

Family Home Visiting (FHV) Evaluation Data collection forms

Standard packet
January 2015 Update
Version 3.0



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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?

 previous live births

*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**More on next page**

¹ If homeless, write "homeless" in the address field.

- *21 Primary language
- | | |
|----------------------------------|--|
| <input type="radio"/> 01 English | <input type="radio"/> 04 Spanish |
| <input type="radio"/> 02 Hmong | <input type="radio"/> 05 Other: _____ |
| <input type="radio"/> 03 Somali | <input type="radio"/> 99 Client declines to answer |

- *22 Legal marital status²
- | | |
|--|--|
| <input type="radio"/> 01 Married (legal or common law) | <input type="radio"/> 04 Separated |
| <input type="radio"/> 02 Divorced | <input type="radio"/> 05 Never married |
| <input type="radio"/> 03 Widowed | <input type="radio"/> 99 Client declines to answer |

I. IMPROVED MATERNAL & NEWBORN HEALTH

- 23 PRENATAL CLIENTS ONLY: How many weeks pregnant are you (*client*) now? BENCHMARK I.1
- weeks pregnant

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

- 24 In the past 6 months, have you (*client*) obtained care at the emergency room/urgent care center for ANY reason? BENCHMARK II.10
- | | |
|------------------------------|--|
| <input type="radio"/> 01 Yes | <input type="radio"/> 88 Client does not know/not sure |
| <input type="radio"/> 02 No | <input type="radio"/> 99 Client declines to answer |

V. FAMILY ECONOMIC SELF-SUFFICIENCY

- *25 Are you (*client*) currently working?
- | | |
|---|--|
| <input type="radio"/> 01 Yes, full-time (37+ hours/week) | <input type="radio"/> 03 No, not employed |
| <input type="radio"/> 02 Yes, part-time (36 hours or less/week) | <input type="radio"/> 99 Client declines to answer |
- *26 What is your (*client's*) household size?³ 27 Do any members of your (*client's*) household currently serve in the Armed Forces (active or reserve)?³
- (Note: Count 1 for yourself)
- persons
- | | | |
|------------------------------|-----------------------------|--|
| <input type="radio"/> 01 Yes | <input type="radio"/> 02 No | <input type="radio"/> 99 Client declines to answer |
|------------------------------|-----------------------------|--|

- *28 Which category best describes your (*client's*) total annual household income and benefits?^{3,4} BENCHMARK V.28
- | | |
|--|--|
| <input type="radio"/> 02 \$1 - \$6,000 | <input type="radio"/> 07 \$20,001 - \$30,000 |
| <input type="radio"/> 03 \$6,001 - \$9,000 | <input type="radio"/> 08 Over \$30,000 |
| <input type="radio"/> 04 \$9,001 - \$12,000 | <input type="radio"/> 88 Client does not know/not sure |
| <input type="radio"/> 05 \$12,001 - \$16,000 | <input type="radio"/> 99 Client declines to answer |
| <input type="radio"/> 06 \$16,001 - \$20,000 | |

- 29 In what educational program are you (*client*) currently enrolled, if any?
- | | |
|--|---|
| <input type="radio"/> 01 Not enrolled in a program | <input type="radio"/> 05 Post-high school vocational/cert./technical training |
| <input type="radio"/> 02 Middle school (6th through 8th grade) | <input type="radio"/> 06 College |
| <input type="radio"/> 03 High school (9th through 12th grade) | <input type="radio"/> 07 Other: _____ |
| <input type="radio"/> 04 GED program | <input type="radio"/> 99 Client declines to answer |

- *30 What is the highest level of education you (*client*) have attained?
- | | |
|---|--|
| <input type="radio"/> 01 Never attended school or kindergarten | <input type="radio"/> 06 Some college/training (no degree) |
| <input type="radio"/> 02 Grades 1 through 8 (Elementary) | <input type="radio"/> 07 Technical training cert./Associate's degree |
| <input type="radio"/> 03 Grades 9 through 11 (Some high school) | <input type="radio"/> 08 Bachelor's degree or higher |
| <input type="radio"/> 04 Grade 12 (High school) | <input type="radio"/> 09 Other: _____ |
| <input type="radio"/> 05 GED | <input type="radio"/> 99 Client declines to answer |

More on next page

² Select "01 Married" if the client is legally married in the United States.

³ 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.

⁴ "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).

31 In the past 6 months, have you (*client*) completed any educational programs or classes, such as grade advancement, certificate, ESOL⁵, etc.?

