

# Instructions for Family Home Visitors: Documenting Referral Information

## PROVIDING A REASON WHY A REFERRAL IS NOT MADE FOLLOWING A POSITIVE SCREENING RESULT

### Background

Sometimes a client has a concern identified during a screening (i.e., depression, intimate person violence (IPV), child development, or socio-emotional development) but no referral is offered. This can happen if:

- The client is already receiving services.
- No appropriate service is available.
- Another reason applies.

Currently, the Minnesota home visiting data system, Information for Home Visiting Evaluation (IHVE) cannot directly capture this information. To address this, the Minnesota Department of Health (MDH) is providing an interim solution while we plan long-term IHVE improvements. Collecting these details will:

- Better reflect how families are served.
- Improve the accuracy of outcome measure calculations for referral measures in the Strong Foundations grantee feedback report.
- Strengthen annual performance measure reporting for programs funded by the Maternal Infant Early Childhood Home Visiting (MIECHV) programs.

### Instructions for home visitors

If a concern is identified during screening but no referral is offered, record the reason in two places: 1) the referral form and 2) the referral status form.

#### Referral form

1. Select **01 Yes** to “Referral was offered during the home visit.”
2. Enter the **home visit date** as the referral date.
3. Select the **family member** with the identified concern.
4. Under “What type of referral was offered”, select **99 Other Provider or Community Services**.
5. In the “Specify other provider or community services” field, write: “**Referral not offered.**”

## Referral status form

1. In “What is the current status of this referral?”, select **05 Declined – family is not pursuing services.**
2. In the “If referral status = declined, unavailable or ineligible: Specify reason why referral was not completed (e.g. declined, unavailable, or ineligible)” field , describe why the referral was not offered. Examples may include:
  - a. Client already served
  - b. No service available
  - c. Other (please describe)
3. In the same field, include the type of screening where the concern was identified
  - a. Depression
  - b. IPV (intimate partner violence)
  - c. Developmental
  - d. Socio-emotional development

For a full set of reporting instructions, please reference the [Information for Home Visiting Evaluation \(IHVE\) Data Collection Manual \(Updated September 2025\) \(PDF\)](https://www.health.state.mn.us/docs/communities/fhv/ihvedatacollmanual.pdf) (<https://www.health.state.mn.us/docs/communities/fhv/ihvedatacollmanual.pdf>).

Questions? Please contact the home visiting evaluation mailbox ([health.fhvdata@state.mn.us](mailto:health.fhvdata@state.mn.us)).

Minnesota Department of Health  
Family Home Visiting Section  
625 Robert St N  
PO Box 64975  
St. Paul, MN 55164-0975  
[Health.HomeVisiting@state.mn.us](mailto:Health.HomeVisiting@state.mn.us)  
<https://www.health.state.mn.us/communities/fhv/index.html>

10/03/2025

*To obtain this information in a different format, call: 651-201-5000.*