



# Maternal, Infant, and Early Childhood Home Visiting Technical Assistance Coordinating Center (MIECHV TACC)

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## MIECHV Issue Brief on Centralized Intake Systems

Children's development is influenced by their early experiences. All too often, the achievement gap identified in the school-age years can be linked to an opportunity gap in the early years.<sup>1</sup> In most communities, families with young children must navigate through and coordinate with myriad programs to patch together essential supports. At a minimum, this includes health care, child care, and early childhood education. But for families at risk, they may also need to navigate social services, food and nutrition programs, housing, mental health supports, alcohol and drug programs, early intervention, and others. Families often need help to identify, access, and coordinate the resources that will best meet their needs.

For many years, the Maternal and Child Health Bureau of the U.S. Department of Health and Human Services has called attention to the need to provide families access to the services they need in as coordinated a way as possible. The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program provides just that opportunity through welcoming new parents and their very young children into a supportive community. With a focus on promotion, prevention, and early intervention, MIECHV opens the door to coordinating services and changing the risk profile of very young children.

*“Well before MIECHV, we worked on a framework that would create a universal community-level system to identify expecting parents and families with young children. We believed that the economic prosperity of a community was tied to the health of families, so we wanted to help create communities where every birth was welcomed and every family celebrated. It was clear to us that a centralized intake system would be key for ensuring all families received the services they needed. With MIECHV, we've been able to make this vision a reality.”*

*Carol Wilson, Georgia MIECHV Program Coordinator*

Like Georgia, many states are using MIECHV as an opportunity to create centralized intake systems.<sup>2</sup> Centralized intake provides a one-stop entry point for families where basic screening helps to identify family needs, and referral is made to programs that are a best fit for the family. States find that centralized intake is an effective strategy for:

<sup>1</sup> Kathleen McCartney, Hiro Yoshikawa, and Laurie B. Forcier, *Improving the Odds for America's Children: Future Directions in Policy and Practice*, Cambridge, MA, Harvard Education Press, 2014; Prudence Carter and Kevin Weiner (eds.), *Closing the Opportunity Gap: What America Must Do to Give Every Child and Even Chance*, New York, NY, Oxford University Press, 2013.

<sup>2</sup> While most states and localities call their system “centralized intake,” others use the term “coordinated intake,” “common intake,” or “central intake.” In this issue brief, the term centralized intake is used when speaking in general about the systems, but state specific terms are used when referring to a particular state.

- bolstering recruitment, enrollment, retention, and family engagement in home visiting services;
- connecting families to services that meet their particular needs as identified through a screening and/or assessment process; and
- supporting systems integration across the multiple delivery systems important to children’s well-being including health, mental health, early learning, and child welfare.

The purpose of this MIECHV Issue Brief on Centralized Intake is to share the experiences and lessons learned from some of the states that are working to develop centralized intake systems. Information included is drawn from monthly conversations of the Community of Practice – Centralized Intake that is facilitated by the MIECHV Technical Assistance Coordinating Center (TACC), as well as additional in depth telephone interviews with eight states – Arkansas, Delaware, Georgia, Illinois, Kansas, Michigan, New Jersey, and Virginia.

This issue brief provides a rationale for why centralized intake systems are important, summarizes the basic tasks of such a system, and explains the different formats that centralized intake systems can take. Brief summaries of several states’ efforts are highlighted to offer an up-close look at the work underway. Common challenges and creative solutions are summarized. Finally, the roles states can play to ensure these systems are effective are outlined.

## Why Centralized Intake?

*A mom of two – 18 month-old Calie and seven-year-old Casey – Melanie Madkins celebrates daily her connection to the Parents as Teachers program. When Casey was young, Melanie participated in a home visiting program in her community, so she knew the value of the home visiting approach and wanted that again when her second child was born. But the family moved, and finding a program in their new community that could really understand her family and support her as Calie’s first teacher proved tricky. “I was trying to find services on my own and I kept getting the run around. I knew what I needed for me and my kids but wasn’t finding it. One person would say call this number, and then there would be no return call, or I would not qualify for services. It was really stressful.” Melanie eventually reached out to the common intake coordinator in her community and asked for help. Melanie went through an initial screen and it was determined that she qualified for the Parents as Teachers program. “As intake coordinator, I referred Melanie to the program and she met with a home visitor within two weeks. During this time, she was provided information and services from the common intake program,” said Nichetra Magee, Outreach and Common Intake Coordinator for Central Little Rock Promise Neighborhood.*

### **Benefits to Families**

The Madkins family is just one of many who previously struggled to access services when they needed them most. With centralized intake, their needs are better identified and they are more efficiently matched to programs in the community. So from the perspective of the family, centralized intake gets them what they need in the most direct and expeditious way.

### ***Benefits to Programs***

Centralized intake has a host of benefits to programs as well. Programs receive families who meet their criteria and may be more likely to be a good fit for their services, thus enrollment and retention rates are often improved. Health risks such as interpersonal violence, substance abuse, and maternal depression can be identified and addressed either as part of a home visiting intervention or through simultaneous referral to home visiting and other targeted services in the community.

### ***Benefits to Systems***

From a systems standpoint, centralized intake creates an opportunity to build a broader early childhood system of care in communities that can meet the comprehensive needs of children and their families in an efficient way, before unmet needs compromise typical development. In the process, it helps to reduce duplication of effort, which can occur when families are enrolled in multiple programs. Further, centralized data systems that can grow out of centralized intake efforts make it easier to track families to ensure they are enrolled and receiving the support they need. The data gathered provide a way for systems to continuously reflect on efficiencies, pinpoint where there might be need for improvement, and to make changes accordingly. This aligns with the continuous quality improvement expectations of the MIECHV program.

Overall, centralized intake systems are an effective tool for moving from a narrow focus on program-specific interventions that deal with established challenges to broader population risk management. This means that communities are able to have a comprehensive view of their families and take a more proactive approach to supporting the overall development of very young children and their families.

## **The Scope of a Centralized Intake System**

The scope of a centralized intake system varies among states and communities. The eight states interviewed for this brief help illuminate this.

- **Geographical Reach:** Delaware and New Jersey have taken on a commitment to building a statewide system of centralized intake. Georgia, Illinois, and Michigan are currently supporting local efforts, but have an ultimate goal of a statewide system that will be built and supported by local partners. Arkansas, Kansas, and Virginia are focusing first on building quality regional or local systems that best reflect local characteristics and resources.
- **Programmatic Reach:** In Arkansas, the common intake system operates in service of just the MIECHV programs. In Illinois, the centralized intake system is inclusive of MIECHV as well as other promising home visiting programs in the community. Depending on local design, efforts in Delaware, Georgia, Illinois, Kansas, Michigan, New Jersey, and Virginia often reach beyond home visiting and encompass early childhood (some are even driven by early childhood systems), social services, nutrition, and other programs.
- **Alignment to Health:** All states interviewed report that their systems are closely tied to the health community, and most are linked to behavioral health as well. At the local level, health and behavioral health may play a formal role in the administration and oversight of the system, or in the collection of data to inform the system. For example, with support of the public health department, a scan of electronic birth certificates in Georgia provides an initial review by the centralized intake system to identify families at risk. Developmental

screening in Delaware is done by a physician and reimbursable by Medicaid, with the results funneling into the centralized intake system to ensure appropriate referrals. Georgia, Illinois, Michigan, and Virginia all partner with their Federally Qualified Health Centers. Other systems have a behavioral health orientation. For example, a local mental health agency in Kansas stepped up to be the local administrator of centralized intake, and in Virginia, centralized intake workers are trained to conduct behavioral health screens.

## Common Tasks of a Centralized Intake System

Regardless of the scope, there are common tasks that are part of the centralized intake systems examined for this brief.

- *Community Outreach and Recruitment:* Typically, most staff of a centralized intake system assume responsibility for community outreach and recruitment. This takes many forms depending on the community – from door-to-door contact, to participation in community events, to relationship-building with referral sources (e.g., obstetricians, pediatricians, social workers), to development and dissemination of marketing material.
- *Screening and Assessment:* Centralized intake system staff are responsible for conducting an initial screen to gather enough information that will enable them to make a confident decision regarding referral. Some communities have standardized tools that are used (e.g., New Jersey’s Perinatal Risk Assessment). Other communities have adapted tools to create their unique screening instrument. Once the family has been referred to a service provider, that provider typically does a full assessment as part of the intervention. An assessment goes into more depth than the screen and sometimes happens over a number of visits. In all cases, screening and assessment are important early steps in making sure the needs of the family are understood, and that the family is referred to the appropriate intervention. (Samples of screening tools are included in the appendix.)
- *Determination of Fit:* Using a decision tree or other algorithm typically developed in a collaborative process with the providers in the community, centralized intake workers compare what they know about each family and match that to a decision tree. Age of the child or mother’s gestation is often an initial consideration. When the child’s age might qualify the family for more than one home visiting program, the additional needs of the family and the ability of the programs to meet those needs are considered (e.g., if there is a behavioral health need, one home visiting intervention might be better suited to addressing that than another). In most cases, the decision tree or algorithm is locally determined and regularly updated to accommodate changing needs and resources, thus it is deemed a work in progress. (Samples of decision trees are included in the appendix.)
- *Referral to Services:* Centralized intake staff work with the family and the program to ensure continuity of communication when connecting a family to a service. At this point, the centralized intake worker closes out direct contact with the family. Communication between the centralized intake worker and the program may continue, however, to ensure that the family is accessing the services and that the fit is indeed an appropriate one. An evaluation of Georgia’s central intake system found that the number of completed referrals was significantly higher than comparison counties, and that the number of referrals closed because of being unable to contact the parents was significantly lower.<sup>3</sup>

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<sup>3</sup> Governor’s Office for Children and Families and the University of Georgia Center for Family Research, *Findings from the Great Start Georgia Central Intake System Evaluation: Summary of Participating MIECHV Sites*, Governor’s Office for Children and Families, 2014.

For these common tasks to be successful, centralized intake staff need to have tools to effectively screen families, know the resources available in the community, and have a decision tree that can help determine referral. Home visiting programs and other providers that are part of the centralized intake system, if broadly defined, need to be involved in the creation of the system and have voice in re-design to continuously re-align the system to reflect changing needs of families and changing capacity in the community. This point should be underscored. It is critically important for all stakeholders to be involved in this process. Who is involved has implications for its success and usefulness for families and the overall community. In addition, a system for recording data and reporting out is critical to providing transparency with all partners, so they are able to see both the referrals in and referrals out. Creating such a data system is a complicated and expensive undertaking. Georgia's system is the most developed and lessons from their experience should guide the work in other states.

