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 (E*nter on this form.*) By 3 months post-partum for pregnant women (*Enter on the Prenatally Enrolled Child form.*)	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 For women: Futures Without Violence Relationship Assessment Tool For men: 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**	
☐	☐	Low income household
☐	☐	Household contains an enrollee who is pregnant not yet age 21
☐	☐	Household has a history of child abuse/neglect or with child welfare services
☐	☐	Household has a history of substance abuse or need for treatment
☐	☐	Someone in the household uses tobacco products in home
☐	☐	Someone in the household has attained low student achievement or has a child with low student achievement
☐	☐	Household has a child with developmental delays or disabilities
☐	☐	Household includes individuals who are serving or formerly served in the US armed forces

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Race	**MIECHV Caregiver**
Black or African American	☐
White or Caucasian	☐
Asian	☐
American Indian or Native American	☐
Native Hawaiian or Other Pacific Islander	☐
More than one race	☐

Ethnicity	**MIECHV Caregiver**
Hispanic or Latino	☐
Non-Hispanic or Latino	☐

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

	Primary Language	**Secondary Language**
English	☐	☐
Spanish	☐	☐
Arabic	☐	☐
Chinese	☐	☐
French	☐	☐
Italian	☐	☐
Japanese	☐	☐
Korean	☐	☐
Polish	☐	☐
Russian	☐	☐
Vietnamese	☐	☐
Tribal languages	☐	☐
Other	☐	☐

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

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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:					
Owns or shares own home, condo or apartment	☐	☐	☐	☐	☐
Rents or shares own home or apartment	☐	☐	☐	☐	☐
Lives in public housing	☐	☐	☐	☐	☐
Lives with parent or family member	☐	☐	☐	☐	☐
Some other arrangement	☐	☐	☐	☐	☐
If caregiver is homeless, choose best answer from 3 options below:					
Homeless and sharing housing	☐	☐	☐	☐	☐
Homeless and living in an emergency or transition shelter	☐	☐	☐	☐	☐
Some other arrangement	☐	☐	☐	☐	☐

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: $__________ # in home: __________	New income: $__________ # in home: __________	New income: $__________ # in home: __________	New income: $__________ # in home: __________	New income: $__________ # in home: __________
☐ Salary/Wages ☐ TANF ☐ Unemployment ☐ SS/Disability ☐ Child Support/Alimony ☐ WIC ☐ Food Stamps ☐ Energy Assistance ☐ Housing Assistance	☐ Salary/Wages ☐ TANF ☐ Unemployment ☐ SS/Disability ☐ Child Support/Alimony ☐ WIC ☐ Food Stamps ☐ Energy Assistance ☐ Housing Assistance	☐ Salary/Wages ☐ TANF ☐ Unemployment ☐ SS/Disability ☐ Child Support/Alimony ☐ WIC ☐ Food Stamps ☐ Energy Assistance ☐ Housing Assistance	☐ Salary/Wages ☐ TANF ☐ Unemployment ☐ SS/Disability ☐ Child Support/Alimony ☐ WIC ☐ Food Stamps ☐ Energy Assistance ☐ Housing Assistance	☐ Salary/Wages ☐ TANF ☐ Unemployment ☐ SS/Disability ☐ Child Support/Alimony ☐ WIC ☐ Food Stamps ☐ Energy Assistance ☐ Housing Assistance

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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:_____	☐	☐	
Y1 Date:_____	☐	☐	
Y2 Date:_____	☐	☐	
Y3 Date:_____	☐	☐	
Y4 Date:_____	☐	☐	

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: _____	☐	☐	☐	☐	☐	☐
Y1 Date: _____	☐	☐	☐	☐	☐	☐
Y2 Date: _____	☐	☐	☐	☐	☐	☐
Y3 Date: _____	☐	☐	☐	☐	☐	☐
Y4 Date: _____	☐	☐	☐	☐	☐	☐

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

Add Date to Each Row	**Yes**	**No**
Intake Date:_____	☐	☐
Y1 Date:_____	☐	☐
Y2 Date:_____	☐	☐
Y3 Date:_____	☐	☐
Y4 Date:_____	☐	☐

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

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:_____	☐	☐
Y1 Date:_____	☐	☐
Y2 Date:_____	☐	☐
Y3 Date:_____	☐	☐
Y4 Date:_____	☐	☐

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

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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?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Score					
Screen Date					
Referral Offered? (for score of 21+ for women and 11+ for men)	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Date Referral Offered					
Referral Completed?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Date Referral Completed					
Safety Plan Completed?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Date Safety Plan Completed					

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

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.

	Date	Type of Insurance	Continuous coverage for past 6 months?
Intake			☐ No ☐ Yes
Year 1 Q1			☐ No ☐ Yes
Year 1 Q2			☐ No ☐ Yes
Year 1 Q3			☐ No ☐ Yes
Year 1 Q4			☐ No ☐ Yes
Year 2 Q1			☐ No ☐ Yes
Year 2 Q2			☐ No ☐ Yes
Year 2 Q3			☐ No ☐ Yes
Year 2 Q4			☐ No ☐ Yes
Year 3 Q1			☐ No ☐ Yes
Year 3 Q2			☐ No ☐ Yes
Year 3 Q3			☐ No ☐ Yes
Year 3 Q4			☐ No ☐ Yes
Year 4 Q1			☐ No ☐ Yes
Year 4 Q2			☐ No ☐ Yes
Year 4 Q3			☐ No ☐ Yes
Year 4 Q4			☐ No ☐ Yes

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

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