BENCHMARK V.29

- 01 Yes: _____
 02 No

99 Client declines to answer

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

BENCHMARK V.30

- 01 Yes, insured
 02 No, uninsured⁶ (*END form*)

88 Client does not know/not sure (*END form*)

99 Client declines to answer (*END form*)

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

BENCHMARK V.30

- 01 Private insurance
 02 Public insurance⁷
 03 TRICARE (Military)

04 Other: _____

88 Client does not know/not sure

99 Client declines to answer

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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Form FHV-01-PPT

Child 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 home visit

*5 Total # home visits to-date

Demographics (Child)

6 First name (child)

7 Last name (child)

*8a Identifier #1 (child)

8b Identifier #2 (child)

*9 Primary caregiver ID

*10 Birth date (child)

*11 Gender

 01 Male 02 Female

*12 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

*13 Race (child) (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**I. IMPROVED MATERNAL & NEWBORN HEALTH**14 BIOLOGICAL MOTHERS ONLY: Did you (*client*) smoke cigarettes at all during pregnancy, including before you found out you were pregnant?

BENCHMARK 1.2

 01 Yes 02 No 99 Client declines to answer**II. CHILD INJURIES, CHILD ABUSE, NEGLECT OR MALTREATMENT / REDUCTION OF EMERGENCY ROOM VISITS**15 ANSWER ONLY IF ENROLLED PRENATALLY: Since enrollment, have you (*client*) obtained care at the emergency room/urgent care center for ANY reason?

BENCHMARK II.10

 01 Yes 02 No 88 Client does not know/not sure 99 Client declines to answer**V. FAMILY ECONOMIC SELF-SUFFICIENCY**16 ANSWER ONLY IF ENROLLED PRENATALLY: Since enrollment, have you (*client*) completed any educational programs or classes, such as grade advancement, certificate, ESOL¹, etc.?

BENCHMARK V.29

 01 Yes: _____ 02 No 99 Client declines to answer**More on next page**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?

BENCHMARK I.8, V.30

- 01 Yes, insured
 88 Client does not know/not sure (*SKIP to #19*)
 02 No, uninsured² (*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) BENCH-
MARK I.8, V.30

- 01 Private insurance
 04 Other: _____
 02 Public insurance³
 88 Client does not know/not sure
 03 TRICARE (Military)
 99 Client declines to answer

*19 Does your child have health insurance?

BENCHMARK I.8, V.30

- 01 Yes, insured
 88 Client does not know/not sure (*END form*)
 02 No, uninsured² (*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)

BENCHMARK I.8, V.30

- 01 Private insurance
 04 Other: _____
 02 Public insurance
 88 Client does not know/not sure
 03 TRICARE (Military)³
 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 Communitie Catholic Charities 03 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 status¹ 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

9 BIOLOGICAL MOTHERS ONLY: Are you (*client*) taking a vitamin containing folic acid? BENCHMARK 1.3 01 Yes 02 No10 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? BENCHMARK 1.5 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)² BENCHMARK III.19 01 Yes 02 No 03 Not applicable (did not screen positive)12 Has your child ever had breast milk? BENCHMARK 1.6 01 Yes 02 No (*SKIP to #15*) 88 Client does not know/not sure (*SKIP to #15*) 99 Client declines to answer (*SKIP to #15*)13 Does your child continue to get breastmilk? BENCHMARK 1.6 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?³ BENCHMARK 1.6 weeks old**More on next page**¹ 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

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? BENCHMARK II.10
 01 Yes 88 Client does not know/not sure
 02 No 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? BENCHMARK II.12
 01 Yes 88 Client does not know/not sure
 02 No 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? BENCHMARK II.09
 01 Yes 88 Client does not know/not sure
 02 No 99 Client declines to answer
- 18 Does this client have a home safety checklist (or equivalent) completed?⁴ BENCHMARK II.11
 01 Yes
 02 No
- 19 Is there currently an active file at the lead Child Protection Agency (CPA) of suspected maltreatment for this child? BENCHMARK II.13
 01 Yes
 02 No (*SKIP to #22*)
- 20 Was the suspected case of maltreatment substantiated by the lead CPA? BENCHMARK II.14
 01 Yes 03 Pending investigation (*SKIP to #22*)
 02 No (*SKIP to #22*)
- 21 Was the child of the substantiated case of maltreatment a first-time victim, as reported by lead CPA? BENCHMARK II.15
 01 Yes
 02 No

III. IMPROVEMENTS IN SCHOOL READINESS & ACHIEVEMENT

- 22 What is the child's current weight? 23 What is the child's current length? (head-to-toe) BENCHMARK III.24
 lbs. oz. in.
 01 Client self-report 01 Client self-report
 02 Home visitor measurement (preferred) 02 Home visitor measurement (preferred)
 03 Physician or WIC report 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 by 3 months postpartum (initial assessment): BENCHMARK III.16, III.18
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 4 months of age with the primary caregiver? BENCHMARK III.17
 01 Yes 03 Not applicable (did not administer ASQ-3 at 4 mo) (*SKIP to #30*)
 02 No
- 27 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) BENCHMARK III.20-22
 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)

More on next page

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?