## Promising Examples

### *Statewide Systems*

As stated earlier, the scope of centralized intake systems varies and is determined by state leaders. Of those interviewed for this brief, three states – Delaware, Georgia, and New Jersey – have statewide centralized intake systems. Delaware's system, called Help Me Grow, has grown out of an established United Way supported 2-1-1 call line. Georgia's system, called Great Start Georgia, was conceived of several years ago as a way to reach every expectant woman and new family with targeted supports, but was only recently implemented with the support of MIECHV funding. New Jersey has been working over many years to build local systems, and now there are enough locally implemented efforts that centralized intake is considered statewide.

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*New Jersey:* The central intake system in New Jersey has been evolving for more than a decade. MIECHV provided an opportunity for the work to expand statewide. It began with the state wanting to develop and standardize a brief pregnancy risk assessment that could be used by all prenatal care providers to identify high-risk populations. With the prenatal risk assessment developed and in use, the natural next step was to create a referral system. Home visiting was front and center in the development of the referral system, with multiple home visiting models striving to reach their service levels. Over time, communities expanded the referral system to include a host of other community-based services as well.

Families come into the central intake system in a number of ways. Some enter through community-based organizations; others are referred by prenatal or health care providers. Community health workers, funded by the Department of Health's Improving Pregnancy Outcomes Initiative, work alongside the central intake worker to recruit families and direct them to the central intake hub. Either the central intake worker or the community health worker meets with the family in person or on the phone and completes the standardized pregnancy risk assessment, if it had not been completed already. With the information from this assessment, the central intake worker is able to review the family information, compare the information to a community-designed referral tree, and refer the family to appropriate services in the community. The Single Point of Entry for Client Tracking (SPECT) data system helps workers keep track of families to know that they are accessing the services to which they were referred.

Funding to support the central intake system comes from multiple sources including MIECHV, the Department of Children and Families, and the Department of Health Improving Pregnancy Outcomes Initiative. According to state leaders, one of their most proud moments was when they started the process to identify potential central intake community hubs. They found that there was an outpouring of interest, with many organizations wanting to play this role in the community. The intense interest signaled to state staff an important commitment in communities large and small to ensuring the success of central intake systems.

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### ***Local Systems***

The other five states interviewed are supporting local or regional centralized intake systems. Arkansas is piloting a common intake system in the Central Little Rock Promise Neighborhood. The family fit meeting, where the models come together to meet with the common intake coordinator to determine the referral for each family, is a unique aspect of the Arkansas approach. Kansas is using MIECHV funds to expand a long-standing centralized intake system in a populous urban area, and to pilot a system in three contiguous rural counties. The Kansas pilot is being operated by local mental health agencies. Michigan supported ten communities to conduct a needs assessment and develop a plan for a centralized access system that would enjoy community wide support. Implementation funds were provided to eight of the ten communities. Virginia supports centralized intake in four regions and in some locations augments the home visiting focus with an emphasis on behavioral health assessment and intervention.

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*Illinois:* At the outset of MIECHV, state leaders agreed that coordinated intake was a high priority and that all MIECHV communities should support their own coordinated intake system. The state provided general guidelines but the communities were given flexibility around the implementation details. Thus far, coordinated intake in Illinois is primarily focused on connection to home visiting services, but the state envisions expansion beyond home visiting in the future.

In several communities, the coordinated intake system is housed in the health department and benefits from significant referrals from health providers, social service providers, WIC, and family case management. Some intake workers are even cross-trained in WIC/family case management and MIECHV coordinated intake; this results in almost all families who are eligible for WIC becoming part of the MIECHV coordinated intake system. Linkages with medical homes are strong. With consent of the parent, information gathered as part of the coordinated intake process is shared with the medical home, keeping the pediatrician fully informed of the assessment and referral recommendations.

Intake takes place either in the family home, on the phone, or a combination of both. A standard coordinated intake assessment tool is used in all communities to gather similar information about the referred families, but decision trees are locally determined. In many cases it is clear-cut where a family should be referred based on eligibility requirements or geographic restrictions. But there are also times when a family might qualify for a number of programs and, in that case, the coordinated intake worker alternates referrals between agencies, aiming for even distribution. The goal is that all referrals received by coordinated intake workers will be sent out to the appropriate home visiting program within 48 hours.

In addition to coordinated intake workers, each community also has a community systems development coordinator. This person builds the system, including creating memorandums of understanding between agencies to engage in cross-referral, growing community partnerships, and tracking benchmark data. Together the coordinated intake worker and the community systems development coordinator work as a team, with the systems development coordinator building the system and the intake worker serving as the main contact to the family and determining appropriate referrals.

State leaders are proud that interest in coordinated intake is bubbling up in other corners of the state. Other communities are intrigued by the possibilities offered by coordinated intake and want to join in too. With no funding but some support in the form of technical assistance from the state, some of these other communities are beginning to develop their own coordinated intake systems.

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## Challenges and Discoveries

The states interviewed for this brief reflected on the most significant challenges they faced in designing and implementing their centralized intake systems, and lessons learned from those challenges. Five key learnings were uncovered:

1. Time is needed to build relationships so that programs together can define, develop, and support the centralized intake system;
2. Consensus must be reached on an appropriate referral algorithm or decision tree;
3. Centralized intake staff need training opportunities to learn how to make appropriate referrals;
4. Data systems and data sharing permissions are needed to support the centralized intake work; and
5. Funding is key for establishing and sustaining centralized intake systems.

***Time is needed to build relationships so that programs together can define, develop, and support the centralized intake system.*** Programs give up some control when they are part of a centralized intake system. This process can create tension, as some programs may worry that they will not receive adequate referrals to meet enrollment targets, and that decisions may favor one home visiting model over another. It is important to recognize these worries and to intentionally work to resolve differences of power and influence. “We found it essential to have time to build relationships, open communication, create a vision, and commit to moving the work forward,” said Debbie Richardson, Kansas MIECHV Program Manager. “Our partners knew one another at one level, but to work in concert to develop and implement a centralized intake process demands a deeper level of understanding and relationship skills,” said Georgia’s Carol Wilson. Linda Foster, Virginia MIECHV State Lead, said that, realistically, “building these relationships takes time and will not be resolved at the end of three coalition meetings.”

A few strategies for building trusting relationships and minimizing challenges of turf included:

- Setting aside time for partners to get to know one another and what they offer;
- Identifying a neutral facilitator who can work with the partners and is not aligned with one program or model;

- Using data to help partners understand that there are more than enough families who need services and that centralized intake is a way to maximize identification and referral rates so programs will have a strong and growing client base;
- Meeting one-on-one as needed with programs to hear their concerns, eliminate misunderstandings, and help them see how centralized intake can benefit all providers and families;
- Working to develop consensus and revisiting the decisions time and time again to ensure agreement;
- Developing memorandums of understanding between partners to clarify roles and responsibilities; and
- Ensuring transparency so that all partners can see the data that shows how the centralized intake system is working.

Michigan required that communities submit a proposal for the centralized access hub that represented a collaborative community partnership. This is paying dividends now, as the state sees agencies working more closely together than ever before. “They came together to develop their vision of centralized access for home visiting and a broader array of services. It took a while for the relationships to develop, but they now collectively ‘own’ the project,” said Nancy Peeler, Michigan MIECHV Program Lead.

While Michigan had a very strategic approach and invested significant time and resources in a planning phase for the development of their local centralized access hubs, other states say that they were working with the community to learn as they go and are finding success in this approach as well. “In Illinois, we were definitely building the plane while flying,” said Joanna Su, Community Systems and Capacity Building Manager. Regardless of the strategy, having strong relationships, a sense of trust, and commitment among partners to creating a centralized system are essential ingredients.

***Consensus must be reached on an appropriate referral algorithm.*** An important goal of centralized intake systems is to ensure the best fit for families. A step for doing this is to develop a referral algorithm or decision tree that can be applied once a family’s needs are assessed. Developing such a tool is not always an easy process. “Ultimately, all of the home visiting programs supported the decision tree, but getting to that point was definitely not easy,” said Crystal Sherman, Delaware Home Visiting Program Manager. In Michigan, central access system staff found that the communities were better able to have the conversation about the decision tree and reach agreement once relationships and trust were firmly established.

Several states noted that decision trees need to be revisited periodically, as the needs of families change, and the resources in the communities sometimes change as well. “The communities in New Jersey come together and design the tree, but commit to revisit it periodically to make sure all partners are comfortable with how the referrals are unfolding. If programs are not receiving families that fit their model, it is discussed and the tree may be modified,” said Lenore Scott, New Jersey Home Visiting Program Manager.

Tips for navigating the development of decision trees include:

- Invite leadership from all potential partner programs/agencies to be at the table first in defining the vision of centralized intake, and then in developing the referral algorithm;



- Review the eligibility criteria for each program as this will play a large role in determining where a program fits in the decision tree (e.g., if a program is designed to serve 3-5 year olds, clearly a pregnant woman would not be directed to that program; if a family is giving birth to a second child, that family would not qualify for a program that only serves first time parents);
- Develop a deep understanding of each of the partner programs and their unique offerings so that information can help influence the more nuanced decisions (e.g., if one program has augmented their model to include a focus on domestic violence, or maternal depression);
- Sketch a tree based on this information and discuss as a group whether the tree makes sense and what if any changes should be made before it is tested; and
- Test the decision tree, closely following it for a set period of time, then come together to review the data and discuss how it worked for the programs, and modify it if needed with consensus reached on any changes.

Not only does the Central Little Rock Promise Neighborhood common intake system have a decision tree – they call it a “Model Eligibility Guideline” – but, following the initial screen by the common intake coordinator, a family fit meeting is called, where all the model representatives come together and meet with the common intake coordinator to discuss the family and together decide the best referral for the family. It is a very hands-on and collaborative process with the models together at the table discussing the family and determining the best fit.

***Centralized intake staff need training opportunities to make appropriate referrals.*** Several states commented that it works best when the centralized intake agency and staff are not affiliated with a particular home visiting model so that they are seen as a neutral administrator and decision maker. But it is critically important that those making the referral decisions, understand the population being served and the range of home visiting interventions and other services in the community so that the referrals best meet the family need.

To ensure centralized intake workers are able to make well-informed referrals, some states and communities are:

- Creating opportunities for centralized intake workers to shadow home visitors of each type of program in the community to understand the models and differences between them;
- Including centralized intake workers in regular trainings and professional development opportunities for home visitors so that they too learn about special topics such as maternal depression, toxic stress, behavioral health issues, adverse early childhood experiences and the long-term effects on development, and other such topics;
- Creating learning communities or other networking opportunities for centralized intake workers; and
- Offering reflective supervision.

