $16,000
   ○ 06 $16,001 - $20,000
   ○ 07 $20,001 - $30,000
   ○ 08 Over $30,000
   ○ 09 Client does not know/not sure
   ○ 10 Client does not know/not sure (client declines to answer)

36 What is the highest level of education you (client) have attained?
   ○ 01 Never attended school or kindergarten
   ○ 02 Grades 1 through 8 (Elementary)
   ○ 03 Grades 9 through 11 (Some high school)
   ○ 04 Grade 12 (High school)
   ○ 05 GED
   ○ 06 Some college/training (no degree)
   ○ 07 Technical training cert./Associate's degree
   ○ 08 Bachelor's degree or higher
   ○ 09 Other:
   ○ 10 Client declines to answer

37 In the past 6 months, have you (client) completed any educational programs or classes, such as grade advancement, certificate, ESOL7, etc.?
   ○ 01 Yes: _________________
   ○ 02 No
   ○ 03 No, not employed (client declines to answer)

*38 Do you (client) have health insurance?
   ○ 01 Yes, insured
   ○ 02 No, uninsured8 (SKIP to #40)
   ○ 03 TRICARE (Military)
   ○ 04 Other:
   ○ 05 Client does not know/not sure (SKIP to #40)

*39 What is your major medical care resource for health insurance? (select one or more)
   ○ 01 Private insurance
   ○ 02 Public insurance9
   ○ 03 TRICARE (Military)
   ○ 04 Other:
   ○ 05 Client does not know/not sure (SKIP to #40)

   ○ 06 Client does not know/not sure

More on next page

---

4 HARK-C: A cutoff score of 1 will be used as criteria for a positive screen. Source: Sohal, et. al. BMC Family Practice 2007 8:49.
5 A "household" is defined as a group of related or non-related individuals who are living together as one economic unit sharing income and consumption of goods and/or services (who stay there at least 4 nights per week on average and contribute to the support of the child or primary caregiver). Tenants/boarders shall not be counted as members of the household. Household size: total number of individuals sharing income and consumption of goods and/or services.
6 "Income and benefits" should include annual earnings from work, plus other sources of cash support, whether private (e.g., rent from tenants/borders, cash assistance from friends/relatives) or public (e.g., child support payments, TANF, Social Security (SSI/SSDI/OAI) and Unemployment Insurance).
7 ESOL = English for Speakers of Other Languages, also sometimes referred to as English as a Second Language (ESL) or English as a New Language (ENL)
8 Includes clients who have applied for insurance (pending)
9 Minnesota Health Care Programs (MHCP); Medical Assistance (MA), Prepaid Medical Assistance Program (PMAP), MinnesotaCare, Minnesota Family Planning Program
*40 Does your child have health insurance?

☐ 01 Yes, insured
☐ 02 No, uninsured* (END form)
☐ 88 Client does not know/not sure (END form)
☐ 99 Client declines to answer (END form)

*41 What is your child's major medical care resource for health insurance? (select one or more)

☐ 01 Private insurance
☐ 02 Public insurance*
☐ 03 TRICARE (Military)
☐ 04 Other:
☐ 88 Client does not know/not sure
☐ 99 Client declines to answer
## Form FHV-66-PRE

### 66 months preschooler

<table>
<thead>
<tr>
<th>HEADER</th>
</tr>
</thead>
<tbody>
<tr>
<td>*1 Data entry staff (name)</td>
</tr>
<tr>
<td>*3 Site</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3b Name of subcontracting agency, if applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ 360 Communities</td>
</tr>
<tr>
<td>○ Catholic Charities</td>
</tr>
<tr>
<td>○ Community Action Partnership (CAP)</td>
</tr>
</tbody>
</table>

| *4 Date of home visit | *5 Total # home visits to-date |

<table>
<thead>
<tr>
<th>CHILD/CAREGIVER LOOKUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>*6 Child ID</td>
</tr>
</tbody>
</table>

### I. IMPROVED MATERNAL & NEWBORN HEALTH

**8** BIOLOGICAL MOTHERS ONLY: Are you (client) taking a vitamin containing folic acid?
- ○ 01 Yes
- ○ 02 No

**9** BIOLOGICAL MOTHERS ONLY: In the past 6 months, was the mother screened with a standardized instrument (PHQ-2 or PHQ-9) for depressive symptoms?
- ○ 01 Yes
- ○ 02 No **(SKIP to #11)**

