Healthy Families America

2024 Site Profile Report Guide

The Site Profile Report informs HFA's quality assurance and national efforts, helps national HFA staff understand and respond to the needs of the network, and promotes HFA with a national voice. We appreciate the time you spend to provide this information!

Jump to Site Characteristics	Jump to Family Data	Jump to Financial	Jump to Program Policy	Jump to Data Usage

General Instructions:

The items are listed in this report as a resource: please DO NOT report your data on this document. Enter all data in HFAST!

★ Log in to HFAST and select *Site Profile Report* under the Site tab. If you're logging onto HFAST for the first time, see the Getting Started in HFAST guide. For other questions, you can find HFAST topics or the SPR page in Network Resources. Links to documents in this guide will take you Network Resources.

HFAST	Video: 10 Things You Need to Know!	Getting Started in HFAST	SPR Page in Network Resources	Excel version of this guide

★ Click the tabs on the Site Profile Report page to move between sections Site Characteristics, Family Data, Financial, and Program Policy. For each tab, find the row labeled 2024 and click "Edit". Enter your information. As you navigate through the sections within the tab, HFAST will temporarily save your progress. You will still need to click "Save Progress/Submit Data" at the bottom of each tab to save your information. You can Save Progress even if you have not completed the data entry as you are able to return to your work and re-submit at any time. You may have to scroll down to see the "Save Progress/Submit Data" button.

★ We recommend that sites make a back-up record of your HFAST entries. You can print out this guide and use it to jot down responses or download the Excel version (linked above) for a digital version.

★ All data requested on the Site Profile Report is required unless otherwise noted. Items that are not required appear in this guide shaded in gray.

★ Changes to this year's SPR include streamlining, clarifications, and updates. New or revised items this year appear in fuchsia in this guide, and key changes are listed below.

Family Data
- No new items in this section

Site Characteristics
- New questions about criteria your site uses to determines eligibility and FROG Scale use
- Cuts to many items, including service area types and evaluation/research

Financial
- Simplified funding source reporting
- New items to report specific funding sources and the amount received

Program Policy
- Simplified reporting on primary parenting materials

★ Family Data is requested for families served in 2023 (fiscal or calendar year). All other tabs request current year (2024) information.

★ Some sections are pre-populated with your responses from the previous report to save you time! **Please review** this information carefully, make any changes needed.

- In the 2024 SPR, Family Data, Financial, and Program policy data will not be carried over from last year's responses. Site Characteristics data will be carried to this year except for Service Area Changes.

★ Reminder: when finished, **check the box** at the bottom of each page that says:

CHECK HERE: I have reviewed the information above, and confirm it is accurate to the best of my knowledge ☑

★ Click "Save Progress/Submit Data" at the bottom of each page to save your data frequently. You can make changes to your information after it is submitted until the SPR closes.

★ Leave items blank if your site does not collect this information and use zero (0) to indicate none.

★ The SPR Dashboard can help you understand your data.
It will be available to download no later than Feb 1, 2024.
Download the Dashboard directly from HFAST in the Family Data tab!
It contains the Data Checkers for both completion and data quality and the 2024 Dashboard Report.

Dashboard Tutorial

★ You can view, but not edit, your responses to the previous Site Profile Reports in HFAST. Please note the year in the title refers to the year the information is collected.

    ● Previous SPRs may no longer be visible in each tab. Download your site's dashboard to see your site's responses.

★ Note that data submitted after 2/28/2024 may not be included in national reports, such as the annual NHVRC Home Visit Yearbook.

Please complete your profile in HFAST by February 28, 2024

Need Help? Email hfast@preventchildabuse.org

*Please include your SiteID (if known) or your state and site name, the web browser you are using, a detailed description of the trouble you are experiencing or question you have, and a phone number in case we wish to reach out for more information.

Thank you for your work in reporting on this very important information!