“Some were concerned that the common intake worker didn’t have any background in home visiting when hired. They wondered if this could work. Turns out it was a blessing in disguise. She came in unbiased. She spent time upfront getting to know each model, observing how they interacted with each other and the clients, and she made herself available to the models to learn, being open and available. Her previous background in law enforcement, the courts, and work with at-risk families set her up well for understanding the families and wanting to support them in a preventative way,” said Miriam Westheimer, a consultant to the Arkansas MIECHV effort. According to Sarah Frith, a

common intake program evaluator for MIECHV, “Our common intake worker has a richer picture of the families. She is not looking at them with the eye of a model, but rather with a full sense of their opportunities and challenges.”

***Data systems and data sharing permissions are needed to support the centralized intake work.***

While some centralized intake systems are still using the “back of the envelope” approach to keep track of data, it is recognized that more formal systems that are built into or linked to public health or other administrative data systems are ideal.

Georgia has a very comprehensive data system. The Central Intake Data System (CIDS), created by the Department of Public Health, houses intake and referral data, and then includes an interface to the state system that supports home visiting. There were many reasons why Georgia chose to connect the system to public health providers. First, leadership within the Department of Public Health wanted to implement population based approaches; second, public health already had a data system that could be built upon; and third, public health had ready access to electronic birth certificates that could be scanned by the system and thus provide an initial screen to identify high-risk families.

Work began in 2011 to design CIDS, and it began operating in 2012. CIDS can be accessed by public health district staff, the central intake information and referral center staff, community screeners, and program managers who receive referrals from the central intake system. CIDS provides a way to input information about families into the system, for the information to then be analyzed, and for relevant referrals to be made and monitored. Partnerships are established with a host of community agencies so that families can be referred to both home visiting (MIECHV and non-MIECHV) and a broader array of services (e.g., mental health, substance abuse, child safety, school readiness, parent support programs, and many others).

According to Deborah Chosewood, Central Intake Coordinator for the Georgia Department of Public Health, it took significant time and resources to put the system together. In designing the system, officials needed to identify people who were knowledgeable about the subject matter but who also had the skills to design the system. Face-to-face meetings were key for continually reviewing decisions to ensure the system would work both conceptually and logistically. Most importantly, they needed leadership that upheld the creation of the system as an important goal to be achieved. “The work is just so hard. It helped to have leaders with a ‘we can do this’ attitude,” said Chosewood.

New Jersey reports that it can take years to work out data sharing and business agreements between the centralized intake hub and providers. Trust and relationships are key. “It is one thing when done in a single county where relationships are already established, and a bit different when trying to do something statewide,” said the state team leaders. New Jersey was able to work with a software developer who has played an ongoing role in training staff on use of the centralized intake software. With the continuous flow of staff in and out of the effort, there needs to be regular workshops and webinars to ensure all staff are trained and using the system appropriately.

Some states raise concern about consent to share data and worry they may run afoul of the Health Insurance Portability and Accountability Act (HIPAA). During calls of the Community of Practice – Centralized Intake, several states made it clear that they have worked through this potential challenge, calling upon the expertise of state lawyers. Data security is also a concern and again, states like Georgia have worked with their lawyers and data system designers to ensure security.

While all of the logistics involved are tricky, the good news is that several states have paved the way in developing centralized intake data systems, and their experiences, templates, and other tools can inform the work of other states. The short list of what needs to be considered in developing such a system includes:

- Data sharing agreements among programs and with families;
- Development of software that can stand alone or ideally be woven into existing data systems;
- Training for staff on how to input data in the system and use it to determine appropriate referral; and
- Generating reports that help the program take a careful look at their work and refine the system so that it becomes even more efficient for families and programs.

***Funding is key for establishing and sustaining centralized intake systems.*** While centralized intake systems will build efficiencies that can reduce duplicative expenditures and hopefully diminish the need for higher costs interventions down the road, it still does require an infusion of funds to establish and sustain these systems, even when starting small. MIECHV funding (e.g., Competitive Development Grant (Georgia, Kansas), Competitive Expansion Grant (Arkansas, Michigan, New Jersey, Virginia), and Formula Grant (Delaware, Illinois, Kansas, Michigan, and New Jersey) have been used by the states interviewed to build the infrastructure for centralized intake. Some states have also secured funds from other state health, children’s services, and education budgets. In Delaware and New Jersey, Race to the Top Early Learning Challenge funds have been part of the mix as well. “I am most proud of our ability to leverage resources and braid funding from multiple sources so that our Help Me Grow centralized intake effort is not dependent on one funding stream and thus at risk of simply being a silo,” said Crystal Sherman of Delaware.

Illinois reports that one community is testing to see if their coordinated intake staff, who are Masters-level therapists, could bill Medicaid for completing mental health assessments as part of the screening process. This would certainly provide a helpful and regular infusion of funds to sustain the work. And as noted earlier, pediatricians in Delaware are being reimbursed for developmental screenings and that information flows directly into the Help Me Grow centralized intake system.

Other states interviewed commented that while money is needed to sustain portions of the system, the relationships that have been built opened the door to new ways of working that support continual enhanced coordination and collaboration across programs.

## **MIECHV Grantees As Catalytic Agents**

While much of the work in designing and implementing centralized intake systems occurs at the local level, state leadership by MIECHV does play an important role ensuring the systems take root and that expectations are met. The most common roles played by MIECHV grantees include the following:

- *Providing leadership:* In Georgia, the Governor’s Office of Children and Families provided essential leadership to help partners come together and design an achievable system. “There was a clear message that this was a priority,” said Carol Wilson. The same was true in other states, with the agency implementing MIECHV providing essential leadership.

- *Dedicating state staff:* Most states recognize they either needed to have staff in-house or as consultants who were dedicated to providing support and oversight for the work. For example, Virginia hired a consultant who works directly with the centralized intake regional coordinators and lead agencies. The consultant has been able to provide direct assistance to the regional areas to help with relationship building, the development of decision trees, and training for the centralized intake coordinators. Michigan hired a staff person who designed the process for communities to apply for centralized access planning grants, and offers direct technical assistance to the communities. New Jersey supports two state staff dedicated to working with communities to expand and strengthen the centralized intake systems. Similarly, Illinois supports two state staff, one who is a community liaison and helps with relationship building and another focused on assessment.
- *Establishing the framework and expectations:* The states interviewed honor the importance of local design, but also realized the need to provide an overarching frame and to define expectations. “In Michigan, we provided guidance to the pilot communities, but we were also interested in listening and learning from the communities, as we believed there was no one set model and were eager to see what the communities created,” said Alejandra Barnes, Coordinated Referral Technical Assistance Specialist. One of the expectations set by New Jersey was that each community would create an advisory board. In this, the message from the state to the locals was that they would create a forum for people to come together to surface challenges and opportunities and make decisions that reflected what the community wanted.
- *Offering technical assistance:* Many types of technical assistance were offered from facilitating meetings, to providing resources, conducting site visits, and offering hands-on guidance and troubleshooting. New Jersey invested significant time working with local communities to develop processes that would ultimately help to reduce duplication, increase appropriate linkages, and streamline the work. They even coached communities on what should be included in contracts and partnership agreements. Michigan connected the pilot communities so that they could learn from one another.
- *Committing financial support:* There were many ways in which the states provided financial support. For example, Michigan provided \$10,000 planning grants to 10 communities to convene partners and develop a plan for a centralized access system. They provided approximately \$80,000 implementation grants to eight of these communities. Illinois and Kansas funded intake workers in several communities. Other states committed funds to help expand or create a data system. Still other states used funds to hire consultants or facilitators who could help facilitate meetings or otherwise provide needed guidance and support.
- *Creating a process for reflection and refinement:* Both at the local and state levels, there need to be processes in place for those involved to reflect on the work and to explore what changes might be needed for the centralized intake system to operate even more effectively. Several suggested that the state sets the model for this to happen. Staff in Michigan intentionally create space for this reflection to occur, and are committed to honoring the pilots as hubs of experimentation from which lessons should be culled to inform others. In New Jersey, the state centralized intake players meet quarterly to talk about challenges, barriers, and successes across departments, divisions, and programs. Illinois stands ready to work with the local communities when their process of reflection pinpoints an unexpected challenge. The state does not impose solutions but instead provides smart facilitation and problem-solving to empower the locals to develop and test solutions.

- *Advancing state level policy change:* As staff take time to review the work at the local level, they often identify state level policies that stand in the way of the intended work in communities. Are changes needed to state contract language or monitoring? How can MIECHV systems integration work and centralized intake be connected to other state efforts like Project LAUNCH, or Race to the Top Early Learning Challenge? The state level staff who focus on MIECHV and centralized intake are in a unique position to spot the barriers and opportunities and work toward appropriate change.

## Looking Towards the Future

Operating as a hub for incoming and outgoing referrals for families, centralized intake systems can generate efficiencies for organizations and build a coordinated network of providers. Most important though, is the promise of centralized intake systems to engage in population level approaches to identifying risk and linking families to best fit services so that they can receive early, targeted support to advance the health and well-being of their family. States are encouraged to continue to use MIECHV as a lever for launching discussions and building integrated systems inclusive of centralized intake approaches.

*Should your state be interested in receiving additional guidance on centralized intake, please reach out to your Project Officer or Technical Assistance Specialist at the MIECHV Technical Assistance Coordinating Center.*

### Acknowledgements:

We are grateful to the many individuals who made this issue brief possible. We would especially like to thank the MIECHV state leaders and their staff who shared their experience with centralized intake. These include:

Arkansas: Nichetra Magee, Sarah Frith, and Miriam Westheimer.  
 Delaware: Crystal Sherman.  
 Georgia: Deborah Chosewood, Carole Steele, and Carol Wilson.  
 Illinois: Teresa Kelly, Leslie Schwartz, Joanna Su, and John Young.  
 Kansas: Debbie Richardson.  
 Michigan: Alejandra Barnes and Nancy Peeler.  
 New Jersey: Lakota Kruse and Lenore Scott.  
 Virginia: Linda Foster, Sarah Kye Price, and Molly Massey.

