

Data should be collected for each Federal Fiscal Year (October 1-September 30). Enter all data into Visit Tracker.

MIECHV DATA COLLECTION FORM **FOR PRIMARY CAREGIVER***

**Prenatal care and postpartum data should be entered on Prenatally Enrolled Child Data Collection Sheet.*

Case Opening Date _____

Assessments at a Glance

All Primary Caregivers	
At every postnatal visit	Behavioral Concern Survey
At enrollment and annually each federal fiscal year	Substance Abuse survey
By 3 months post-enrollment for men and non-pregnant women (<i>Enter on this form.</i>) By 3 months post-partum for pregnant women (<i>Enter on the Prenatally Enrolled Child form.</i>)	Screening for depressive symptoms: Edinburgh Perinatal Depression Scale (EPDS)
Within 6 months of enrollment and annually each federal fiscal year thereafter	Screening for Intimate Partner Violence <u>For women:</u> Futures Without Violence Relationship Assessment Tool <u>For men:</u> Hurt, Insulted, Threatened with harm and Screamed (HITS)

DEMOGRAPHIC INFORMATION

MIECHV Primary Caregiver Name	
DOB	
Visit Tracker ID	

Priority Populations (Check at enrollment and annually each federal fiscal year for ALL CAREGIVERS AND THEIR FAMILIES. Add changes as soon as you are aware of them.)

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	<u>Low income</u> household
<input type="checkbox"/>	<input type="checkbox"/>	Household contains an enrollee who is <u>pregnant not yet age 21</u>
<input type="checkbox"/>	<input type="checkbox"/>	Household has a <u>history of child abuse/neglect</u> or with child welfare services
<input type="checkbox"/>	<input type="checkbox"/>	Household has a <u>history of substance abuse</u> or need for treatment
<input type="checkbox"/>	<input type="checkbox"/>	Someone in the household uses <u>tobacco products in home</u>
<input type="checkbox"/>	<input type="checkbox"/>	Someone in the household has attained <u>low student achievement</u> or has a child with low student achievement
<input type="checkbox"/>	<input type="checkbox"/>	Household has a child with <u>developmental delays or disabilities</u>
<input type="checkbox"/>	<input type="checkbox"/>	Household includes individuals who are serving or formerly served in the <u>US armed forces</u>

Data should be collected for each Federal Fiscal Year (October 1-September 30). Enter all data into Visit Tracker.

Race	MIECHV Caregiver
Black or African American	<input type="checkbox"/>
White or Caucasian	<input type="checkbox"/>
Asian	<input type="checkbox"/>
American Indian or Native American	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
More than one race	<input type="checkbox"/>

Ethnicity	MIECHV Caregiver
Hispanic or Latino	<input type="checkbox"/>
Non-Hispanic or Latino	<input type="checkbox"/>

Primary and Secondary Languages Spoken in the Home (Choose ONE per column.)

	Primary Language	Secondary Language
English	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>
Arabic	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>
Italian	<input type="checkbox"/>	<input type="checkbox"/>
Japanese	<input type="checkbox"/>	<input type="checkbox"/>
Korean	<input type="checkbox"/>	<input type="checkbox"/>
Polish	<input type="checkbox"/>	<input type="checkbox"/>
Russian	<input type="checkbox"/>	<input type="checkbox"/>
Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>
Tribal languages	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

- Caregiver's Marital Status**
- Never Married (Excluding Not Married but Living Together with Partner)
 - Married
 - Not Married but Living Together with Partner
 - Separated/Divorced/Widowed

Data should be collected for each Federal Fiscal Year (October 1-September 30). Enter all data into Visit Tracker.

Housing Status (Choose ONE per column.)