Site Characteristic Tab	
Item in HFAST	**Instructions & Response Choices**
★ *To help us understand who is eligible for services at your site, select the answer for each item that best fits, even if you have multiple eligibility groups. Provide details or exceptions in the comment box below.*	
Eligibility - We offer HFA services based on the following: Select one response per question that best fits your site	*For each of the eligibility categories below, pick one of the options that <u>best fits</u> your site.*
Risk Screening (prior to FROG)	Yes, service offer is based on screen
	No, service offer is not based on screen
FROG	Yes, service offer is based on FROG
	No, service offer is not based on FROG
Parent Age	Only young parents *(such as teens or early 20's)*
	Parents of any age
Number of children	Only first-time parents
	Any number of children
Income	Only low income, or eligible for WIC, Medicaid, TANF

		Any income level
	Other Eligibility Criteria	Yes
		No
	Other Eligibility Criteria (specify)	*(Optional) List other eligibility criteria, exceptions, or other details*
FROG Scale Use		
	Do you use a cutoff score on the FROG to determine whether a family is offered HFA services?	*Select one option:*
		Yes
		No *(an example might be a site that uses information from the FROG to determine eligibility, but does not use the score)*
		Not applicable (we do not use FROG for eligibility)
	Over the past year, how many families were not offered HFA services due to a FROG score below 10? (can be estimated)	*Select one option:*
		None or less than 1%
		Very few (1-3%)
		Few (4-6%)
		Small number (7-9%)
		Some (10% or more)
		Not applicable (we do not use 10 for eligibility)
		Unsure
	Family Data Collection System	*Select one option:*
		Apricot
		CMEDS
		EnLite
		ETO
		FamilyWise
		HVOnline (SUNY)
		Nightingale Notes
		OCHIDS (Ohio)
		Penelope
		PhDoc
		PIMS
		Visit Tracker
		other *(specify in next item)*
		None

Other Data Management System Specify:	*Specify other data management system only if "other" was selected above, otherwise leave this field blank.*
What do you use for HFA accreditation reporting?	*Select one option:*
	Family Data Collection System only
	HFA Spreadsheets only
	Both
Service Area	
In the past 12 months, has your service area expanded or changed? (If so, please update your Service Zip Code list. Remember to notify your TA Specialist before expanding)	*Select one option:*
	Yes, added new zip codes or counties
	Yes, we serve fewer zip codes or counties than last year
	Not yet, but we plan to expand in the next 12 months
	No, same zip codes or counties as last year
Additional comments on service area changes	*If needed, please provide additional comments on service area changes, otherwise leave this field blank.*
Add Service Counties	*In the table, list all of the counties you serve within your state. Click "Add State and County", select your state from the first drop down, click on all counties served to select them in the second dropdown, then click "Update" to save. If your service area extends to another state, click "Add State and County" again to report those counties.*
County Served Comment	*If needed, provide any additional information about counties served.*
Add Service Area Zip Codes	*Any zip codes that may appear in this list are carried over from previous Site Profiles: please review and add or delete any zip codes to reflect changes in your service area.*
	Click "Add Service Zip code" and enter a 5-digit zip code, then click "Update". Repeat for additional zip codes. Please note the newly entered zip code will appear at the end of the list, possibly on another page.
	*Please update zip codes throughout the year if your site experiences changes to service area.
Community Served	*Select the categories that best fit your families and estimate the percentage of families served from each type. Enter this as a whole number. Percentages should total 100%.*
	Urban
	Suburban
	Rural
	Tribal
Other Community Type	*List other community type(s) and percent of families served who live in that community type.*
Caregiver Depression Screen	