BENCHMARK VI.31, VI.32

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

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

BENCHMARK VI.35

- 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?

BENCHMARK IV.25

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

31 Did the screening tool reveal evidence of domestic violence?⁵

BENCHMARK IV.26

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

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

BENCHMARK IV.26

- 01 Yes
 02 No

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

BENCHMARK IV.27

- 01 Yes
 02 No

V. FAMILY ECONOMIC SELF-SUFFICIENCY

***34 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

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

persons

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

BENCHMARK V.28

- 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

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

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

38 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

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/boarders, cash assistance from friends/relatives) or public (e.g., child support payments, TANF, Social Security (SSI/SSDI/OAI) and Unemployment Insurance).

39 In the past 6 months, have you (*client*) completed any educational programs or classes, such as grade advancement, certificate, ESOL⁸, etc.?

BENCHMARK V.29

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

More on next page

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

BENCHMARK I.8, V.30

- 01 Yes, insured
 88 Client does not know/not sure (*SKIP to #41*)
 02 No, uninsured⁹ (*SKIP to #41*)
 99 Client declines to answer (*SKIP to #41*)

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

BENCHMARK I.8, V.30

- 01 Private insurance
 04 Other: _____
 02 Public insurance¹⁰
 88 Client does not know/not sure
 03 TRICARE (Military)
 99 Client declines to answer

*42 Does your child have health insurance?

BENCHMARK I.8, V.30

- 01 Yes, insured
 88 Client does not know/not sure (*END form*)
 02 No, uninsured⁹ (*END form*)
 99 Client declines to answer (*END form*)

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

BENCHMARK I.8, V.30

- 01 Private insurance
 04 Other: _____
 02 Public insurance¹⁰
 88 Client does not know/not sure
 03 TRICARE (Military)
 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

Form FHV-12-INF

12 months infant

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

DEMOGRAPHICS UPDATE (CAREGIVER)

*8 Legal marital status¹ 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

9 BIOLOGICAL MOTHERS ONLY: Are you (*client*) taking a vitamin containing folic acid? 01 Yes 02 No10 BIOLOGICAL MOTHERS ONLY: Since you had your child, have you (*client*) been pregnant again?

BENCHMARK 1.4

 01 Yes 02 No 99 Client declines to answer

11 Has your child ever had breast milk?

BENCHMARK 1.6

 01 Yes 02 No (*SKIP to #14*) 88 Client does not know/not sure (*SKIP to #14*) 99 Client declines to answer (*SKIP to #14*)

12 Does your child continue to get breastmilk?

BENCHMARK 1.6

 01 Yes (*SKIP to #14*) 02 No 99 Client declines to answer (*SKIP to #14*)13 How many weeks old was your child when he or she stopped getting breastmilk?²

BENCHMARK 1.6

weeks old

14 Has your child had 50% of their well-child check-ups?³

BENCHMARK 1.7

 01 Yes 02 No 99 Client declines to answer**More on next page**¹ Select "01 Married" if the client is legally married in the United States.² Enter "1" if less than one week³ 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? BENCHMARK II.10
 01 Yes 88 Client does not know/not sure
 02 No 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? BENCHMARK II.12
 01 Yes 88 Client does not know/not sure
 02 No 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? BENCHMARK II.09
 01 Yes 88 Client does not know/not sure
 02 No 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? BENCHMARK II.13
 01 Yes
 02 No (*SKIP to #21*)
-
- 19 Was the suspected case of maltreatment substantiated by the lead CPA? BENCHMARK II.14
 01 Yes 03 Pending investigation (*SKIP to #21*)
 02 No (*SKIP to #21*)
-
- 20 Was the child of the substantiated case of maltreatment a first-time victim, as reported by lead CPA? BENCHMARK II.15
 01 Yes
 02 No

III. IMPROVEMENTS IN SCHOOL READINESS & ACHIEVEMENT

- 21 What is the child's current weight? BENCHMARK III.24
 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) BENCHMARK III.24
 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 (*SKIP to #25*)
-
- 24 NCAST Teaching Subscale Scores at 12 months of child age: BENCHMARK III.16, III.18
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? BENCHMARK III.17
 01 Yes 03 Not applicable (did not administer ASQ-3 at 10/12 mo) (*SKIP to #29*)
 02 No
-
- 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) BENCHMARK III.20-22
 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? BENCHMARK VI.31, VI.32
 01 Yes
 02 No (*SKIP to #29*)