Should you wish to follow-up with any of the states, please do so through the MIECHV state leads as follows:

Arkansas: Kathy Pillow-Price, [pillowpricekl@archildrens.org](mailto:pillowpricekl@archildrens.org)  
 Delaware: Crystal Sherman, [Crystal.Sherman@state.de.us](mailto:Crystal.Sherman@state.de.us)  
 Georgia: Carole Steele, [casteele@dhr.state.ga.us](mailto:casteele@dhr.state.ga.us)  
 Illinois: Theresa Kelly, [Theresa.m.kelly@illinois.gov](mailto:Theresa.m.kelly@illinois.gov)  
 Kansas: Debbie Richardson, [drichardson@kdheks.gov](mailto:drichardson@kdheks.gov)  
 Michigan: Nancy Peeler, [peeler@michigan.gov](mailto:peeler@michigan.gov)  
 New Jersey: Lakota Kruse, [Lakota.kruse@doh.state.nj.us](mailto:Lakota.kruse@doh.state.nj.us)  
 Virginia: Linda Foster, [Linda.Foster@vdh.virginia.gov](mailto:Linda.Foster@vdh.virginia.gov)

## Appendix 1: Centralized Intake Systems supported by MIECHV

Information in the following table was pulled from grantee profiles, the Community of Practice on Centralized Intake Roster, and FY13 MIECHV Formula Grant Applications. In addition to the activities reflected here we know that many states are linked to and receive referrals from their statewide resource and information lines such as 2-1-1. Also, other states are in an exploratory phase, gathering information and reviewing resources as they consider next steps toward developing centralized intake processes. An additional activity, not reflected here, are efforts by grantees to support exploration and development at a local level. What is reflected here are MIECHV supported centralized intake structures that are currently in operation.

State/Jurisdiction	Geographical Reach			Programmatic Reach			Initial Development Phase
	Statewide System in Operation	One or More Regional/Local System(s) in Operation	Statewide System in Operation Through Multiple Regional/Local Systems	MIECHV HV Only	MIECHV and Other HV	HV (including MIECHV) and Other Services <sup>1</sup>	
Arkansas		X		X			
California		X				X	
Connecticut	X					X	
Delaware	X					X	
Florida		X				X	
Georgia			X			X	
Hawaii			X			X	
Idaho		X		X			
Illinois			X		X		
Iowa			X			X	
Kansas		X				X	
Kentucky		X				X	
Maine			X		X		
Maryland		X				X	
Massachusetts		X				X	
Michigan		X				X	

Appendix 1: Centralized Intake Systems supported by MIECHV

State/Jurisdiction	Geographical Reach			Programmatic Reach			Initial Development Phase
	Statewide	Regional/Local	Statewide through Regional/Local Systems	MIECHV HV Only	MIECHV and Other HV	HV (including MIECHV) and Other Services <sup>ii</sup>	
Montana							X
Nebraska		X		X			
New Jersey	X					X	
New Mexico		X				X	
North Carolina							X
Ohio			X			X	
Oklahoma		X		X			
Oregon		X				X	
Rhode Island		X				X	
South Carolina		X				X	
Texas		X				X	
Utah		X				X	
Vermont			X			X	
Virginia		X				X	
West Virginia	X					X	
Wisconsin		X				X	
Wyoming							X

<sup>i</sup> Services included may vary by local or regional system within a state.

<sup>ii</sup> Services included may vary by local or regional system within a state.

Appendix Two: Sample Screening Tools

Arkansas Centralized Intake Form

Great Start Georgia Centralized Intake Core Screening Form

Illinois Coordinated Intake Assessment Tool

Kansas Connections Intake Interview

Kansas My Family Intake and Referral Form

New Jersey Perinatal Risk Assessment

Virginia Behavioral Health Risks Screening Tool





# ARKANSAS HOME VISITING NETWORK

## INTAKE / RECRUITMENT FORM

Please complete the following and send to Nichetra MaGee at [MageeN@archildrens.org](mailto:MageeN@archildrens.org)  
or fax to: 501- 978-6478

### General Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

If under age 18, who is the legal guardian? \_\_\_\_\_

Street Address \_\_\_\_\_

Little Rock, AR Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Best time to call \_\_\_\_\_ Alternative Phone \_\_\_\_\_

Is it ok to receive text messages? Yes  No  Email Address \_\_\_\_\_

Race/ Ethnicity:  Black/African American  Hispanic/ Latino  White/ Caucasian  Vietnamese  
 Pacific Islander  Asian  Bi-Racial  Multi-Racial

Promise Neighborhood Schools: Please Check School of Attendance

Hall High School  Forrest Heights Middle School  Bale  Stephens  Franklin  Little Rock Preparatory Academy

### Questions about Family/ Child

1. List mom's children.

Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Expected Date of Delivery _____  Number of Weeks Pregnant _____	For this pregnancy, how far along was mom when she first saw a health care provider (like a doctor) for prenatal care (not including any visit that was only for a pregnancy test)?  0 – 12 weeks More than 12 weeks Not at all
--	---	---

Child's Name	Date of Birth	Does child live with mom? If not, who does child live with?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

All funding for this project is provided by the Maternal Infant and Early Childhood Home Visiting Program of the Health Resources and Services Administration of the U.S. Department of Health

2. Is the mom single / not legally married?  Yes  No
3. Is the family considered low income?  Yes  No  
Is family receiving any of the following? WIC, SNAP (Formerly known as Food Stamps), Medicaid, or self-declared income)  
 Yes  No
4. Does parent or family need interpretation services?  Yes  No  
Primary Language \_\_\_\_\_ Deaf, or Hard of Hearing?  Yes  No
5. Does parent or child have a mental or physical health problem or illness that requires regular ongoing care? For example, a disability, mental illness, or chronic health problems like asthma, allergies?  Yes  No  
If so, whom? \_\_\_\_\_
6. Has the child screened positive or been diagnosed with a developmental delay, or has there been an individualized education plan (IEP) completed?  Yes  No  
If Yes, who? \_\_\_\_\_
7. Has mom or child lived with friends or family, in a shelter, hotel, car, or other temporary housing for the past year?  Yes  No
8. Is there anyone in the household that is separated from the home in the past year for military, work or incarceration?  Yes  No If Yes, who? \_\_\_\_\_
9. Has the parent graduated high school or received a GED?  Yes  No  
Currently enrolled in school?  Yes  No  
If so, where: \_\_\_\_\_  
Highest Level of Education Completed \_\_\_\_\_
10. How would parent describe current employment status?  
 Employed full-time (35 hrs. /week or more)  Seasonally employed  
 Employed part time  Not employed
11. Are you currently enrolled in any other Home Visiting Programs? Such as Following Baby Back Home, Healthy Families Arkansas, HIPPY, Nurse Family Partnership, or Parents As Teachers.  
 Yes  No

12. Please add any information that you feel it is important to let the Common Intake Coordinator know about the family.

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All funding for this project is provided by the Maternal Infant and Early Childhood Home Visiting Program of the Health Resources and Services Administration of the U.S. Department of Health

Person making referral \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Organization \_\_\_\_\_ Phone: \_\_\_\_\_

Taking part in this program is voluntary and that I may withdraw from the services at any time. The program is free. I understand that this information will be used for a referral for home visiting services. I consent to share the above information with Intake staff and participating home visiting models. Some of this information may be used for evaluation purposes.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date



# Great Start Georgia

The Early Years Last a Lifetime

## GREAT START GEORGIA CENTRAL INTAKE CORE SCREEN

(Fields containing "•" are required)

### SCREENER'S INFORMATION

• First Name:		• Last Name:		Middle Initial:
• Street Address 1:				
Street Address 2 (apartment, mobile home):				
• City:	• State:	• Zip Code:	• County:	
• Phone:	Extension:	• Phone Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
Fax:	Email:			
<b>Location of Screening</b>				
<input type="checkbox"/> Child Care Center	<input type="checkbox"/> Health Department	<input type="checkbox"/> Home	<input type="checkbox"/> Hospital	
<input type="checkbox"/> Physician's Office	<input type="checkbox"/> School	<input type="checkbox"/> WIC Clinic	<input type="checkbox"/> Other: _____	
<b>Agency Name</b>				
• Public Health Central Intake: <input type="checkbox"/> Yes <input type="checkbox"/> No		• Agency name: _____		
• Date Screening Completed (MM/DD/YYYY): _____				

### MOTHER'S DEMOGRAPHIC INFORMATION

• First:	• Last:	Middle Initial:	Maiden:
Date of Birth (MM/DD/YYYY):		Education Level: <input type="checkbox"/> < 12 years <input type="checkbox"/> ≥ 12 years	
<b>Mother's Race</b>			
• Check all that apply			
<input type="checkbox"/> White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	
• Ethnicity: <input type="checkbox"/> Latino/Hispanic ( <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown)			
<b>Mother's Primary Language</b>			
• Select a language below:			
<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Nepali	<input type="checkbox"/> Burmese
<input type="checkbox"/> French	<input type="checkbox"/> German	<input type="checkbox"/> Italian	<input type="checkbox"/> Japanese
<input type="checkbox"/> Farsi	<input type="checkbox"/> Amharic	<input type="checkbox"/> Russian	<input type="checkbox"/> Arabic
<input type="checkbox"/> Unknown	<input type="checkbox"/> Other:	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Sudanese
Translator/Interpreter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Specify "Other" Primary Language:	



# Great Start Georgia

The Early Years Last a Lifetime



Mother's Address			
• Street Address 1: heljhrlkjfdasji			
Street Address 2 (apartment, mobile home):			
• City:	• State:	• Zip Code:	• County:
• Primary Contact Number:	• Phone Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Family/Friend		
Alternate Contact Number:	Phone Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Family/Friend		
Email:			
Preferred Method of Contact: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Letter			
Text Message Allowed: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Best Time to Contact: <input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Afternoon <input type="checkbox"/> All Day <input type="checkbox"/> Evening <input type="checkbox"/> Day			
Mother's Alternate Contact Information			
Alternate Contact First Name:	Last Name:	Middle Initial:	
Relationship to mother:			
Alternate's Contact Number:	Phone Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Family/Friend		
Mother's Type of Medical Insurance			
• Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, select insurance provider below:			
<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicaid SSI <input type="checkbox"/> WellCare CMO <input type="checkbox"/> Amerigroup CMO <input type="checkbox"/> PeachState CMO <input type="checkbox"/> Private <input type="checkbox"/> Tri-Care <input type="checkbox"/> Unknown <input type="checkbox"/> None			
Insurance Number: _____			
If no insurance, why?			
<input type="checkbox"/> Cannot afford <input type="checkbox"/> Does not qualify <input type="checkbox"/> Eligible - Have applied <input type="checkbox"/> Eligible - Have not applied <input type="checkbox"/> Other (Specify): _____			
Primary Medical or Health Provider Information			
• Medical or Health Provider: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name:			
Address:			
City:	State:	Zip Code:	
Phone:			