Caregiver Depression Screen	*Check all the maternal depression screens your program uses with families.*
	BDI: *Beck Depression Inventory*
	CESD: *Center for Epidemiological Studies - Depression Scale*
	EPDS: *Edinburgh Postnatal Depression Scale*
	LSP: *Life Skills Progression*
	PHQ (any version): *Patient Health Questionnaire (any version)*
	Other Caregiver Depression screen: *Fill in name of other depression screen or describe if not listed above, otherwise leave this field blank.*
Domestic Violence Screens	
Domestic Violence Screens	*Check all the domestic violence screening tools your program uses with families.*
	None: *we don't screen for DV. Select this choice if you do not screen for domestic violence*
	Abuse Within Intimate Relationships
	Abusive Behavior Inventory
	DOVE Abuse Assessment Screen
	HARK/HARK C: *Humiliation, Afraid, Rape, Kick*
	HITS: *Hurt, Insult, Threaten, Scream*
	Partner Violence Screen
	RAT/WEB: *Relationship Assessment Tool (RAT) or the Women's' Experience of Battering (WEB) developed by Futures Without Violence*
	Universal Education (e.g., CUES)
	Other Domestic Violence screen: *Fill in name of domestic violence screen if not listed above, otherwise leave this field blank.*
Other Assessment Tools (HFA Optional Tools)	
Other Assessment Tools	*Check all other assessment tools your site utilizes that are not required by HFA's Best Practice Standards.*
	None: *we don't use any other tools. Select this choice if you do not use any other ongoing assessment tools.*
	AAPI: *Adult Adolescent Parenting Inventory*
	ACEs: *Adverse Childhood Experiences Questionnaire*
	AUDIT: *Alcohol Use Disorders Identification Test*
	CLS: *Casey Life Skills*
	CPS Case: *Select if you track substantiated child maltreatment*
	CPS Report: *Select if you track Reported child maltreatment*
	DAST: *Drug & Alcohol Screening Test*
	HFPI: *Healthy Families Parenting Inventory*

	HOME: *Home Observation for Measurement of Environment*
	ISEL: *Interpersonal Support Evaluation List*
	Kotelchuck Index: *Kotelchuck's Adequacy of Prenatal Care Utilization*
	LSP: *Life Skills Progression*
	PFS: *Protective Factors Scale*
	UNCOPE: *Substance abuse screening*
	Other Ongoing Assessment Tool: *List other ongoing assessment tool(s) your program uses if not listed above, otherwise leave this field blank.*

★ Don't forget the Confirmation checkbox after you have entered and reviewed the information on this tab! Then, click the Save Progress/Submit Data button!

Family Data Tab

Item in HFAST	Instructions & Response Choices
All information below is for:	*Please take note of the example time frames:*
	calendar year (January 1, 2023 to December 31, 2023)
	federal fiscal year (October 1, 2022 to September 30, 2023)
	state fiscal year (mid-2022 to mid-2023, dates vary by state)
	other fiscal year
For 2023 (fiscal or calendar)	***ALL items in Family Data refer to families served in 2023***
Number of home visits completed in 2023	*Count the total number of home visits completed in 2023 for all families served during that year.*
Of the home visits above, how many were conducted virtually?	*Total number of virtual completed.*
How many families in 2023:	
Received at least 1 home visit (in-person or virtual)	*Enter number of families who received 1 or more home visits in 2023, regardless of when they first enrolled or if the visit was in-person or virtual.*
★ *Sites who provided home visits to fewer than 10 families in 2023 can skip to the end of Family Data to report on your site's Language Capacity (the table within the Primary Participant Language section) and provide information regarding staff in the Direct Service Staff Numbers section. Be sure check the Confirm checkbox at the end of this form and submit. Don't forget to complete the other 3 tabs of this report: Site Characteristics, Financial, and Program Policy.* ★ *Sites who provided home visits to 10 or more families in 2023, please complete the remaining Family Data items.*	
Received at least 1 virtual home visit	*Enter number of families who received 1 or more home visits by phone or video call in 2023, regardless of when they first enrolled.*