More on next page

- 28 Was an appointment made for further screening/assessment of the child referred to relevant community resources? BENCHMARK VI.35
 01 Yes
 02 No
- 29 Has the home visitor discussed the child's ASQ:SE scores at 12 months of age with the primary caregiver? BENCHMARK III.17
 01 Yes
 02 No
 03 Not applicable (did not administer ASQ:SE at 12 mo) (SKIP to #33)
- 30 Please indicate whether the child's ASQ:SE score at 12 months of age was above the established referral score cutoff. BENCHMARK III.23
 Note: Checked box = scored above the cutoff (i.e., did not meet socio-emotional milestones)
 01 ASQ:SE (above 48 at 12 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? BENCHMARK VI.31, VI.32
 01 Yes
 02 No (SKIP to #33)
- 32 Was an appointment made for further screening/assessment of the child referred to relevant community resources? BENCHMARK VI.35
 01 Yes
 02 No

IV. DOMESTIC VIOLENCE

- 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)?
 01 Yes
 02 No (SKIP to #37)
- 34 Did the screening tool reveal evidence of domestic violence?⁴
 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?⁵ (Note: Count 1 for yourself)
 persons
- *39 Which category best describes your (client's) total annual household income and benefits?⁶ BENCHMARK V.28
 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

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/boarders, cash assistance from friends/relatives) or public (e.g., child support payments, TANF, Social Security (SSI/SSDI/OAI) and Unemployment Insurance).

40 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

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, ESOL⁷, etc.?

BENCHMARK V.29

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

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

BENCHMARK I.8, V.30

- 01 Yes, insured
 02 No, uninsured⁸ (*SKIP to #44*)
 88 Client does not know/not sure (*SKIP to #44*)
 99 Client declines to answer (*SKIP to #44*)

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

BENCHMARK I.8, V.30

- 01 Private insurance
 02 Public insurance⁹
 03 TRICARE (Military)
 04 Other: _____
 88 Client does not know/not sure
 99 Client declines to answer

*45 Does your child have health insurance?

BENCHMARK I.8, V.30

- 01 Yes, insured
 02 No, uninsured⁸ (*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)

BENCHMARK I.8, V.30

- 01 Private insurance
 02 Public insurance⁹
 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 HEALTH8 BIOLOGICAL MOTHERS ONLY: Are you (*client*) taking a vitamin containing folic acid? 01 Yes 02 No9 BIOLOGICAL MOTHERS ONLY: Since you had your child, have you (*client*) been pregnant again?

BENCHMARK 1.4

 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*) 99 Client declines to answer (*SKIP to #13*)

11 Does your child continue to get breastmilk?

 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 breastmilk?¹

weeks old

II. CHILD INJURIES, CHILD ABUSE, NEGLECT OR MALTREATMENT / REDUCTION OF EMERGENCY ROOM VISITS13 In the past 6 months, have you (*client*) obtained care at the emergency room/urgent care center for ANY reason?

BENCHMARK II.10

 01 Yes 02 No 88 Client does not know/not sure 99 Client declines to answer14 In the past 6 months, have you (*client*) taken **your child** to the emergency room/urgent care center for an injury?

BENCHMARK II.12

 01 Yes 02 No 88 Client does not know/not sure 99 Client declines to answer15 In the past 6 months, have you (*client*) taken your child to the emergency room/urgent care center for ANY reason, including injury?

BENCHMARK II.09

 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 25:**

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

BENCHMARK V.28

- | | |
|--|--|
| <input type="radio"/> 02 \$1 - \$6,000 | <input type="radio"/> 07 \$20,001 - \$30,000 |
| <input type="radio"/> 03 \$6,001 - \$9,000 | <input type="radio"/> 08 Over \$30,000 |
| <input type="radio"/> 04 \$9,001 - \$12,000 | <input type="radio"/> 88 Client does not know/not sure |
| <input type="radio"/> 05 \$12,001 - \$16,000 | <input type="radio"/> 99 Client declines to answer |
| <input type="radio"/> 06 \$16,001 - \$20,000 | |

33 In the past 6 months, have you (*client*) completed any educational programs or classes, such as grade advancement, certificate, ESOL⁴, etc.?