# Great Start Georgia

The Early Years Last a Lifetime



## CHILD'S DEMOGRAPHIC INFORMATION

• <b>First:</b>		• <b>Last:</b>		<b>Middle:</b>	
<b>Date of Birth (MM/DD/YYYY):</b>				• <b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	
<b>Child's Race (check all that apply)</b>					
<p>• <b>Check all that apply</b></p> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Unknown <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <b>Ethnicity:</b> <input type="checkbox"/> Latino/Hispanic ( <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown)					
<b>Child's Primary Language</b>					
<p>• <b>Select a language below:</b></p> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Nepali <input type="checkbox"/> Burmese <input type="checkbox"/> Somali <input type="checkbox"/> Kurdistan <input type="checkbox"/> Chinese languages <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Italian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Polish <input type="checkbox"/> Philippine languages <input type="checkbox"/> Farsi <input type="checkbox"/> Amharic <input type="checkbox"/> Russian <input type="checkbox"/> Arabic <input type="checkbox"/> Vietnamese <input type="checkbox"/> Sudanese <input type="checkbox"/> Unknown <input type="checkbox"/> Other: <input type="checkbox"/> Specify "Other" Primary Language:					
<b>Translator/Interpreter Needed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Child's Address</b>					
<b>Street Address 1:</b>					
<b>Street Address 2 (apartment, mobile home):</b>					
<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>	
<b>County:</b>					
<b>Child's Type of Medical Insurance</b>					
<p>• <b>Insurance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, select insurance provider below)</i>    <b>Insurance Number:</b> _____</p> <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicaid SSI <input type="checkbox"/> WellCare CMO <input type="checkbox"/> Amerigroup CMO <input type="checkbox"/> PeachState CMO <input type="checkbox"/> Private <input type="checkbox"/> Tri-Care <input type="checkbox"/> Unknown <input type="checkbox"/> None					
<b>If no insurance, why?</b>					
<input type="checkbox"/> Cannot afford <input type="checkbox"/> Does not qualify <input type="checkbox"/> Eligible - Have applied <input type="checkbox"/> Eligible - Have not applied <input type="checkbox"/> Other (Specify): _____					
<b>Primary Medical or Health Provider Information</b>					
• <b>Medical or Health Provider:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Name:</b>					
<b>Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>	
<b>Phone:</b>					



# Great Start Georgia

The Early Years Last a Lifetime



## MOTHER'S SCREENING

<b>GSG Point of Entry:</b> <input type="checkbox"/> Expectant Mother <input type="checkbox"/> Newborn <input type="checkbox"/> Child < 5				
<b>Prenatal:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If "Yes" provide due date (MM/DD/YYYY):</b>				
<b>Live in Partner:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow				
<b>First Time Parent:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Prenatal care:</b> <input type="checkbox"/> 1 <sup>st</sup> Trimester <input type="checkbox"/> 2 <sup>nd</sup> Trimester <input type="checkbox"/> 3 <sup>rd</sup> Trimester <input type="checkbox"/> None		
<b>Gravida:</b>	<b>Parity:</b>	<b>Pre-Term#:</b>	<b>A B - Elective:</b>	<b>AB - Spontaneous:</b>
<b>Employed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Annual Household Income:</b>		

## CHILD'S SCREENING FORM

<b>Biological Father's First Name:</b>		<b>Last:</b>	<b>Middle Initial:</b>
<b>GSG Point of Entry:</b> <input type="checkbox"/> Newborn <input type="checkbox"/> Child		<b>Birth Weight:</b> lbs.      oz.	
<b>Gestational age at birth 37 weeks or less?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If "Yes" number of weeks premature:</b>	
<b>Corrected Date of Birth (MM/DD/YYYY):</b>			
<b>Birth Hospital:</b>		<b>Discharge Date (MM/DD/YYYY):</b>	
<b>Transfer Hospital:</b>		<b>Discharge Date (MM/DD/YYYY):</b>	
<b>Child lives with (mark all that apply):</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent			

## FATHER DEMOGRAPHIC INFORMATION

<b>Street Address 1:</b>			
<b>Street Address 2 (apartment, mobile home):</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>County:</b>
<b>Primary Contact Number:</b>		<b>Phone Type:</b> <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Family/Friend	
<b>Alternate Contact Number:</b>		<b>Phone Type:</b> <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Family/Friend	
<b>Email:</b>			
<b>Father's Race (check all that apply)</b>			
<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Unknown			
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander			
<b>Ethnicity:</b> <input type="checkbox"/> Latino/Hispanic ( <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown)			



# Great Start Georgia

The Early Years Last a Lifetime



Father's Primary Language	
<b>Select a language below:</b>	
<input type="checkbox"/> English	<input type="checkbox"/> Spanish
<input type="checkbox"/> French	<input type="checkbox"/> German
<input type="checkbox"/> Farsi	<input type="checkbox"/> Amharic
<input type="checkbox"/> Unknown	<input type="checkbox"/> Other:
<input type="checkbox"/> Nepali	<input type="checkbox"/> Burmese
<input type="checkbox"/> Italian	<input type="checkbox"/> Japanese
<input type="checkbox"/> Russian	<input type="checkbox"/> Arabic
<input type="checkbox"/> Specify "Other" Primary Language:	
<input type="checkbox"/> Somali	<input type="checkbox"/> Kurdistan
<input type="checkbox"/> Korean	<input type="checkbox"/> Polish
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Sudanese
<input type="checkbox"/> Chinese languages	
<input type="checkbox"/> Philippine languages	
<b>Translator/Interpreter Needed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**GUARDIAN/FOSTER PARENT DEMOGRAPHIC INFORMATION (only completed if appropriate)**

<b>Foster Care Referral:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>• First Name:</b>		<b>• Last Name:</b>	
<b>Middle Initial:</b>			
<b>• Street Address 1:</b>			
<b>Street Address 2 (apartment, mobile home):</b>			
<b>• City:</b>		<b>• State:</b>	
<b>• Zip Code:</b>		<b>• County:</b>	
<b>• Primary Contact Number:</b>		<b>• Phone Type:</b> <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Family/Friend	
<b>Alternate Contact Number:</b>		<b>Phone Type:</b> <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Family/Friend	
<b>Email:</b>			
Guardian/Foster Parent Primary Language			
<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Nepali	<input type="checkbox"/> Burmese
<input type="checkbox"/> French	<input type="checkbox"/> German	<input type="checkbox"/> Italian	<input type="checkbox"/> Japanese
<input type="checkbox"/> Farsi	<input type="checkbox"/> Amharic	<input type="checkbox"/> Russian	<input type="checkbox"/> Arabic
<input type="checkbox"/> Unknown	<input type="checkbox"/> Other:	<input type="checkbox"/> Specify "Other" Primary Language:	
<input type="checkbox"/> Somali	<input type="checkbox"/> Kurdistan	<input type="checkbox"/> Chinese languages	
<input type="checkbox"/> Korean	<input type="checkbox"/> Polish	<input type="checkbox"/> Philippine languages	
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Sudanese		
<b>Translator/Interpreter Needed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			





## Great Start Georgia

The Early Years Last a Lifetime

Service/Program	Previously Received?	Interested in Receiving?	Currently Receiving?	Service/Program Contact
Children 1 <sup>st</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Babies Can't Wait	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Children Medical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Parenting Services/Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Home Visiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TANF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food Stamps (S.N.A.P.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Subsidized Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Subsidized Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Early Childhood Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Early Head Start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Head Start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pre-K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adult Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child Protective Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DFCS Diversion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Special Medical Provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tobacco Cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Substance Abuse Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Domestic Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Juvenile Justice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Refugee Resettlement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Military Family Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



• **FAMILY CONDITIONS**

- Mother's education level less than 12 years
- Mother not employed
- Mother's age
- First-time parent
- Young Prima/Multi-gravida (pregnant) < 18 years
- Young Prima/Multi-gravida (pregnant) < 21 years
- Multiparity in Mother (<20 Years of age >3 pregnancies)
- Pregnant ≤ 28 weeks
- Insufficient Prenatal Care
- Parent-Child Problems
- Inadequate Material Resources
- Homeless
- Unstable housing
- Military/Deployed Reserves family
- Legal Circumstances
- Parent user of tobacco products in home
- Family History of (Specify):
- Psychiatric condition
- Other Psychological or Physical Stress
- Parental Alcoholism or Substance Abuse
- Family disruption due to child in welfare custody
- Parental history child abuse/neglect
- Mental Retardation
- Child(ren) with low student achievement
- Suspected damage to fetus
- None of the above

• **PROGRAM ELIGIBILITY CONDITIONS**

- Foster Care < 3 years old
- Foster Care ≥ 3years old
- Child Maltreatment Syndrome < 3 years old
- Child Maltreatment Syndrome ≥ 3years old
- Unsubstantiated or sibling of victim of substantiated case (birth – age 5)
- Child with suspected developmental delay(s)/disorder(s)
- Child with special medical condition(s)
- Disorders r/t other preterm infants < 2500 Grams (5lbs.8oz.) and > 1500 Grams
- Child Injuries (≥ 3 in 1 Year) Requiring Medical Attention Specify:
- None of the above

Specify Injuries requiring medical conditions:

• **Parent Informed Consent for Release of Information**

Verbal: Yes No      Written: Yes No



# Great Start Georgia

## The Early Years Last a Lifetime

**GSG Screen Protocol for Community Services/Programs:** See Family Conditions and Program Eligibility Conditions on Great Start Georgia Entry Screen. Check all applicable boxes below to indicate if eligible for referral to EBHV, Children 1<sup>st</sup>, or Other Community Services or if eligible for First Steps Georgia

