

### 2011 Family Home Visiting Form 2

**Infants and Children:** *Enrollment data are reported annually for new and previously enrolled clients. Report the status of the client at the time of enrollment for previously enrolled clients. Closure data are reported at the time of closure for clients that closed in 2011. Do not report closure data on clients with a one-time postpartum visit. End of Reporting Period or Closure data are reported for all clients served in 2011 either annually or at time of closure for those closed during the reporting period.*



Population Descriptors	Enrollment	End of Reporting Period or Closure
1. Total number of family home visits completed during the reporting period		
2. Enrollment status		<input type="checkbox"/> <sub>1</sub> Enrolled this year <input type="checkbox"/> <sub>2</sub> Enrolled previously <input type="checkbox"/> <sub>3</sub> Closed this year
3. Race	<input type="checkbox"/> <sub>1</sub> White <input type="checkbox"/> <sub>2</sub> Black or African American <input type="checkbox"/> <sub>3</sub> American Indian/Alaskan Native <input type="checkbox"/> <sub>4</sub> Asian <input type="checkbox"/> <sub>5</sub> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> <sub>6</sub> >1 Race Reported <input type="checkbox"/> <sub>9</sub> Other & Unknown	
4. Hispanic ethnicity	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>9</sub> Unknown	
5. Age at time of enrollment	<input type="checkbox"/> <sub>1</sub> <1 yr <input type="checkbox"/> <sub>2</sub> 1-2 yrs <input type="checkbox"/> <sub>3</sub> 3-4 yrs <input type="checkbox"/> <sub>4</sub> 5-6 yrs <input type="checkbox"/> <sub>9</sub> Unknown	
Access	Enrollment	Closure: Change from enrollment to closure
6. Major medical care resource available for medical services	<input type="checkbox"/> <sub>1</sub> Private insurance <input type="checkbox"/> <sub>2</sub> Medical Assistance <input type="checkbox"/> <sub>3</sub> Minnesota Care <input type="checkbox"/> <sub>4</sub> Other sources (grants, etc.) <input type="checkbox"/> <sub>5</sub> Uninsured (self-pay) <input type="checkbox"/> <sub>9</sub> Unknown	<input type="checkbox"/> <sub>1</sub> Negative change: No longer insured <input type="checkbox"/> <sub>2</sub> No change: Still uninsured <input type="checkbox"/> <sub>3</sub> No change: Still insured <input type="checkbox"/> <sub>4</sub> Positive change: Acquired insurance <input type="checkbox"/> <sub>9</sub> Unknown
7. Is this infant or child current with well-child care?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>9</sub> Unknown	<input type="checkbox"/> <sub>1</sub> Negative change: No longer current <input type="checkbox"/> <sub>2</sub> No change: Still not current <input type="checkbox"/> <sub>3</sub> No change: Maintained current status <input type="checkbox"/> <sub>4</sub> Positive change: Became current <input type="checkbox"/> <sub>9</sub> Unknown
8. Does this infant or child have a health care home (HCH) (i.e., consistent primary health care provider)?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>9</sub> Unknown	<input type="checkbox"/> <sub>1</sub> Negative change: No longer has HCH <input type="checkbox"/> <sub>2</sub> No change: Did not acquire a HCH <input type="checkbox"/> <sub>3</sub> No change: Maintained a HCH <input type="checkbox"/> <sub>4</sub> Positive change: Acquired a HCH <input type="checkbox"/> <sub>9</sub> Unknown

Access (continued)	End of Reporting Period or Closure	
9. Is this infant or child current with immunizations?	<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>9</sub> Unknown
Birth or Pregnancy (Optional for 2011)	End of Reporting Period or Closure	
10. Was this infant fed breast milk for 6 months or greater?	10a. Was this infant between 6 and 12 months during the reporting period? <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No (Skip to Q11) <input type="checkbox"/> <sub>9</sub> Unknown (Skip to Q11)	10b. Was this infant fed breast milk for 6 months or greater? <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>9</sub> Unknown
Early Childhood Development	End of Reporting Period or Closure	
11. Was this infant or child eligible for <b>developmental</b> screening during this reporting period?	<input type="checkbox"/> <sub>1</sub> Eligible <input type="checkbox"/> <sub>2</sub> Not eligible (Skip to Q17)	
12. Was this infant or child screened for <b>developmental</b> milestones using a standardized instrument according to the instrument's recommended schedule?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No (Skip to Q17)	
13. Did this infant or child meet <b>developmental</b> milestones at their most recent screening?	<input type="checkbox"/> <sub>1</sub> Yes (Skip to Q17) <input type="checkbox"/> <sub>2</sub> No	
14. Was this infant or child referred to community resources and/or services?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No (Skip to Q17)	
15. Did the family home visitor follow-up on that referral?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No (Skip to Q17)	
16. Did the infant or child receive assessment and/or services for <b>developmental</b> concerns?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>9</sub> Unknown	
17. Was this infant or child eligible for <b>social-emotional</b> screening during this reporting period?	<input type="checkbox"/> <sub>1</sub> Eligible <input type="checkbox"/> <sub>2</sub> Not eligible (Skip to Q23)	
18. Was this infant or child screened for <b>social-emotional</b> milestones using a standardized instrument according to the instrument's recommended schedule?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No (Skip to Q23)	
19. Did this infant or child meet <b>social-emotional</b> milestones at their most recent screening?	<input type="checkbox"/> <sub>1</sub> Yes (Skip to Q23) <input type="checkbox"/> <sub>2</sub> No	
20. Was this infant or child referred to community resources and/or services?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No (Skip to Q23)	
21. Did the family home visitor follow-up on that referral?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No (Skip to Q23)	
22. Did the infant or child receive assessment and/or services for <b>social-emotional</b> concerns?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>9</sub> Unknown	
Child Maltreatment Prevention	End of Reporting Period or Closure	
23. Did this infant or child experience determined (substantiated) child maltreatment during the time enrolled in Family Home Visiting?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>9</sub> Unknown	
Injury Prevention	End of Reporting Period or Closure	
24. Did this child have an emergency room visit or hospitalization resulting from an injury in the home during this reporting period?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>9</sub> Unknown	

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