Reported as served by MIECHV funds	*Enter number of families reported to HRSA as served by MIECHV funds.*
Received first home visit in 2023	*Enter number of newly enrolled families who received their 1st home visit in 2023. How many of the families who received at least 1 HV received their first home visit in 2023?*
★ *The following five items are looking for characteristics of the newly enrolled families reported above (who received their first home visit in 2023).*	
Received 1st home visit prenatally	*Enter number of newly enrolled families (families who received their first HV in 2023) who received their 1st home visit prenatally.*
Received 1st home visit prenatally before 31 weeks gestation	*Enter number of newly enrolled families (families who received their first HV in 2023) who received their 1st home visit prior to 31 weeks gestation.*
How many received a FROG visit?	*Enter the number of families who received a FROG visit in 2023.*
Enrolled in the past year as HFA Accelerated	*Enter number of newly enrolled families who received their 1st home visit in 2023 under HFA Accelerated.*
Enrolled in the past year and referred from Child Welfare Agency	*Enter number of newly enrolled families who received their 1st home visit in 2023 and were referred from Child Welfare Agency.*
★ *The remaining items in Family Data are looking for characteristics for all families who received at least on home visit in 2023.*	
With a father or partner involved in home visiting	*Enter number of families with a father or partner who has attended more than 1 home visit in 2023.*
Number of children served in 2023 as the Focus Child	*Enter number of focus children. Sites may use their own definition of "focus child". For example, a site may or may not count a prenatal child as a focus child.*
Number of additional children served	*Enter number of children (such as older or younger siblings) if served in any way (does not need to be formally defined services) who were not counted as a Focus child above.*
How many 2023 primary participants were:	***ALL items in this section count only one enrolled primary participant for any family who received at least 1 home visit in 2023***
Women (cisgender or transgender)	** It is preferred that sites report on only one PRIMARY caregiver/participant per family, even if more than one is participating.*
Men (cisgender or transgender)	
Non-binary/gender expansive	
Preferred not to report/unknown gender	
First time parent	*Enter number of primary participants who are 1st time parents.*
Grandparent of focus child	*Enter number of primary participants who are the grandparent of focus child.*

Bachelor's Degree or Higher	*Enter number of primary participants who achieved a bachelor's degree or higher before enrolling in HFA.*
Associate's Degree	*Enter number of primary participants who achieved an associate's degree before enrolling in HFA.*
Technical Training or Certification	*Enter number of primary participants who achieved technical training or certification before enrolling in HFA.*
Some College/Training	*Enter number of primary participants who attended some college/training before enrolling in HFA.*
HS graduate/GED at enrollment	*Enter number of primary participants who graduated high school or completed GED before enrolling in HFA.*
Less than HS Graduate/GED at enrollment	*Enter number of primary participants who had not graduated high school or completed GED before enrolling in HFA.*
Education Unknown	*Enter number of primary participants whose highest education level is unknown.*
Developmentally delayed	*Enter number of primary participants who are developmentally delayed. Please consider developmental delay as any parent whose learning needs are permanently challenged and therefore warrant extra time from service providers, special consideration of materials, and resources used. This may be based on diagnosis or observation.*
Medicaid Eligible	*Enter number of primary participants who are eligible for Medicaid.*
Low-income households	*Enter number of families in low-income households. HFA's preferred definition of "low-income households" is an annual household income at or below 200% of Federal Poverty Guidelines (FPG). Alternatively, sites can use their own definition of "low-income households" for this item.*
Military personnel or spouse	*Enter number of families with a member who is or has served in the Armed Forces.*
History of substance use disorder (can be estimated)	*Enter number of primary participants with history of substance use disorder (whether currently using or not; estimate is acceptable). This may be based on diagnosis, screening/assessment, parent report, or observation.*
In need of treatment for substance use disorder (can be estimated)	*Enter number of primary participants who were in need of treatment for substance use disorder in 2023 (estimate is acceptable). This may be based on diagnosis, screening/assessment, parent report, or observation.*
Abused or neglected as a child	*Enter number of primary participants who experienced abuse or neglect as a child (whether reported to CPS or not).*
Involved in Child Welfare System (as caregiver)	*Enter number of primary participants with history or current involvement in Child Welfare (like Child Protective Services) as a caregiver.*
Single Parent	*Enter number of primary participants whose marital status is single, divorced, or widowed at time of enrollment.*