**(See page 10 for the core screening reason not referred codes)**

<input type="checkbox"/> Early Head Start – Home Based Option (Reason not referred code: _____) <ul style="list-style-type: none"> <li>➤ Either one of:           <ul style="list-style-type: none"> <li>○ Inadequate Material Resources</li> <li>○ Lack of Housing - Homeless</li> </ul> </li> </ul>	<input type="checkbox"/> Children 1 <sup>st</sup> (Reason not referred code: _____) <ul style="list-style-type: none"> <li>➤ Either - Any one of the following:           <ul style="list-style-type: none"> <li>○ Parental Alcoholism or Substance Abuse</li> <li>○ Foster Care &lt; 3 years old</li> <li>○ Child Maltreatment Syndrome &lt; 3years old</li> <li>○ Child with suspected developmental delay(s)/ disorder(s)</li> <li>○ Child with special medical condition(s)</li> </ul> </li> <li>➤ Or - Any two of the following:           <ul style="list-style-type: none"> <li>○ Suspected damage to fetus</li> <li>○ Disorders r/t other preterm infants &lt; 2500 Grams(5lbs.8oz.) and &gt; 1500 Grams</li> <li>○ Insufficient Prenatal Care</li> <li>○ Young Prima/Multi-gravida &lt; 18 years</li> <li>○ Education &lt; 12 years</li> <li>○ Child in Foster Care ≥ 3 years old</li> <li>○ Child Maltreatment Syndrome ≥ 3years</li> <li>○ Unsubstantiated or sibling of victim of substantiated case (birth to age 5)</li> <li>○ Psychiatric condition</li> <li>○ Lack of Housing - Homeless</li> <li>○ Family disruption due to child in welfare custody</li> <li>○ Multiparity in Mother (&lt;20 Years of age &gt;3pregnancies)</li> <li>○ Legal Circumstances</li> <li>○ Family History of (Specify) _____</li> <li>○ Child Injuries (≥ 3 in 1 Year) Requiring Medical Attention Specify</li> <li>○ Mental Retardation</li> <li>○ Inadequate Material Resources</li> <li>○ Parent-Child Problems</li> <li>○ Employment – No</li> <li>○ Other Psych. Or Physical Stress</li> </ul> </li> </ul>
<input type="checkbox"/> Healthy Families Georgia (Reason not referred code: _____) <ul style="list-style-type: none"> <li>➤ Either <input type="checkbox"/> Inadequate Material Resources</li> <li>➤ or 2 or more of the following:           <ul style="list-style-type: none"> <li>○ Age &lt; 21 years</li> <li>○ Employed – No</li> <li>○ Lack of Housing - Unstable or Homeless</li> <li>○ Education &lt; 12 years</li> <li>○ Insufficient Prenatal Care</li> <li>○ Parental history child abuse/neglect</li> <li>○ Parental alcoholism or substance abuse</li> <li>○ Maternal Retardation</li> <li>○ Psychiatric condition</li> </ul> </li> </ul>	<input type="checkbox"/> Other Community Services (Reason not referred code: _____) <ul style="list-style-type: none"> <li>➤ Substance Abuse Treatment           <ul style="list-style-type: none"> <li>○ Parental Alcoholism or Substance Abuse</li> </ul> </li> <li>➤ Mental Health Services           <ul style="list-style-type: none"> <li>○ Psychiatric condition</li> </ul> </li> <li>➤ Domestic Violence Program           <ul style="list-style-type: none"> <li>○ Other Psych. Or Physical Stress</li> </ul> </li> <li>➤ Tobacco Cessation program           <ul style="list-style-type: none"> <li>○ Parent user of tobacco products in home</li> </ul> </li> </ul>
<input type="checkbox"/> Nurse Family Partnership (Reason not referred code: _____) <ul style="list-style-type: none"> <li>➤ All of the following:           <ul style="list-style-type: none"> <li>○ Inadequate Material Resources</li> <li>○ First-time parent</li> <li>○ Pregnant ≤ 28 weeks</li> </ul> </li> </ul>	
<input type="checkbox"/> Parents as Teachers (Reason not referred code: _____) <ul style="list-style-type: none"> <li>➤ Any one of the following:           <ul style="list-style-type: none"> <li>○ Inadequate Material Resources</li> <li>○ Young Prima/Multi-gravida &lt; 21 years</li> <li>○ Parental history child abuse/neglect</li> <li>○ Parental alcoholism or substance abuse</li> <li>○ Mental Retardation (Mother)</li> <li>○ Child(ren) with low student achievement</li> <li>○ Child with suspected developmental delay(s)/disorder(s)</li> <li>○ Military/Deployed Reserves Family</li> </ul> </li> </ul>	
<input type="checkbox"/> First Steps Georgia (Reason not referred code: _____) <ul style="list-style-type: none"> <li>➤ Any one of the following:           <ul style="list-style-type: none"> <li>○ Not eligible for Evidence-Based Home Visiting (EBHV) Program or Children 1<sup>st</sup> (May provide First Steps Georgia)</li> <li>○ EBHV not available and not eligible for Children 1st (TBD with Central Intake consultation only)</li> <li>○ Parent declines EBHV/Children 1<sup>st</sup> (TBD by Central Intake only)</li> </ul> </li> </ul> <p><b>First Steps Georgia services provided:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provider name: _____</p>	

### Participation Agreement

I agree to participate in Great Start Georgia's Central Intake Screening and Referral and I understand that my participation is voluntary. Any information that is received by the above program about me, my child and my family will not be released outside of the Great Start Georgia system without my permission.

I give permission for Great Start Georgia Central Intake to refer me or my child to helpful medical and community services and to share information about my child with other Public Health and Home Visiting Program Services where applicable, yet I will decide if I or my child will use the program's services.

Great Start Georgia Central Intake will provide information about services in my community that may be helpful to my family, however using the information and calling the services is my choice.

Expectant Mother or Primary Caregiver **agrees** to participate:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)

Expectant Mother or Primary Caregiver **does not agree** to participate:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)



# Great Start Georgia

The Early Years Last a Lifetime



Core Screen Outcome Coding - (Reason not referred to program for which family is eligible)
<ol style="list-style-type: none"><li>1. Better fit for another program<ol style="list-style-type: none"><li>a. Community protocol (1a)</li><li>b. Parent requested another program (1b)</li></ol></li></ol>
<ol style="list-style-type: none"><li>2. Program unable to accept family<ol style="list-style-type: none"><li>a. Caseloads full (2a)</li><li>b. Language Barrier (2b)</li></ol></li></ol>
<ol style="list-style-type: none"><li>3. Parent declined program<ol style="list-style-type: none"><li>a. Not interested in services (3a)</li><li>b. No time available (3b)</li><li>c. Not acceptable to other family members (3c)</li><li>d. Participating in another program (3d)</li></ol></li></ol>

## Illinois Home Visiting Coordinated Intake Assessment Tool (CIAT)

A Home Visiting program uses trained home visitors to provide direct services to pregnant women or children from birth to age 5. Home Visiting services are free and voluntary. Home Visitors are professionals who have received background checks as well as extensive training in subjects related to child development and family strengthening. All Home Visiting services are confidential.

**Parent's level of interest in home visiting:**  Very Interested  Interested  Unsure

**Today's Date:** \_\_\_\_\_

Name of Person completing CIAT: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

**PARENT INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Gender:  Female  Male

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mobile Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**May we text your mobile phone?**  Yes  No

Email Address: \_\_\_\_\_

Best time to reach by phone:  Morning (8am-12pm)  Afternoon (12-5pm)  Evening (5-8pm)

Primary language spoken:  English  Spanish  Other: \_\_\_\_\_

**Who can we contact if we cannot reach you using the above contact information?**

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_ Alt. Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

<p><b>If client is pregnant:</b>                  Date of expected delivery: ____/____/____ Number of weeks pregnant: ____ wks                  Current trimester: <input type="checkbox"/> 1<sup>st</sup> <input type="checkbox"/> 2<sup>nd</sup> <input type="checkbox"/> 3<sup>rd</sup>                  Is she a: <input type="checkbox"/> 1<sup>st</sup> time <input type="checkbox"/> 2<sup>nd</sup> time <input type="checkbox"/> 3<sup>rd</sup>+ time mom                  Start date of prenatal care: ____/____/____</p>	<p><b>If client has an infant/child:</b>                  Child's Name: _____                  DOB: ____/____/____ Age: _____  <b>Client's highest grade of school completed:</b> _____</p>
<p><b>Client's ethnicity:</b>                  Is client Hispanic or Latina/o? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Client's race:</b>  <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander  <input type="checkbox"/> Asian <input type="checkbox"/> White or Caucasian  <input type="checkbox"/> Black or African American <input type="checkbox"/> More than one race</p>	<p><b>Health insurance coverage:</b>  <input type="checkbox"/> None  <input type="checkbox"/> Military (TriCare)  <input type="checkbox"/> Public (Medicaid, Medicare, AllKids)  <input type="checkbox"/> Private (e.g. HMO)</p>
<p><b>Plan of Care: (please check ALL that apply)</b>  <input type="checkbox"/> Referral to Home Visitation  <input type="checkbox"/> Referral to other services: _____</p>	<p><b>Services client is receiving:</b>  <input type="checkbox"/> WIC/ SNAP/ TANF <input type="checkbox"/> SSI/ SSD  <input type="checkbox"/> FCM/Better Birth Outcomes</p>

I agree to release information between the following agencies in order to assist in providing the most appropriate services for my family: \_\_\_\_\_ . I understand that I may be contacted if more information is needed. If referrals are needed under the Plan of Care section above, I give my permission to share my information with programs that provide those services and I understand I may be contacted by staff from those programs.

\_\_\_\_\_  
 Signature Date

**OPTIONAL: Family and Household Information**

The next few questions will ask for some more information about your family and household. This will help us identify the program that could best fit your needs.

1. Total number of children:       1    2    3    4    5 or more

a. The target child/ youngest child's DOB, age, and name are listed on page 1 (do not list this child again here).

b. 2<sup>nd</sup> child DOB: \_\_\_/\_\_\_/\_\_\_      Age: \_\_\_\_\_      Name: \_\_\_\_\_

c. 3<sup>rd</sup> child DOB: \_\_\_/\_\_\_/\_\_\_      Age: \_\_\_\_\_      Name: \_\_\_\_\_

d. 4<sup>th</sup> child DOB: \_\_\_/\_\_\_/\_\_\_      Age: \_\_\_\_\_      Name: \_\_\_\_\_

e. 5<sup>th</sup> child DOB: \_\_\_/\_\_\_/\_\_\_      Age: \_\_\_\_\_      Name: \_\_\_\_\_

2. Level of involvement of the children's father:

Very involved                       Somewhat involved                       Not involved

3. CUSTOM FIELD 1 (optional - as designated by the VT Site Administrator, per the agreement of that community)

4. CUSTOM FIELD 2 (optional - as designated by the VT Site Administrator, per the agreement of that community)

5. CUSTOM FIELD 3 (optional - as designated by the VT Site Administrator, per the agreement of that community)

6. CUSTOM FIELD 4 (optional - as designated by the VT Site Administrator, per the agreement of that community)

7. CUSTOM FIELD 5 (optional - as designated by the VT Site Administrator, per the agreement of that community)

## Illinois Home Visiting Coordinated Intake Assessment Tool (CIAT)

### STRONGLY RECOMMENDED: Screening Assessment

The next few questions may be sensitive. We are asking these questions so that we can determine the best possible services for you and your family. Many parents have experienced these issues, and we have been able to refer them to home visiting or other services to help support them. This information is confidential and will only be shared with any referral agencies that we contact on your behalf. You may decline to answer any of these questions. May I continue?