	Intake Date: _____	Y1 Date: _____	Y2 Date: _____	Y3 Date: _____	Y4 Date: _____
If caregiver is not homeless, choose best answer from 4 options below:					
Owens or shares own home, condo or apartment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rents or shares own home or apartment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lives in public housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lives with parent or family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some other arrangement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If caregiver is homeless, choose best answer from 3 options below:					
Homeless and sharing housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeless and living in an emergency or transition shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some other arrangement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Household Income & Benefits (A household constitutes mother of baby, child/ren and father of baby if the father lives in the same household.)

Intake Date: _____	Y1 Date: _____	Y2 Date: _____	Y3 Date: _____	Y4 Date: _____
Income: \$ _____	New income: \$ _____	New income: \$ _____	New income: \$ _____	New income: \$ _____
# in home: _____	# in home: _____	# in home: _____	# in home: _____	# in home: _____
<input type="checkbox"/> Salary/Wages <input type="checkbox"/> TANF <input type="checkbox"/> Unemployment <input type="checkbox"/> SS/Disability <input type="checkbox"/> Child Support/Alimony <input type="checkbox"/> WIC <input type="checkbox"/> Food Stamps <input type="checkbox"/> Energy Assistance <input type="checkbox"/> Housing Assistance	<input type="checkbox"/> Salary/Wages <input type="checkbox"/> TANF <input type="checkbox"/> Unemployment <input type="checkbox"/> SS/Disability <input type="checkbox"/> Child Support/Alimony <input type="checkbox"/> WIC <input type="checkbox"/> Food Stamps <input type="checkbox"/> Energy Assistance <input type="checkbox"/> Housing Assistance	<input type="checkbox"/> Salary/Wages <input type="checkbox"/> TANF <input type="checkbox"/> Unemployment <input type="checkbox"/> SS/Disability <input type="checkbox"/> Child Support/Alimony <input type="checkbox"/> WIC <input type="checkbox"/> Food Stamps <input type="checkbox"/> Energy Assistance <input type="checkbox"/> Housing Assistance	<input type="checkbox"/> Salary/Wages <input type="checkbox"/> TANF <input type="checkbox"/> Unemployment <input type="checkbox"/> SS/Disability <input type="checkbox"/> Child Support/Alimony <input type="checkbox"/> WIC <input type="checkbox"/> Food Stamps <input type="checkbox"/> Energy Assistance <input type="checkbox"/> Housing Assistance	<input type="checkbox"/> Salary/Wages <input type="checkbox"/> TANF <input type="checkbox"/> Unemployment <input type="checkbox"/> SS/Disability <input type="checkbox"/> Child Support/Alimony <input type="checkbox"/> WIC <input type="checkbox"/> Food Stamps <input type="checkbox"/> Energy Assistance <input type="checkbox"/> Housing Assistance

Data should be collected for each Federal Fiscal Year (October 1-September 30). Enter all data into Visit Tracker.

Is the caregiver employed? (Choose ONE per row.)

Add Date to Each Row	Not employed	Employed	If employed, average # of hours per week
Intake Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Y1 Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Y2 Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Y3 Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Y4 Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	

Education level of primary caregiver (Mark highest level attained. Choose ONE per row.)

Add Date to Each Row	Less than HS Diploma	HS Diploma/GED	Some college/training	Technical training or certification	Associate's Degree	Bachelor's Degree or higher
Intake Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y1 Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y2 Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y3 Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y4 Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is the caregiver currently a student or trainee? (Choose ONE per row.)

Add Date to Each Row	Yes	No
Intake Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
Y1 Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
Y2 Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
Y3 Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
Y4 Date: _____	<input type="checkbox"/>	<input type="checkbox"/>

CAREGIVER-RELATED SCREENINGS

Behavioral Concern Survey (Give to caregivers at each postnatal home visit and document on each PVR)

Do you have any concerns regarding your child’s or children’s development, learning and/or behavior?

Substance Abuse Survey (Screen ALL caregivers at enrollment and each federal fiscal year)

Does primary caregiver uses tobacco products, including e-cigarettes?

No Yes and Date _____

Referral Offered? (Required within 3 months if caregiver uses tobacco)

No Yes and Date _____ N/A

Referral Completed? No Yes and Date _____ N/A

Does anyone in the house, including the primary caregiver, use tobacco products, including e-cigarettes?