Over cutoff on depression screen (any assessment in 2023)	*Enter the number of primary participants with an elevated depression score. If multiple screens were given in 2023, the preferred definition is to count participants with elevated screen at any point in 2023. If this is not feasible, report number with elevated screen at a single screening point. The intent is to document how many HFA participants experience elevated symptoms of depression in a given year.*

Insurance Status (when last assessed in 2023)

Of those served in 2023, enter number in each group:	**Number of Primary Participants with:**
	no insurance
	Medicaid or CHIP
	Tri-Care
	Private or other insurance
	insurance unknown
Of those served in 2023, enter number in each group:	**Number of Target Children with:**
	no insurance
	Medicaid or CHIP
	Tri-Care
	Private or other insurance
	insurance unknown

Housing Status (when last assessed in 2023)

Housing Status (when last assessed in 2023)	Own/share ownership of their home
	Rent/share rent of their home
	Live in public housing
	Live with parent or family member
	Other arrangement (not homeless)
	Homeless - sharing housing
	Homeless - emergency or transitional shelter
	Homeless - other arrangement
	Unknown/Did not report

Caregiver employment status (when last assessed in 2023)

Of primary participants in 2023, how many were:	employed full time
	employed part time
	not employed (whether seeking work or not)
	unknown employment situation

Focus children: How many in each age group (as of last home visit received in 2023)

Focus children: How many in each age group (as of last home visit received in 2023)	*If ages can't be calculated to last HV, please use other available data on child's age during 2023.*
	Prenatal
	0-5 months
	6-11 months
	12-23 months
	24-35 months
	36-47 months
	48-59 months
	60-71 months
	72-83 months
	Age Unknown

Focus Child Issues: Number of children who were:

Child Issues: Number of children who were:	Born at low birth weight, *less than 2500 grams or 5lbs 8oz*
	Born premature, *born before 37 weeks completed*
	Developmentally delayed or disabled (known or suspected)
	Medicaid eligible

Primary Participant Age at Enrollment:

Primary Participant Age at Enrollment:	*Site should enter 0 if there are none in a category*
	Less than 18
	18-19 years
	20-21 years
	22-24 years
	25-29 years
	30-34 years
	35-44 years
	45-54 years
	55-64 years
	65 or more
	Age Unknown

Race/Ethnicity: Number of Primary Participants who are:

Race/Ethnicity: Number of Primary Participants who identify as:	*Site should enter 0 if there are none in a category and leave the category blank if that category is not yet tracked.*
	American Indian/Alaskan Native
	Asian

More Information on Race/Ethnicity	Black/African American
	Latino/Latina/Latine/Hispanic
	Middle Eastern/North African
	Multi-race/ethnicity
	Native Hawaiian/Pacific Islander
	White (non-Hispanic)
	Other race/ethnicity
	Other race/ethnicity specify: list other race/ethnicity if you reported participants in the Other race/ethnicity category, otherwise leave this item blank
	Unknown race/ethnicity

Primary Participant Language

Primary Participant Language	*Enter the number of primary participants in each category*
	Primary Language English
	Primary Language Spanish
	Primary Language not English nor Spanish
Site Language Capacity	Select all primary (or fluent) languages(s) for families and/or staff at your site in the last 12 months: *Click Add Language then select a language from the language drop-down menu that either staff or families speak. Check the boxes to indicate who speaks that language and choose the appropriate materials options from the drop down. Click update. Your entry will be saved to the end of the list, so you may have to navigate to the last page of the table to see it!*
	Families Speak: *select yes or no to indicate if any families you serve speak this as a primary language*
	Staff Speak: *select yes or no to indicate if any staff can speak this language.*
	Interpreter used: *select yes or no to indicate if an interpreter is used with families who speak this language*
	Materials in this language: *Select one to indicate what materials you have available for families who speak this language*
	Yes, all
	Some (consents, handouts)
	Consents only
	No
Comment on languages for our site/families:	If needed, please provide any further information on language, otherwise leave this field blank.