BENCHMARK V.29

- | | |
|-------------------------------------|--|
| <input type="radio"/> 01 Yes: _____ | <input type="radio"/> 99 Client declines to answer |
| <input type="radio"/> 02 No | |

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

BENCHMARK I.8, V.30

- | | |
|--|---|
| <input type="radio"/> 01 Yes, insured | <input type="radio"/> 88 Client does not know/not sure (<i>SKIP to #36</i>) |
| <input type="radio"/> 02 No, uninsured ⁵ (<i>SKIP to #36</i>) | <input type="radio"/> 99 Client declines to answer (<i>SKIP to #36</i>) |

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

BENCHMARK I.8, V.30

- | | |
|---|---|
| <input type="checkbox"/> 01 Private insurance | <input type="checkbox"/> 04 Other: _____ |
| <input type="checkbox"/> 02 Public insurance ⁶ | <input type="checkbox"/> 88 Client does not know/not sure |
| <input type="checkbox"/> 03 TRICARE (Military) | <input type="checkbox"/> 99 Client declines to answer |

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

BENCHMARK I.8, V.30

- | | |
|---|--|
| <input type="radio"/> 01 Yes, insured | <input type="radio"/> 88 Client does not know/not sure (<i>END form</i>) |
| <input type="radio"/> 02 No, uninsured ⁵ (<i>END form</i>) | <input type="radio"/> 99 Client declines to answer (<i>END form</i>) |

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

BENCHMARK I.8, V.30

- | | |
|---|---|
| <input type="checkbox"/> 01 Private insurance | <input type="checkbox"/> 04 Other: _____ |
| <input type="checkbox"/> 02 Public insurance ⁶ | <input type="checkbox"/> 88 Client does not know/not sure |
| <input type="checkbox"/> 03 TRICARE (Military) | <input type="checkbox"/> 99 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

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 HEALTH8 BIOLOGICAL MOTHERS ONLY: Are you (*client*) taking a vitamin containing folic acid? 01 Yes 02 No9 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*) 99 Client declines to answer (*SKIP to #13*)

11 Does your child continue to get breastmilk?

 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 breastmilk?¹

weeks old

13 Has your child had 50% of their well-child check-ups?² 01 Yes 02 No 99 Client declines to answer

BENCHMARK I.7

II. CHILD INJURIES, CHILD ABUSE, NEGLECT OR MALTREATMENT / REDUCTION OF EMERGENCY ROOM VISITS14 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

BENCHMARK II.10

More on next page¹ Enter "1" if less than one week² 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.

- 15 In the past 6 months, have you (*client*) taken **your child** to the emergency room/urgent care center for an injury? BENCHMARK II.12
- 01 Yes 88 Client does not know/not sure
 02 No 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 ANY reason, including injury? BENCHMARK II.09
- 01 Yes 88 Client does not know/not sure
 02 No 99 Client declines to answer

III. IMPROVEMENTS IN SCHOOL READINESS & ACHIEVEMENT

- 17 What is the child's current weight? BENCHMARK III.24
- lbs. oz.
- 01 Client self-report
 02 Home visitor measurement (preferred)
 03 Physician or WIC report
- 18 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
-
- 19 Does your agency (home visiting) have an NCAST trained staff person?
- 01 Yes
 02 No (*SKIP to #21*)
-
- 20 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 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
-
- 21 Has the home visitor discussed the child's ASQ-3 scores at 24 months of age with the primary caregiver?
- 01 Yes 03 Not applicable (did not administer ASQ-3 at 24 mo) (*SKIP to #25*)
 02 No
-
- 22 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)
-
- 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 24 months of age with the primary caregiver?
- 01 Yes 03 Not applicable (did not administer ASQ:SE at 24 mo) (*SKIP to #29*)
 02 No
-
- 26 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)
-
- 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*)

More on next page

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?³

- 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?⁴

BENCHMARK V.28

- | | |
|--|--|
| <input type="radio"/> 02 \$1 - \$6,000 | <input type="radio"/> 07 \$20,001 - \$30,000 |
| <input type="radio"/> 03 \$6,001 - \$9,000 | <input type="radio"/> 08 Over \$30,000 |
| <input type="radio"/> 04 \$9,001 - \$12,000 | <input type="radio"/> 88 Client does not know/not sure |
| <input type="radio"/> 05 \$12,001 - \$16,000 | <input type="radio"/> 99 Client declines to answer |
| <input type="radio"/> 06 \$16,001 - \$20,000 | |

34 In the past 6 months, have you (*client*) completed any educational programs or classes, such as grade advancement, certificate, ESOL⁵, etc.?