Add Date to Each Row	Yes	No
Intake Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
Y1 Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
Y2 Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
Y3 Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
Y4 Date: _____	<input type="checkbox"/>	<input type="checkbox"/>

Screening for Depression (For Non-Pregnant Caregivers – Male and Female)

N/A (If caregiver is pregnant, document on the Prenatally Enrolled Child form.)

Edinburgh Perinatal Depression Screen (Screen ALL non-pregnant caregivers by three months post-enrollment)

Screened? No Yes and Date _____ Score _____

Referral Offered? (Referral required for score of 9+ for women or 10+ for men)

No Yes and Date _____ Score did not indicate Already receiving services

Referral Completed? No Yes and Date _____ Score did not indicate

Data should be collected for each Federal Fiscal Year (October 1-September 30). Enter all data into Visit Tracker.

Screening for Intimate Partner Violence (Screen ALL caregivers, regardless of sex. Screen by 6 months post-enrollment, then annually each federal fiscal year)

For Women: Futures Without Violence Relationship Assessment Tool

For Men: Hurt, Insulted, Threatened with harm and Screamed (HITS)

	By 6 months post-enrollment	Y1	Y2	Y3	Y4
Screened?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Score					
Screen Date					
Referral Offered? (for score of 21+ for women and 11+ for men)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Date Referral Offered					
Referral Completed?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Date Referral Completed					
Safety Plan Completed?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Date Safety Plan Completed					

CAREGIVER HEALTH INFO

Caregiver Health Insurance Status and Continuity of Coverage (Assess at enrollment and quarterly)

Insurance Coverage: No coverage; Private; Title XIX (Medicaid, Medicare), Title XXI (State Insurance Program, KidCare/All Kids); Tri-Care (Military Insurance); or Unknown/Not Reported

Continuity of Coverage: Ask caregiver if s/he has had continuous insurance coverage for the past 6 months.

	<u>Date</u>	<u>Type of Insurance</u>	<u>Continuous coverage for past 6 months?</u>
Intake			<input type="checkbox"/> No <input type="checkbox"/> Yes
Year 1 Q1			<input type="checkbox"/> No <input type="checkbox"/> Yes
Year 1 Q2			<input type="checkbox"/> No <input type="checkbox"/> Yes
Year 1 Q3			<input type="checkbox"/> No <input type="checkbox"/> Yes
Year 1 Q4			<input type="checkbox"/> No <input type="checkbox"/> Yes
Year 2 Q1			<input type="checkbox"/> No <input type="checkbox"/> Yes
Year 2 Q2			<input type="checkbox"/> No <input type="checkbox"/> Yes
Year 2 Q3			<input type="checkbox"/> No <input type="checkbox"/> Yes
Year 2 Q4			<input type="checkbox"/> No <input type="checkbox"/> Yes
Year 3 Q1			<input type="checkbox"/> No <input type="checkbox"/> Yes
Year 3 Q2			<input type="checkbox"/> No <input type="checkbox"/> Yes
Year 3 Q3			<input type="checkbox"/> No <input type="checkbox"/> Yes
Year 3 Q4			<input type="checkbox"/> No <input type="checkbox"/> Yes
Year 4 Q1			<input type="checkbox"/> No <input type="checkbox"/> Yes
Year 4 Q2			<input type="checkbox"/> No <input type="checkbox"/> Yes
Year 4 Q3			<input type="checkbox"/> No <input type="checkbox"/> Yes
Year 4 Q4			<input type="checkbox"/> No <input type="checkbox"/> Yes

Caregiver Medical Visits (Assess at each home visit. Exclude prenatal visits. Document these on Prenatally Enrolled Child sheet.)

<u>Medical Visit Date</u>	<u>Medical Visit Type (ER, Physician, Specialist)</u>	<u>Medical Visit Reason (check up, chronic condition, illness, injury, other)</u>