Direct Service Staff Numbers	
How many PEOPLE in direct service roles at end of last year?	*Note: Direct service staff are those who engage and enroll families using the FROG Scale, and/or carry a caseload of enrolled families & provide HFA home visits. (For supervisors who carry a caseload, count only those that provide at least 2 home visits per week).*
What was your total FTEs in direct service roles at the end of last year?	*Add the direct service FTEs for all staff listed above.*
How many direct service FTEs were open (not staffed) at the end of last year?	*Add the FTE for un-filled positions for direct service staff.*
Race/Ethnicity: Number of Direct Service Staff who identify as:	*Enter the number of Direct Service Staff in each category. Sites should enter 0 if there are none in a category and leave the category blank if that category is not yet tracked. The sum of these race/ethnicity categories should equal the number of people who provided direct service.*
	American Indian/Alaskan Native
	Asian
	Black/African American
	Latino/Latina/Latine/Hispanic
	Middle Eastern/North African
	Multi-race/ethnicity
	Native Hawaiian/Pacific Islander
	White (non-Hispanic)
	Other race/ethnicity
	Preferred not to report/Unknown race/ethnicity
	Other race/ethnicity specify: *list other race/ethnicity if you reported staff in the Other race/ethnicity Category, otherwise leave this item blank .*
Gender: Number of Direct Service Staff who identify as:	*Enter the number of Direct Service Staff in each category. Sites should enter 0 if there are none in a category. The sum of these gender categories should equal the number of people who provided direct service.*
	Women (cisgender or transgender)
	Men (cisgender or transgender)
	Non-binary/gender expansive
	Preferred not to report/Unknown
HFA comments	*This field will only be used to indicate if the National Office makes any changes to your Site Profile Report data.*

Comments	This field is to allow you to provide any further information or commentary regarding your site's data. Please note: any questions needing immediate response should be directed to Jennifer Baxter (see contact information in General Instructions above).

⭐ Don't forget the Confirmation checkbox after you have entered and reviewed the information on this tab! Then, click the Save Progress/Submit Data button!

Financial Tab

Item in HFAST	Instructions & Response Choices
Fiscal Year Type	*Please take note of the example dates:*
	Calendar (January 1, 2024 to December 31, 2024)
	Federal fiscal (October 1, 2023 to September 30, 2024)
	Fiscal (July 1, 2023 to June 30, 2024)
	Other fiscal year (enter other starting date)
Fiscal Year Other Type (enter other starting date)	*Fill in dates used only if "other" is selected above.*
Current Year Program Budget	*Enter total site budget in whole dollars (no decimals) for 2024* *ONLY INCLUDE HFA SERVICES, not host agency*
What proportion of your overall current budget comes from the following:	
Enter percent for each type of funding received; the total for all entries should equal 100%.	*Report funding sources as whole number, making sure to report each of your funding sources in a single category (don't include a funding source in more than one of the categories below)*
	Local government *(e.g., City, County, Municipal Agencies)* Note: *include local private sources such as grants under "Private"*
	State government *(e.g., State Systems, General Revenue, Department of Child/Family Services or equivalent in your state, Department of Education, Department of Human Services, Department of Health, Department of Public Health, Children's Trust Fund, other State funding)*
	Federal government *(e.g., MIECHV, TANF, FFPSA, Title IVb, Title IVe, Title V, Title XX, CCDBG, CBCAP, Medicaid, IDEA, CAPTA, other Federal funding)*
	Private *(e.g., Foundations, Donations, United Way)*
	Unknown: *For use if site does not know specific source of funding*
	Other Funding: *Include other funding sources not listed above*
	Other Funding (specify source) : *Specify other funding sources*