BENCHMARK V.29

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

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

BENCHMARK I.8, V.30

- 01 Yes, insured
 02 No, uninsured⁶ (*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)

BENCHMARK I.8, V.30

- | | |
|---|---|
| <input type="checkbox"/> 01 Private insurance | <input type="checkbox"/> 04 Other: _____ |
| <input type="checkbox"/> 02 Public insurance ⁷ | <input type="checkbox"/> 88 Client does not know/not sure |
| <input type="checkbox"/> 03 TRICARE (Military) | <input type="checkbox"/> 99 Client declines to answer |

*37 Does your child have health insurance?

BENCHMARK I.8, V.30

- 01 Yes, insured
 02 No, uninsured⁶ (*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)

BENCHMARK I.8, V.30

- | | |
|---|---|
| <input type="checkbox"/> 01 Private insurance | <input type="checkbox"/> 04 Other: _____ |
| <input type="checkbox"/> 02 Public insurance ⁷ | <input type="checkbox"/> 88 Client does not know/not sure |
| <input type="checkbox"/> 03 TRICARE (Military) | <input type="checkbox"/> 99 Client declines to answer |

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.

⁴ "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).

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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Form FHV-30-TOD

30 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: 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 ever had breast milk?

 01 Yes 02 No (*SKIP to #14*) 88 Client does not know/not sure (*SKIP to #14*) 99 Client declines to answer (*SKIP to #14*)

12 Does your child continue to get breastmilk?

 01 Yes (*SKIP to #14*) 02 No 99 Client declines to answer (*SKIP to #14*)13 How many weeks old was your child when he or she stopped getting breastmilk?²

weeks old

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 88 Client does not know/not sure 99 Client declines to answer15 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**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

- 16 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 88 Client does not know/not sure
 02 No 99 Client declines to answer
-
- 17 Does this client have a home safety checklist (or equivalent) completed?³
- 01 Yes
 02 No
-
- 18 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*)
-
- 19 Was the suspected case of maltreatment substantiated by the lead CPA?
- 01 Yes 03 Pending investigation (*SKIP to #21*)
 02 No (*SKIP to #21*)
-
- 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.
- 01 Client self-report
 02 Home visitor measurement (preferred)
 03 Physician or WIC report
- 22 What is the child's current height?
- ft. 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 (*SKIP to #25*)
-
- 24 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 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
-
- 25 Has the home visitor discussed the child's ASQ-3 scores at 30 months of age with the primary caregiver?
- 01 Yes 03 Not applicable (did not administer ASQ-3 at 30 mo) (*SKIP to #29*)
 02 No
-
- 26 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)
- 01 Communication (below 33.30 at 30 months)
 02 Gross Motor (below 36.14 at 30 months)
 03 Fine Motor (below 19.25 at 30 months)
 04 Problem Solving (below 27.08 at 30 months)
 05 Personal-Social (below 32.01 at 30 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 (*SKIP to #29*)
-
- 28 Was an appointment made for further screening/assessment of the child referred to relevant community resources?
- 01 Yes
 02 No
-
- 29 Has the home visitor discussed the child's ASQ:SE scores at 30 months of age with the primary caregiver?
- 01 Yes 03 Not applicable (did not administer ASQ:SE at 30 mo) (*SKIP to #33*)
 02 No

More on next page

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

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?⁴

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?⁵ (Note: Count 1 for yourself)

persons

*39 Which category best describes your (client's) total annual household income and benefits?⁶

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/boarders, cash assistance from friends/relatives) or public (e.g., child support payments, TANF, Social Security (SSI/SSDI/OAI) and Unemployment Insurance).

41 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

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

- 01 Yes, insured
 02 No, uninsured⁸ (*SKIP to #44*)

88 Client does not know/not sure (*SKIP to #44*)

99 Client declines to answer (*SKIP to #44*)

*43 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: _____

88 Client does not know/not sure

99 Client declines to answer

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

- 01 Yes, insured
 02 No, uninsured⁸ (*END form*)

88 Client does not know/not sure (*END form*)

99 Client declines to answer (*END form*)

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

- 01 Private insurance
 02 Public insurance⁹
 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-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 Yes10 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 ever had breast milk?