**10** BIOLOGICAL MOTHERS ONLY: Was the mother referred to relevant community resources for screening positive for depressive symptoms? (PHQ-9)\(^1\)
- ○ 01 Yes
- ○ 02 No
- ○ 03 Not applicable (did not screen positive)

### II. CHILD INJURIES, CHILD ABUSE, NEGLECT OR MALTREATMENT / REDUCTION OF EMERGENCY ROOM VISITS

**11** In the past 6 months, have you (client) obtained care at the emergency room/urgent care center for ANY reason?
- ○ 01 Yes
- ○ 02 No
- ○ 88 Client does not know/not sure
- ○ 99 Client declines to answer

**12** In the past 6 months, have you (client) taken your child to the emergency room/urgent care center for an injury?
- ○ 01 Yes
- ○ 02 No
- ○ 88 Client does not know/not sure
- ○ 99 Client declines to answer

**13** In the past 6 months, have you (client) taken your child to the emergency room/urgent care center for ANY reason, including injury?
- ○ 01 Yes
- ○ 02 No
- ○ 88 Client does not know/not sure
- ○ 99 Client declines to answer

**14** Does this client have a home safety checklist (or equivalent) completed?\(^2\)
- ○ 01 Yes
- ○ 02 No

**15** Is there currently an active file at the lead Child Protection Agency (CPA) of suspected maltreatment for this child?
- ○ 01 Yes
- ○ 02 No **(SKIP to #18)**

---

\(^1\) A cutoff score of 10 on the PHQ-9 is indicative of moderate or more severe depression.

\(^2\) The Home Safety Checklist (Minnesota Department of Health) is available online at [http://www.health.mn.us/divs/fh/mch/fhv/safety.html](http://www.health.mn.us/divs/fh/mch/fhv/safety.html)
<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>Was the suspected case of maltreatment substantiated by the lead CPA?</td>
<td>01 Yes 02 No (SKIP to #18)</td>
</tr>
<tr>
<td>17</td>
<td>Was the child of the substantiated case of maltreatment a first-time victim, as reported by lead CPA?</td>
<td>01 Yes 02 No (SKIP to #18)</td>
</tr>
<tr>
<td>18</td>
<td>III. IMPROVEMENTS IN SCHOOL READINESS &amp; ACHIEVEMENT</td>
<td>19 What is the child's current height?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01 Client self-report 02 Home visitor measurement (preferred) 03 Physician or WIC report</td>
</tr>
<tr>
<td>19</td>
<td></td>
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</tr>
<tr>
<td>20</td>
<td>IV. DOMESTIC VIOLENCE</td>
<td>20 BIOLOGICAL MOTHERS ONLY: In the past 6 months, was the client screened for the presence of domestic violence using the HFA Humiliation Afraid Rape Kick Child Survey (HARK-C)?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01 Yes 02 No (SKIP to #24)</td>
</tr>
<tr>
<td>21</td>
<td></td>
<td>21 Did the screening tool reveal evidence of domestic violence?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01 Yes 02 No (SKIP to #24)</td>
</tr>
<tr>
<td>22</td>
<td></td>
<td>22 Was a referral made to relevant domestic violence services and noted in the client's chart?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01 Yes 02 No</td>
</tr>
<tr>
<td>23</td>
<td></td>
<td>23 Was an intimate partner violence safety plan discussed, completed, or reviewed?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01 Yes 02 No</td>
</tr>
<tr>
<td>24</td>
<td>V. FAMILY ECONOMIC SELF-SUFFICIENCY</td>
<td>24 Are you (client) currently working?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01 Yes, full-time (37+ hours/week) 02 Yes, part-time (36 hours or less/week) 03 No, not employed 99 Client declines to answer</td>
</tr>
<tr>
<td>25</td>
<td></td>
<td>25 What is your (client's) household size? (Note: Count 1 for yourself)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>02 $1 - $6,000 03 $6,001 - $9,000 04 $9,001 - $12,000 05 $12,001 - $16,000 06 $16,001 - $20,000 07 $20,001 - $30,000 08 Over $30,000 09 $16,001 - $20,000 088 Client does not know/not sure 99 Client declines to answer</td>
</tr>
</tbody>
</table>

---

3 HARK-C: A cutoff score of 1 will be used as criteria for a positive screen. Source: Sohal, et. al. BMC Family Practice 2007 8:49.
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In the past 6 months, have you (client) completed any educational programs or classes, such as grade advancement, certificate, ESOL*, etc.?