	Priority Population Categories	Risk Factor ?	Declined to answer	Did not ask
1	<b>Transportation barriers:</b> <i>How do you usually get to appointments or errands?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<b>No regular source of health care:</b> <i>Do you have a regular clinic or doctor that you go to for health care?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<b>First time mother:</b> <i>see page 1 (VT: auto-fill from page 1)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<b>Teen mother (under age 21):</b> <i>see page 1 (VT: auto-fill from page 1)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<b>Low income:</b> <i>see page 1 - does client receive public benefits?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<b>Family with current or former military members:</b> <i>Has anyone in your household served in the military?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<b><u>User of tobacco products in home:</u>*</b> <i>Does anyone in your household smoke cigarettes?*</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<b>Low student achievement:</b> <i>Do you perceive yourself or any of your children as having low student achievement?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<b>Any child in the home with developmental delays or disabilities:</b> <i>In school, did you or any of your children have an Individual Education Plan (IEP) for special education services?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<b><u>History of alcohol or substance abuse or need for treatment:</u>*</b> <i>A lot of families struggle with alcohol or substance abuse. Is this something that is a concern for you, either now, or in the past?*</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<b>History of child abuse/neglect or involvement with child welfare services:</b> <i>Some families have been contacted by the Department of Children and Family Services (DCFS) due to worries about their children's welfare. Has this ever happened to your family?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<b>Housing instability:</b> <i>Many families are worried about having stable housing. Is this a concern for your family?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<b><u>Depression/anxiety or mental health concerns:</u>*</b> <i>Things can be stressful for families, especially for new parents and young parents. Have you been feeling down, depressed, or hopeless?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<b>Lack of support system:</b> <i>Do you have friends or family who would be able to help out if needed?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	<b>Relationship or family problems:</b> <i>How is your relationship with your family or your husband/boyfriend/partner?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	<b><u>Domestic or family violence:</u>*</b> <i>One out of four women in the U.S. report ever experiencing physical or sexual violence, and pregnant women are especially vulnerable. May I ask if your husband, boyfriend, or partner has ever threatened to hurt you or punish you?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**\*If any of these four underlined risk factors are checked, if the client is pregnant or recently post-partum, and if you have been trained to deliver the 4P's Plus screening and intervention, please do so if appropriate, and attach a copy of the completed 4P's to this form.**



**Illinois Home Visiting Coordinated Intake Assessment Tool (CIAT)**

**For Office Use Only:**

<b>Evidence-Based Home Visiting (HV) Options</b>	<b>Eligibility Criteria</b>	<b>Family Eligibility</b>
Early Head Start- Home Based	Pregnant or child under 2 years and low income	<input type="checkbox"/> Y <input type="checkbox"/> N
Healthy Families	Pregnant or within 2 weeks postnatal and a yes on a behavioral question or meets a priority population	<input type="checkbox"/> Y <input type="checkbox"/> N
Nurse Family Partnership	1 <sup>st</sup> pregnancy, low income, and less than 28 weeks pregnant	<input type="checkbox"/> Y <input type="checkbox"/> N
Parents as Teachers	Prenatal or a child up to age 3	<input type="checkbox"/> Y <input type="checkbox"/> N

**IF REFERRAL IS GENERATED FROM AN AGENCY OTHER THAN CI: FOR REFERRING AGENCY ONLY (Optional): Which Home Visiting program would you recommend and why?** (We recognize that families may be eligible for more than one program. In order to help us understand your decision, please provide the rationale for recommending a specific home visiting program for this family: e.g., they met the criteria listed above, another family member is also being served by the program, or other reasons.):

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**FOR COORDINATED INTAKE ONLY: Which program was the family referred to, and why?**

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Project EAGLE  
**CENTRAL INTAKE & REFERRAL**  
**INITIAL INTERVIEW**  
**Parent Form**

Referred by: \_\_\_\_\_ Agency/Relationship: \_\_\_\_\_

**General Information**

Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_  
First name MI Last name

Address: \_\_\_\_\_  
Street Apt # City State Zip Code

Telephone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Do you have texting on your cell phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Age \_\_\_\_\_ \*Gender: (1)  M (2)  F

**\*Race (Mark only one):**

- (1)  White (4)  Asian
- (2)  Black or African American (5)  Native Hawaiian or other Pacific Islander
- (3)  American Indian or Alaskan Native

\*Ethnicity: (1)  Hispanic (0)  Non Hispanic

Citizen/Noncitizenship Status (Optional):  US Citizen/National  Legal Resident  Other \_\_\_\_\_

\*Primary Language Spoken: (1)  English (2)  Spanish (3)  Other

English Speaking Ability:  Very well  Well  Not Well  Not at all

\*Marital Status: (1)  Single (2)  Married (3)  Remarried (4)  Separated (5)  Divorced  
 (6)  Widowed

Living together:  Yes  No

If living with spouse or partner, how long have you been living together: \_\_\_\_\_

**Persons in Household (include extended family members, friends, renters):**

Name	Relationship	Age	M/F	School/Grade-Employment

\*Number in household: \_\_\_ 0-5 years \_\_\_ 6-12 years \_\_\_ 13-17 years \_\_\_ >= 18 years

\*Number of caregivers: \_\_\_\_\_ (anyone who is a primary caregiver for the children, including a teen mom and her siblings who are older than she, and possibly her parents)

**Child(ren)'s parent currently serving or has served in the armed forces?**

Yes, which parent \_\_\_\_\_ and  Currently serving  Previously served  
 No

**If Yes, which branch?:**  Army  Marines  Air Force  Navy  
 National Guard  
 Reserves (Branch \_\_\_\_\_)  
If Reserves, currently **active:**  Yes  No

**If yes, currently deployed?:**  Yes  No

**Are you a grandparent raising (a) grandchild/ren?:**  Yes  No

**Self-sufficiency**

**Applicant is a Teen:**  Yes  No

**Applicant Currently an Elementary, Middle or High School Student:**  Yes  No

**School attended:** \_\_\_\_\_

**\*Employed &/or in school:** (0) Yes (1) No

- |   |  |
|---|--|
| <input type="checkbox"/> Employed/Paying job                    | <input type="checkbox"/> In school                             |
| <input type="checkbox"/> Full-time (more than 34 hours weekly)  | <input type="checkbox"/> Towards high school diploma/GED _____ |
| <input type="checkbox"/> Part-time                              | <input type="checkbox"/> Towards trade/business qualification  |
| <input type="checkbox"/> Employed and in school                 | <input type="checkbox"/> Towards college degree                |
| <input type="checkbox"/> Homemaker                              | <input type="checkbox"/> Towards postgraduate degree           |
| <input type="checkbox"/> Unemployed                             | <input type="checkbox"/> In school and employed                |
| <input type="checkbox"/> With past employment experience        | <input type="checkbox"/> Other                                 |
| <input type="checkbox"/> With no previous employment experience | <input type="checkbox"/> In job training program               |

**\*Highest Level of Education Completed:** \_\_\_\_\_ (1-12, 13-GED, 14-Trade/ComCol, 15-College, 16->college)

**\*Learning disabilities&/or enrolled in Special Education classes in the past?:** (1) Yes (0) No  
**Describe:** \_\_\_\_\_

**Person is Willing to Pursue Additional Education/Job Training:**  Yes  No  Not Applicable  
**Describe:** \_\_\_\_\_

**\*Annual Income:** (1) \$0-\$5,000 (2) \$5,001-\$10,000 (3) \$10,001-\$15,000  
(4) \$15,001-\$20,000 (5) \$20,001-\$25,000 (6) \$25,001-\$30,000 (7) Over \$30,000

**Types of Services or Financial Assistance Received (Mark all that apply):**  No services received  
 Medicaid/Medicare  Foster care/Adoption subsidy  
 Food Stamps  Child support/alimony  
 Public Assistance/Welfare (i.e. TANF/AFDC)  Unemployment  
 Supplemental Security Income (SSI)  Other: Specify \_\_\_\_\_

**Family Applied to Receive Supplemental Security Income (SSI) in Past:**  Yes  No

**\*Housing Payment Arrangement:**  
(1) Own housing (2) Receive subsidized housing  
(3) Rent housing (4) Make no payment for housing  
**Amount of rent the family pays:** \_\_\_\_\_

**\*Homeless in Past 12 Months (Including currently homeless):** (1) Yes (0) No  
**Length of time homeless:**  
 Less than 1 month  4 - 6 months  
 1 - 3 months  More than 6 months

\*Do you have a valid driver's license: (0)  Yes (1)  No

\*Family Currently Has Means of Transportation: (0)  Yes (1)  No

Primary mode(s) of transportation used (Mark all that apply):

- Private vehicle (car, truck, van)  Public transportation (bus, taxi)  
 Friend's or relative's vehicle  Other: \_\_\_\_\_

\*Family has adequate food supply: (0)  Yes (1)  No

\*Family's home is safe for children: (0)  Yes (1)  No

### Medical Provider

\*Parent Insurance Provider: (0)  Yes (1)  No

Type:

- Public assistance (e.g., Medicaid)  Private Coverage  Other: Specify \_\_\_\_\_

Insurance Provider's Name: \_\_\_\_\_ Dental Coverage Included:  Yes  No

\*Parent Primary Care Provider (general practitioner/medical home):  Yes  No Name \_\_\_\_\_

How long with this provider: \_\_\_\_\_ Date last seen by this provider: \_\_\_\_\_

Parent Dental Care Provider (seen regularly):  Yes  No Name: \_\_\_\_\_

### Health

\*Participant Is Currently Pregnant: (1)  Yes (0)  No

If yes, expected delivery date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Prenatal care visits:  Yes  No Where? \_\_\_\_\_

Trimester of First Prenatal Visit:  First  Second  Third

Date of First Prenatal Visit (if known): \_\_\_\_\_

\*Participant is currently using birth control: (0)  Yes (1)  No (2)  NA

\*Participant smokes: (1)  Yes (0)  No

\*Participant uses other tobacco product: (1)  Yes, what: \_\_\_\_\_ (0)  No

Anyone else in the home uses any tobacco products: (1)  Yes (0)  No

If yes, who: \_\_\_\_\_

What type of tobacco product: \_\_\_\_\_

\*Participant has a personal health concern: (1)  Yes (0)  No

- High Blood Pressure \_\_\_\_\_  
 Diabetes \_\_\_\_\_  
 Asthma \_\_\_\_\_  
 High Cholesterol \_\_\_\_\_  
 Cancer, location \_\_\_\_\_  
 Other: \_\_\_\_\_

Participant has a family history of health concern (circle M=maternal and/or P=paternal): (1)  Yes (0)  No

- High Blood Pressure M P  
 Heart Disease/Heart Attack M P  
 Diabetes (Type I or II) M P  
 High Cholesterol M P  
 Stroke M P  
 Cancer M P Location \_\_\_\_\_  
 Other: \_\_\_\_\_