 01 Yes 02 No (*SKIP to #14*) 88 Client does not know/not sure (*SKIP to #14*) 99 Client declines to answer (*SKIP to #14*)

12 Does your child continue to get breastmilk?

 01 Yes (*SKIP to #14*) 02 No 99 Client declines to answer (*SKIP to #14*)13 How many weeks old was your child when he or she stopped getting breastmilk?²

weeks old

14 Has your child had 50% of their well-child check-ups?³ 01 Yes 02 No 99 Client declines to answer
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 88 Client does not know/not sure 99 Client declines to answer**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 88 Client does not know/not sure
- 02 No 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 88 Client does not know/not sure
- 02 No 99 Client declines to answer

- 18 Does this client have a home safety checklist (or equivalent) completed?⁴
- 01 Yes
- 02 No

- 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 03 Pending investigation (*SKIP to #22*)
- 02 No (*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

III. IMPROVEMENTS IN SCHOOL READINESS & ACHIEVEMENT

- 22 What is the child's current weight?

 lbs.

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

- 23 What is the child's current height?

 ft. in.

- 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 03 Not applicable (did not administer ASQ-3 at 36 mo) (*SKIP to #30*)
- 02 No

- 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

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
 99 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
 88 Client does not know/not sure
 99 Client declines to answer

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/boarders, 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?
- | | |
|---|--|
| <input type="radio"/> 01 Never attended school or kindergarten | <input type="radio"/> 06 Some college/training (no degree) |
| <input type="radio"/> 02 Grades 1 through 8 (Elementary) | <input type="radio"/> 07 Technical training cert./Associate's degree |
| <input type="radio"/> 03 Grades 9 through 11 (Some high school) | <input type="radio"/> 08 Bachelor's degree or higher |
| <input type="radio"/> 04 Grade 12 (High school) | <input type="radio"/> 09 Other: _____ |
| <input type="radio"/> 05 GED | <input type="radio"/> 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, ESOL⁸, etc.?
- | | |
|-------------------------------------|--|
| <input type="radio"/> 01 Yes: _____ | <input type="radio"/> 99 Client declines to answer |
| <input type="radio"/> 02 No | |
-
- *43 Do you (*client*) have health insurance?
- | | |
|--|---|
| <input type="radio"/> 01 Yes, insured | <input type="radio"/> 88 Client does not know/not sure (<i>SKIP to #45</i>) |
| <input type="radio"/> 02 No, uninsured ⁹ (<i>SKIP to #45</i>) | <input type="radio"/> 99 Client declines to answer (<i>SKIP to #45</i>) |
-
- *44 What is your major medical care resource for health insurance? (select one or more)
- | | |
|--|---|
| <input type="checkbox"/> 01 Private insurance | <input type="checkbox"/> 04 Other: _____ |
| <input type="checkbox"/> 02 Public insurance ¹⁰ | <input type="checkbox"/> 88 Client does not know/not sure |
| <input type="checkbox"/> 03 TRICARE (Military) | <input type="checkbox"/> 99 Client declines to answer |
-
- *45 Does your child have health insurance?
- | | |
|---|--|
| <input type="radio"/> 01 Yes, insured | <input type="radio"/> 88 Client does not know/not sure (<i>END form</i>) |
| <input type="radio"/> 02 No, uninsured ⁹ (<i>END form</i>) | <input type="radio"/> 99 Client declines to answer (<i>END form</i>) |
-
- *46 What is your child's major medical care resource for health insurance? (select one or more)
- | | |
|--|---|
| <input type="checkbox"/> 01 Private insurance | <input type="checkbox"/> 04 Other: _____ |
| <input type="checkbox"/> 02 Public insurance ¹⁰ | <input type="checkbox"/> 88 Client does not know/not sure |
| <input type="checkbox"/> 03 TRICARE (Military) | <input type="checkbox"/> 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

Form FHV-42-PRE

42 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 HEALTH8 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 answer12 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 answer13 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 answer14 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*)**More on next page**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?
- lbs.
- 01 Client self-report
 02 Home visitor measurement (preferred)
 03 Physician or WIC report
- 19 What is the child's current height?
- ft. in.
- 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?³
- 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) 03 No, not employed
 02 Yes, part-time (36 hours or less/week) 09 Client declines to answer

*29 What is your (*client*'s) household size?⁴ (Note: Count 1 for yourself)
 persons
*30 Which category best describes your (*client*'s) total annual household income and benefits?⁵

- 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, ESOL⁶, 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, uninsured⁷ (*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 insurance⁸ 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, uninsured⁷ (*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 insurance⁸ 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/boarders, 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 HEALTH8 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 answer13 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 answer14 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 answer15 Does this client have a home safety checklist (or equivalent) completed?³ 01 Yes 02 No**More on next page**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?⁴

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

*34 What is your (client's) household size?⁵ (Note: Count 1 for yourself)

persons

*35 Which category best describes your (client's) total annual household income and benefits?⁶

- 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

36 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

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

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

*38 Do you (client) have health insurance?