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<thead>
<tr>
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<tbody>
<tr>
<td>01</td>
<td>Yes: ___________________________</td>
<td>99 Client declines to answer</td>
</tr>
<tr>
<td>02</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Do you (client) have health insurance?

<p>| | | |</p>
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<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Yes, insured</td>
<td>88 Client does not know/not sure (SKIP to #31)</td>
</tr>
<tr>
<td>02</td>
<td>No, uninsured* (SKIP to #31)</td>
<td>99 Client declines to answer (SKIP to #31)</td>
</tr>
</tbody>
</table>

What is your major medical care resource for health insurance? (select one or more)

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<tr>
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<tbody>
<tr>
<td>01</td>
<td>Private insurance</td>
<td>04 Other:</td>
</tr>
<tr>
<td>02</td>
<td>Public insurance*</td>
<td>88 Client does not know/not sure</td>
</tr>
<tr>
<td>03</td>
<td>TRICARE (Military)</td>
<td>99 Client declines to answer</td>
</tr>
</tbody>
</table>

Does your child have health insurance?

<p>| | | |</p>
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<thead>
<tr>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Yes, insured</td>
<td>88 Client does not know/not sure (END form)</td>
</tr>
<tr>
<td>02</td>
<td>No, uninsured* (END form)</td>
<td>99 Client declines to answer (END form)</td>
</tr>
</tbody>
</table>

What is your child's major medical care resource for health insurance? (select one or more)

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</thead>
<tbody>
<tr>
<td>01</td>
<td>Private insurance</td>
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</tr>
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<tr>
<td>03</td>
<td>TRICARE (Military)</td>
<td>99 Client declines to answer</td>
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</tbody>
</table>

*ESOL = English for Speakers of Other Languages, also sometimes referred to as English as a Second Language (ESL) or English as a New Language (ENL)

*Includes clients who have applied for insurance (pending)

*Minnesota Health Care Programs (MHCP): Medical Assistance (MA), Prepaid Medical Assistance Program (PMAP), MinnesotaCare, Minnesota Family Planning Program
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**Form FHV-99-CLO**

**Primary caregiver closure**

### HEADER

| *1 | Data entry staff (name) |
| *2 | Home visitor (name) |

| *3 | Site |

#### 3b Name of subcontracting agency, if applicable

- 360 Communities
- Catholic Charities
- Community Action Partnership (CAP)
- MN Visiting Nurses' Association (MVNA)
- Headway
- St. David's

| *4 | Date of program closure |
| *5 | Total # home visits to-date |

### CHILD/CAREGIVER LOOKUP

| *6 | Child ID |
| *7 | Primary caregiver ID |

#### II. CHILD INJURIES, CHILD ABUSE, NEGLECT OR MALTREATMENT / REDUCTION OF EMERGENCY ROOM VISITS

8. Is there currently an active file at the lead Child Protection Agency (CPA) of suspected maltreatment for this child?  

- 01 Yes  
- 02 No (SKIP to #11)

9. Was the suspected case of maltreatment substantiated by the lead CPA?  

- 01 Yes  
- 02 No (SKIP to #11)  
- 03 Pending investigation (SKIP to #11)

10. Was the child of the substantiated case of maltreatment a first-time victim, as reported by lead CPA?  

- 01 Yes  
- 02 No

### SERVICE UTILIZATION: CLOSURE

| *11 | Reason for program closure: |
| 01 | Completed program/goals met |
| 02 | Stopped services for personal reason\(^1\) |
| 03 | Program unable to provide services\(^2\) |
| 04 | Loss of follow-up\(^3\) |
| 05 | Transfer |

---

\(^1\) Select 'stopped services for personal reason' if program closure was due to a personal reason elicited from the primary caregiver. Personal reasons for program closure may include, but are not limited to, the following: Returned to work/school, refused nurse, dissatisfied with services, pressure from peers or family, etc.

\(^2\) This option excludes program closure due personal reasons elicited from the primary caregiver or loss of follow-up. Select 'program unable to provide services' if program closure was determined by program staff. Reasons for closure that satisfy this criterion may include, but are not limited to, the following: nurse caseloads are overburdened, lack of staff safety, language barriers, child is too old for services, etc.

\(^3\) Program closure due to loss of follow-up may include, but is not limited to, the following: Moved out of service area, unable to locate, excessive missed visits, miscarriage/fetal death/infant death, child no longer in family's custody, death of primary caregiver, incarceration of primary caregiver, etc.
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