



# SCREEN FORM

## INSTRUCTIONS

Complete this form for all expectant and new parents. Screen date and items, 1, 2 and 10 and 16 are required for home visiting program

### PC Profile Information

<b>1. Expectant/new parent name</b>  First MI Last Suffix		<b>2. Expectant/new parent date of birth</b>  Month Day Year	
<b>3. Race (Check all that apply)</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (Specify _____)		<b>4. Ethnicity</b> <input type="checkbox"/> Hispanic/Latina/Latino <input type="checkbox"/> Non-Hispanic	
<b>5. Gender</b> <input type="checkbox"/> 1 Female <input type="checkbox"/> 2 Male			
<b>6. Expectant/new parent's address</b>  Street Apt City/Town Zip		<b>7. Expectant/new parent phone (no phone <input type="checkbox"/>)</b> Home phone Work/emergency phone Cell phone <input type="checkbox"/> Prefers Text Message communication	
		<b>8. Email address</b> _____	

### Screening Information

<b>1. Date of screening</b> Month Day Year	<b>2. Due date/target child DOB</b> Month Day Year	<b>3. Is expectant or new parent: (check only one)</b> <input type="checkbox"/> 1 Mother <input type="checkbox"/> 2 Father <input type="checkbox"/> 3 Other (Specify _____)
<b>4. Does expectant or new parent live in the program's target area?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<b>5. Does Other Biological Parent live with expectant/new parent identified above?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<b>6. Prenatal care: Received/receiving?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<b>7. First prenatal visit date</b> Check if date unknown <input type="checkbox"/>
<b>8. Screener's name</b> First MI Last		<b>9. Screener's phone</b>



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## Referral Information

<b>10. Type of referral/recruitment source</b> <i>(Check only one)</i>		
<input type="checkbox"/> 1 Private physician <input type="checkbox"/> 2 Health clinic <input type="checkbox"/> 3 Hospital <input type="checkbox"/> 4 WIC <input type="checkbox"/> 5 Child Protective Services	<input type="checkbox"/> 6 Home visiting program <input type="checkbox"/> 7 Visiting nurse <input type="checkbox"/> 8 Home health care agency <input type="checkbox"/> 9 Church <input type="checkbox"/> 10 Community-based organization	<input type="checkbox"/> 11 School <input type="checkbox"/> 12 Day care center <input type="checkbox"/> 13 Friends/family <input type="checkbox"/> 14 Door to door outreach <input type="checkbox"/> 15 Other <i>Specify</i> _____
<b>11. Name of referral source</b>		
<b>12. Referral source email address</b>	<b>13. MICHHC Referrer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Demographic Criteria

Circle "T" if factor is present, "F" if it is not and "Unk" if you are unable to determine			
<b>14.</b> Marital status is single, separated, divorced, widowed	T	F	Unk
<b>15.</b> Late (started after the 12 <sup>th</sup> week of pregnancy) or no prenatal care, poor compliance	T	F	Unk
<b>16.</b> Inadequate income (TANF or Medicaid, employed without insurance or family financial concerns)	T	F	Unk
<b>17.</b> Expectant/new parent is under 21 years of age at time of screen	T	F	
<b>A positive screen occurs when any item is true or items 14, 15, and 16 are all unknown.</b>			

## Screening Outcome

<b>18. Screen Result</b> <input type="checkbox"/> Positive <i>(Go to Q19)</i> <input type="checkbox"/> Negative		
<b>19. If screen result is positive, was referral made for assessment to home visiting program?</b>		
<input type="checkbox"/> Yes <i>(Enter FRS Assigned)</i> <input type="checkbox"/> No <i>If no, Why? ↓ (Check only one reason)</i>		
<input type="checkbox"/> Out of geographical target area <sup>(07)</sup> <input type="checkbox"/> Previous participant (graduated, involved over two years with previous child, etc.) <sup>(39)</sup> <input type="checkbox"/> Subsequent birth for open case <sup>(34)</sup> <input type="checkbox"/> Participant non-compliant, unresponsive <sup>(35)</sup> <input type="checkbox"/> Participant refused <sup>(36)</sup> <input type="checkbox"/> Program unable to locate/make contact <sup>(12)</sup>	<input type="checkbox"/> Inappropriate screen (does not meet admission criteria other than out of geographical target) <sup>(06)</sup> <input type="checkbox"/> Target Child aged out <sup>(19)</sup> <input type="checkbox"/> Caseload full <sup>(08)</sup> <input type="checkbox"/> Transferred/referred/involved in other program <sup>(25)</sup> : <i>(List program _____)</i>	<input type="checkbox"/> Positive screen for this participant's pregnancy already recorded <sup>(33)</sup> <input type="checkbox"/> Other <sup>(99)</sup> : <i>Specify</i> _____
<b>If referred for assessment, enter Family Resource Specialist assigned:</b>		

For Program Office Use Only PC1 ID:

 
 
  
     

### Risk Factor Definitions for the Screening Process

The following are the definitions for the risk factor to be considered during the screening process:

- 13. Self-explanatory
- 14. Prenatal care started after the 12<sup>th</sup> week of pregnancy, poor compliance (missed appointments or not following medical advice), or no prenatal care
- 15. Inadequate income means Public Assistance or Medicaid, employed without insurance or state concerns about finances by family
- 16. Self-explanatory

Date form submitted	Reviewer's initials	Date of data entry	Initials of data entry operator