



PRE-ASSESSMENT ACTIVITY FORM (POST SCREEN)

The Family Assessment Worker records monthly engagement activities on this form for families who have screened positive. Complete and submit this form for data entry when: (1) the Kempe assessment is completed, or (2) engagement efforts terminate or (3) on the last day of the month the status has not changed and engagement efforts will continue into the next month

1. Primary Caretaker's Identifier <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"> <input type="text"/><input type="text"/> <small>PC1 Initials (2 let)</small> </div> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/> <small>Year of Birth (2 num)</small> </div> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/> <small>Program Code</small> </div> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> <small>Unique 6 Digit Identifier</small> </div> </div>			
2. Screen date <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"> <input type="text"/><input type="text"/> <small>Month</small> </div> <div style="text-align: center;"> <input type="text"/><input type="text"/> <small>Day</small> </div> <div style="text-align: center;"> <input type="text"/><input type="text"/> <small>Year</small> </div> </div>		3. Family Assessment Worker <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <small>First Name</small> </div> <div style="width: 35%;"> <small>Last Name</small> </div> </div>	
4. Month/year of activity <div style="display: flex; align-items: center; justify-content: center;"> <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/><input type="text"/><input type="text"/> <div style="display: flex; justify-content: space-around; width: 100%;"> <small>Month</small> <small>4 digit Year</small> </div> </div>		5. Prenatal/Postnatal <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"> <input type="checkbox"/> Prenatal (enter due date) </div> <div style="text-align: center;"> <input type="checkbox"/> Postnatal (enter TC DOB) </div> </div> <div style="display: flex; justify-content: space-around; align-items: flex-end; margin-top: 10px;"> <div style="text-align: center;"> <input type="text"/><input type="text"/> <small>Month</small> </div> <div style="text-align: center;"> <input type="text"/><input type="text"/> <small>Day</small> </div> <div style="text-align: center;"> <input type="text"/><input type="text"/> <small>Year</small> </div> </div>	
6. Activity performed (Put a number next to each activity to indicate how often it was performed since the beginning of the month. Enter 0 for none. <i>Parent refers to expectant or new parent</i>)			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Letter mailed to Parent <input type="checkbox"/> Phone call(s)/text message(s), email(s) to Parent <input type="checkbox"/> Phone call(s)/text message(s), email(s) from Parent <input type="checkbox"/> Visit attempted to Parent (unavailable) <input type="checkbox"/> Visit conducted with Parent <input type="checkbox"/> Referrals made to service other than home visiting </div> <div style="width: 50%;"> <input type="checkbox"/> Parent came to office <input type="checkbox"/> Program material provided/sent to parent <input type="checkbox"/> Gift provided to Parent <input type="checkbox"/> Case conference/review <input type="checkbox"/> Other (Specify Activity _____) <i>Limit response to 30 characters</i> </div> </div>			
7. Case status (Check and complete either 1, 2, or 3 below)			
<input type="checkbox"/> 1 Engagement efforts continue into next month			
<input type="checkbox"/> 2 Assessment completed Kempe Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Kempe Result: <input type="checkbox"/> 1Positive <input type="checkbox"/> 2Negative If positive Kempe result, was case assigned? <input type="checkbox"/> Yes → If yes, FSW assigned, _____ <div style="display: flex; justify-content: flex-end; align-items: center;"> <small>Date FSW assigned</small> <input type="text"/><input type="text"/> <input type="text"/><input type="text"/> <input type="text"/><input type="text"/> </div> <input type="checkbox"/> No → If no, answer Q8 below ↓			
<input type="checkbox"/> 3 Engagement efforts terminated, Kempe not completed. Enter termination date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Why? (Go to Q8)			
8. Termination Reasons (Check only one)			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Caseload full (08) <input type="checkbox"/> Participant refused (36) <input type="checkbox"/> Participant noncompliant, unresponsive (35) <input type="checkbox"/> Unable to locate/make contact (12) <input type="checkbox"/> Out of geographical target area (07) <input type="checkbox"/> CPS status issue for program (14) <input type="checkbox"/> Miscarriage/pregnancy terminated (17) <input type="checkbox"/> Target child died (18) <input type="text"/><input type="text"/> <input type="text"/><input type="text"/> <input type="text"/><input type="text"/> </div> <div style="width: 33%;"> <input type="checkbox"/> Target child aged out (19) <input type="checkbox"/> PC1 no longer has custody (20) (adoption/foster care) <input type="checkbox"/> No FAW available to speak participant's language (31) <input type="checkbox"/> PC1 deceased (21) <input type="text"/><input type="text"/> <input type="text"/><input type="text"/> <input type="text"/><input type="text"/> </div> <div style="width: 33%;"> <input type="checkbox"/> Unstable housing (24) <input type="checkbox"/> Previously enrolled in HF program (26) <input type="checkbox"/> Transferred/referred/involved in other program (25) <i>List program _____</i> <input type="checkbox"/> Family or other household member objects to program (32) <input type="checkbox"/> Other (99) <i>(Specify _____)</i> </div> </div>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 22%;">Date Form Submitted</div> <div style="width: 22%;">Reviewer's Initials</div> <div style="width: 22%;">Date of Data Entry</div> <div style="width: 34%;">Initials of Data Entry Operator</div> </div>			