

Data should be collected for the 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.*

ISBE/DHS Enroll Date _____

MIECHV Start Date _____

Assessments at a Glance

| Timeframe | Assessment |
|---|--|
| At every postnatal visit | Behavioral Concern Survey, Substance Abuse Survey (optional) |
| At enrollment and each federal fiscal year | Tobacco Use survey |
| At enrollment for guardians enrolled postnatally At child's birth for guardians enrolled prenatally | Screening for parent-child interaction: HOME or CHEERS CHECK IN or PICCOLO |
| 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 Then annually each federal fiscal year | Screening for intimate partner violence: <u>For women:</u> Futures Without Violence Relationship Assessment Tool <u>For men:</u> Baylor (HITS) |

DEMOGRAPHIC INFORMATION

| | |
|--------------------------------------|--|
| MIECHV Primary Caregiver Name | |
| DOB | |
| Visit Tracker ID | |

Priority Populations (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> |

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| 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

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Housing Status (Choose ONE per column.)

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

| |
|--|
| Date: _____ |
| Income: \$ _____ |
| # 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"/> SNAP/ Food Stamps <input type="checkbox"/> Energy Assistance <input type="checkbox"/> Housing Assistance |

Is the caregiver employed? (Choose ONE.)

| Add Date to Each Row | Not employed | Employed | If employed, average # of hours per week |
|----------------------|--------------------------|--------------------------|--|
| Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> | |

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

| 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 |
|----------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|-----------------------------|
| 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.)

| Add Date to Each Row | Yes | No |
|----------------------|--------------------------|--------------------------|
| 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?

Tobacco Use Survey (Screen ALL caregivers at enrollment and each federal fiscal year)

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

No Yes and Date _____

If yes, is caregiver already receiving tobacco cessation services (counseling, therapy, nicotine replacement products and/or prescription medications)?

No Yes

Referral Offered? (Required within 3 months if caregiver uses tobacco and is not already receiving tobacco cessation services)

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 |
|----------------------|--------------------------|--------------------------|
| Date: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

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Parent-Child Interaction Assessment

HOME or CHEERS Check In (Screen enrollment for guardians enrolled postnatally and at child's birth for guardians enrolled prenatally. Screen once each federal fiscal year).

| Date | Assessment Tool | Score |
|------|-----------------|-------|
| | | |

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

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: Baylor (HITS)

| | FY19 Screening |
|---|---|
| Screened? | <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 |
| Date Referral Offered | |
| Referral Completed? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Date Referral Completed | |
| Safety Plan Completed? | <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, 6 months after enrollment, and each federal fiscal year. *Continuity data must be made AFTER the caregiver has been enrolled for 6 months.*)

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: After 6 months of enrollment, ask caregiver if s/he has had continuous insurance coverage for the past 6 months.

| | Date | Type of Insurance | <u>Continuous coverage for 6 months after enrollment?</u> |
|------------|------|-------------------|---|
| Enrollment | | | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Caregiver Medical Visits (Assess at each home visit. Exclude prenatal care visits. Document prenatal care visits 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> |
|---------------------------|---|---|
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