- 01 Yes, insured 88 Client does not know/not sure (SKIP to #40)
 02 No, uninsured⁸ (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 04 Other: _____
 02 Public insurance⁹ 88 Client does not know/not sure
 03 TRICARE (Military) 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/boarders, 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 88 Client does not know/not sure (*END form*)
 02 No, uninsured⁸ (*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 insurance⁹
 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 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 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 answer12 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 answer13 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 answer14 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*)**More on next page**

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?
- lbs.
- 01 Client self-report
 02 Home visitor measurement (preferred)
 03 Physician or WIC report
- 19 What is the child's current height?
- ft. in.
- 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?³
- 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) 03 No, not employed
 02 Yes, part-time (36 hours or less/week) 09 Client declines to answer

*29 What is your (*client*'s) household size?⁴ (Note: Count 1 for yourself)
 persons
*30 Which category best describes your (*client*'s) total annual household income and benefits?⁵

- 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, ESOL⁶, 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, uninsured⁷ (*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 insurance⁸ 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, uninsured⁷ (*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 insurance⁸ 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/boarders, 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-60-PRE

60 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 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 answer13 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 answer14 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 answer15 Does this client have a home safety checklist (or equivalent) completed?³ 01 Yes 02 No**More on next page**

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 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?⁴

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

*34 What is your (client's) household size?⁵ (Note: Count 1 for yourself)

persons

*35 Which category best describes your (client's) total annual household income and benefits?⁶

- 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

36 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

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

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

*38 Do you (client) have health insurance?

- 01 Yes, insured 88 Client does not know/not sure (SKIP to #40)
 02 No, uninsured⁸ (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 04 Other: _____
 02 Public insurance⁹ 88 Client does not know/not sure
 03 TRICARE (Military) 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/boarders, 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 88 Client does not know/not sure (*END form*)
 02 No, uninsured⁸ (*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 04 Other: _____
 02 Public insurance⁹ 88 Client does not know/not sure
 03 TRICARE (Military) 99 Client declines to answer

Form FHV-66-PRE

66 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 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 answer12 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 answer13 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 answer14 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*)**More on next page**

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 03 Pending investigation (SKIP to #18)
- 02 No (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?
- lbs.
- 01 Client self-report
- 02 Home visitor measurement (preferred)
- 03 Physician or WIC report
- 19 What is the child's current height?
- ft. in.
- 01 Client self-report
- 02 Home visitor measurement (preferred)
- 03 Physician or WIC report

IV. DOMESTIC VIOLENCE

- 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)?
- 01 Yes
- 02 No (SKIP to #24)
- 21 Did the screening tool reveal evidence of domestic violence?³
- 01 Yes
- 02 No (SKIP to #24)
- 22 Was a referral made to relevant domestic violence services and noted in the client's chart?
- 01 Yes
- 02 No
- 23 Was an intimate partner violence safety plan discussed, completed, or reviewed?
- 01 Yes
- 02 No

V. FAMILY ECONOMIC SELF-SUFFICIENCY

- *24 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
- *25 What is your (client's) household size?⁴ (Note: Count 1 for yourself)
- persons
- 26 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
- *27 Which category best describes your (client's) total annual household income and benefits?⁵
- 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

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.

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/boarders, cash assistance from friends/relatives) or public (e.g., child support payments, TANF, Social Security (SSI/SSDI/OAI) and Unemployment Insurance).

28 In the past 6 months, have you (*client*) completed any educational programs or classes, such as grade advancement, certificate, ESOL⁶, etc.?

- 01 Yes: _____
 02 No

99 Client declines to answer

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

- 01 Yes, insured
 02 No, uninsured⁷ (*SKIP to #31*)

88 Client does not know/not sure (*SKIP to #31*)

99 Client declines to answer (*SKIP to #31*)

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

- 01 Private insurance
 02 Public insurance⁸
 03 TRICARE (Military)

04 Other: _____

88 Client does not know/not sure

99 Client declines to answer

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

- 01 Yes, insured
 02 No, uninsured⁷ (*END form*)

88 Client does not know/not sure (*END form*)

99 Client declines to answer (*END form*)

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

- 01 Private insurance
 02 Public insurance⁸
 03 TRICARE (Military)

04 Other: _____

88 Client does not know/not sure

99 Client declines to answer

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-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?

BENCHMARK II.13

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

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

BENCHMARK II.14

 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?

BENCHMARK II.15

 01 Yes 02 No

SERVICE UTILIZATION: CLOSURE

*11 Reason for program closure:

 01 Completed program/goals met 02 Stopped services for personal reason¹ 03 Program unable to provide services² 04 Loss of follow-up³ 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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