Total Funding Percentage	*This is a new feature to help you check that your funding from all sources adds up to 100%. After entering the percentages above, click Save Progress/Submit Data, then click Edit in the Financial tab to open the form back up and see your total percent! (Do not enter data into this field)*
Do you have funding this year from the following sources?	*For each of the following funding sources, select yes/no/unsure. For any with a Yes, please provide the amount for the current year (2024) in whole dollars (no decimals).*
	MIECHV
	FFPSA/Family First/Title IV-E
	Medicaid
	TANF
	Title V Maternal Child Health Block Grant
	Children's Trust Fund

★ Don't forget the Confirmation checkbox after you have entered and reviewed the information on this tab! Then, click the Save Progress/Submit Data button!

Program Policies Tab

Item in HFAST	Instructions & Response Choices
What are your primary parenting materials and child development activities?	
Primary Parenting Materials (check all that apply):	None
	24/7 Dad
	BabyTalk
	GGK/GGF: Growing Great Kids/ Growing Great Families
	Just In Time
	Near @ Home
	MOM Project
	Nurturing Program
	Partners for Healthy Baby (FSU)
	PIPE
	PAT: Foundational
	PAT: Interactions Across Abilities: Supporting Families of Children with Special Needs
	PAT: Partnering with Teen Parents
Other Major Parenting Materials 1	*Specify additional parenting materials you use that is not on the list above*
Other Major Parenting Materials 2	*Specify additional parenting materials you use that is not on the list above*
Other Major Parenting Materials 3	*Specify additional parenting materials you use that is not on the list above*

Additional Services and Enhancements	
Additional services / Enhancements offered by your site (Check all that apply)	*Pregnancy/Health:*
	None
	Doula
	Lactation consultant/CLC
	Nurse consultation
	Infant massage classes
	Nutrition/fitness strategy for parents or children
	Car seat installation or checks
	Other pregnancy/health services (specify):
	Groups
	None
	Family social
	Parent group
	Alumni group
	Other group (specify):
	Father group
	Father engagement specialist
	Other father engagement strategies (specify):
	Economic Well-Being Supports
	None
	Basic needs (diapers, formula, food, clothing closets, etc.)
	Cash assistance (financial support for housing, utilities, groceries, one-time cash transfers, etc.)
	Employment readiness
	Financial education (EX: budgeting, finances)
	Legal assistance/education
	Gifts (EX: children's books, Brain Boxes, Bedtime Boxes, Safe Sleep Boxes, etc.)
	Incentives (gift cards, etc. for participation)
	Other economic supports (specify)
	Depression and Mental Health
	None
	IPV universal education (e.g., CUES)
	Mental Health Specialist/Therapist
	Moving Beyond Depression

Tandon Mothers & Babies Program	
Other Depression/MH Services (specify)	

★	Don't forget the Confirmation checkbox after you have entered and reviewed the information on this tab! Then, click the Save Progress/Submit Data button!

Data Usage Policy

Item in HFAST	Instructions & Response Choices
HFA Affiliate Data Usage Policy	*Click the link to open the HFA Affiliate Data Usage Policy. You won't be able to sign the acknowledgement in HFAST until you have clicked on the link!*
I am authorized to acknowledge this policy for my site	*Check this box. If you are not authorized to complete the Data Usage Policy Acknowledgement, have the authorized person log in to complete it.*
I have reviewed and understand HFA's Data Usage Policy on behalf of my site	*Check this box.*
Type your name here to sign	*Type in your name. If you cannot type in the box, be sure to click the HFA Affiliate Data Usage Policy link first.*

Thank You!