Participant has a mental health concern: (1)  Yes (0)  No

- Depression \_\_\_\_\_  
 Bipolar \_\_\_\_\_  
 ADD/ADHD \_\_\_\_\_  
 Schizophrenia \_\_\_\_\_  
 Substance Abuse \_\_\_\_\_  
 Other: \_\_\_\_\_

Health services currently receiving:  No services currently being received

- WIC
- Mental Health Counseling
- Other: \_\_\_\_\_

Are you receiving or have you received treatment for substance abuse?  Yes  No

**Parenting**

\*Participant is a first-time parent who is pregnant or has a child under 6 months of age: (1) Yes (0) No

\*Have you ever been involved with child protective services due to a concern about a child: (1) Yes (0) No  
Are you currently involved with the state due to a concern about a child:  Yes  No

If Yes to either of the above questions,

When did you first become involved: \_\_\_\_\_

What Happened:  Investigator visited  Received services  Child left in home  Removed  
Result:  Stayed in home  Returned home  Parental rights terminated

Next involvement: \_\_\_\_\_

What Happened:  Investigator visited  Received services  Child left in home  Removed  
Result:  Stayed in home  Returned home  Parental rights terminated

Next involvement: \_\_\_\_\_

What Happened:  Investigator visited  Received services  Child left in home  Removed  
Result:  Stayed in home  Returned home  Parental rights terminated

Notes: \_\_\_\_\_  
\_\_\_\_\_

**Child Development**

Do you have concerns about the overall health or development of any of your other children over 5 years of age?

Yes  No  Don't Know

Child's Name	Concern
_____	_____
_____	_____

**Children**

Child #1 Name: \_\_\_\_\_  
*First name* *MI* *Last name*

#1 Date of Birth: \_\_\_\_\_ \*Age: \_\_\_\_\_ \*Gender: (1) M (2) F

\*Race (Mark only one):

- (1) White (4) Asian
- (2) Black or African American (5) Native Hawaiian or other Pacific Islander
- (3) American Indian or Alaskan Native

\*Ethnicity: (1) Hispanic (0) Non Hispanic

\* #1 Insurance: (0) Yes (1) No

Insurance Provider Type:  Public assistance (e.g., Medicaid)  Private Coverage

Insurance Provider's Name: \_\_\_\_\_

Dental Coverage Included:  Yes  No

\* #1 Child Has a Primary Care Provider: (0) Yes (1) No \*Name \_\_\_\_\_  
How long with this provider: \_\_\_\_\_ Date last seen by this provider: \_\_\_\_\_

\* #1 Child current with well child exams: (0) Yes (1) No

\* #1 Immunizations up-to-date (observe immunization card if possible): (0) Yes (1) No

\*#1 Child Has a Dental Provider: (0) Yes (1) No \*Name \_\_\_\_\_  
Date last seen by this provider: \_\_\_\_\_

\* #1 Premature (<38 weeks gestation): (1)  Yes (0)  No

#1 Delivery type: (1)  Vaginal (0)  C-section

\* #1 Complications associated with this pregnancy &/or delivery (ex. gestational diabetes, high blood pressure, vaginal bleeding, pre-term labor, etc.): (1)  Yes (0)  No

If yes, explain: \_\_\_\_\_

#1 Birthweight: \_\_\_\_\_ lbs \_\_\_\_\_ oz \* #1 Birthweight in Grams: \_\_\_\_\_

#1 Child spent time in NICU/SCN:  Yes  No

\* #1 If Yes: (1)  Less than 24 hours (2)  Less than one week  
(3)  Less than one month (4)  More than one month

#1 Concerns about Child's Overall Health and Development:  Yes  No  Don't Know

Describe Concerns: \_\_\_\_\_

\*#1 Has your child ever witnessed and/or experienced any trauma/traumatic event: (1)  Yes (0)  No

Check all that apply:

- Witness of domestic violence  Violence (or witness to violence)  
 Serious injury  Threat of serious injury (car accident, etc.)  
 Invasive medical procedures  Witness of caregiver arrest/incarceration  
 Separation from caregiver (for any length of time that was traumatizing to the child)  
 Other \_\_\_\_\_

---

Child #2 Name: \_\_\_\_\_  
*First name MI Last name*

#2 Date of Birth: \_\_\_\_\_ \*Age: \_\_\_\_\_ \*Gender: (1)  M (2)  F

\*Race (Mark only one):

- (1)  White (4)  Asian  
(2)  Black or African American (5)  Native Hawaiian or other Pacific Islander  
(3)  American Indian or Alaskan Native

\*Ethnicity: (1)  Hispanic (0)  Non Hispanic

\* #2 Insurance: (0)  Yes (1)  No

Insurance Provider Type:  Public assistance (e.g., Medicaid)  Private Coverage

Insurance Provider's Name: \_\_\_\_\_

Dental Coverage Included:  Yes  No

\* #2 Child Has a Primary Care Provider: (0)  Yes (1)  No \*Name \_\_\_\_\_

How long with this provider: \_\_\_\_\_ Date last seen by this provider: \_\_\_\_\_

\* #2 Child current with well child exams: (0)  Yes (1)  No

\* #2 Immunizations up-to-date (observe immunization card if possible): (0)  Yes (1)  No

\* #2 Child Has a Dental Provider: (0)  Yes (1)  No \*Name \_\_\_\_\_

Date last seen by this provider: \_\_\_\_\_

\* #2 Premature (<38 weeks gestation): (1)  Yes (0)  No

#2 Delivery type: (1)  Vaginal (0)  C-section

\* #2 Complications associated with this pregnancy &/or delivery (ex. gestational diabetes, high blood pressure, vaginal bleeding, pre-term labor, etc.): (1)  Yes (0)  No

If yes, explain: \_\_\_\_\_

#2 Birthweight: \_\_\_\_\_ lbs \_\_\_\_\_ oz \* #2 Birthweight in Grams: \_\_\_\_\_

**#2 Child spent time in NICU/SCN:**  Yes  No  
\* **#2 If Yes:** (1)  Less than 24 hours (2)  Less than one week  
(3)  Less than one month (4)  More than one month

**#2 Concerns about Child's Overall Health and Development:**  Yes  No  Don't Know  
Describe Concerns: \_\_\_\_\_

**\*#2 Has your child ever witnessed and/or experienced any trauma/traumatic event:**  Yes  No  
Check all that apply:  
 Witness of domestic violence  Violence (or witness to violence)  
 Serious injury  Threat of serious injury (car accident, etc.)  
 Invasive medical procedures  Witness of caregiver arrest/incarceration  
 Separation from caregiver (for any length of time that was traumatizing to the child)  
 Other \_\_\_\_\_

---

**Child #3 Name:** \_\_\_\_\_  
*First name MI Last name*

**#3 Date of Birth:** \_\_\_\_\_ **\*Age:** \_\_\_\_\_ **\*Gender:** (1)  M (2)  F

**\*Race (Mark only one):**

(1)  White (4)  Asian  
(2)  Black or African American (5)  Native Hawaiian or other Pacific Islander  
(3)  American Indian or Alaskan Native

**\*Ethnicity:** (1)  Hispanic (0)  Non Hispanic

**\* #3 Insurance:** (0)  Yes (1)  No  
**Insurance Provider Type:**  Public assistance (e.g., Medicaid)  Private Coverage  
**Insurance Provider's Name:** \_\_\_\_\_  
**Dental Coverage Included:**  Yes  No

**\* #3 Child Has a Primary Care Provider:** (0)  Yes (1)  No **\*Name** \_\_\_\_\_  
**How long with this provider:** \_\_\_\_\_ **Date last seen by this provider:** \_\_\_\_\_

**\* #3 Child current with well child exams:** (0)  Yes (1)  No

**\* #3 Immunizations up-to-date (observe immunization card if possible):** (0)  Yes (1)  No

**\* #3 Child Has a Dental Provider:** (0)  Yes (1)  No **\*Name** \_\_\_\_\_  
**Date last seen by this provider:** \_\_\_\_\_

**\* #3 Premature (<38 weeks gestation):** (1)  Yes (0)  No

**#3 Delivery type:** (1)  Vaginal (0)  C-section

**\* #3 Complications associated with this pregnancy &/or delivery (ex. gestational diabetes, high blood pressure, vaginal bleeding, pre-term labor, etc.):** (1)  Yes (0)  No  
**If yes, explain:** \_\_\_\_\_

**#3 Birthweight:** \_\_\_\_ lbs \_\_\_\_ oz **\* #3 Birthweight in Grams:** \_\_\_\_\_

**#3 Child spent time in NICU/SCN:**  Yes  No  
\* **#3 If Yes:** (1)  Less than 24 hours (2)  Less than one week  
(3)  Less than one month (4)  More than one month

**#3 Concerns about Child's Overall Health and Development:**  Yes  No  Don't Know  
Describe Concerns: \_\_\_\_\_

---

**\*#3 Has your child ever witnessed and/or experienced any trauma/traumatic event:**  Yes  No

Check all that apply:

- Witness of domestic violence  Violence (or witness to violence)  
 Serious injury  Threat of serious injury (car accident, etc.)  
 Invasive medical procedures  Witness of caregiver arrest/incarceration  
 Separation from caregiver (for any length of time that was traumatizing to the child)  
 Other \_\_\_\_\_

---

**Child #4 Name:** \_\_\_\_\_  
*First name* *MI* *Last name*

**#4 Date of Birth:** \_\_\_\_\_ **\*Age:** \_\_\_\_\_ **\*Gender:** (1)M (2)F

**\*Race (Mark only one):**

- (1) White (4) Asian  
(2) Black or African American (5) Native Hawaiian or other Pacific Islander  
(3) American Indian or Alaskan Native

**\*Ethnicity:** (1) Hispanic (0) Non Hispanic

**\* #4 Insurance:** (0) Yes (1) No

**Insurance Provider Type:**  Public assistance (e.g., Medicaid)  Private Coverage

**Insurance Provider's Name:** \_\_\_\_\_

**Dental Coverage Included:**  Yes  No

**\* #4 Child Has a Primary Care Provider:** (0) Yes (1) No **\*Name** \_\_\_\_\_

**How long with this provider:** \_\_\_\_\_ **Date last seen by this provider:** \_\_\_\_\_

**\* #4 Child current with well child exams:** (0) Yes (1) No

**\* #4 Immunizations up-to-date (observe immunization card if possible):** (0) Yes (1) No

**\* #4 Child Has a Dental Provider:** (0) Yes (1) No **\*Name** \_\_\_\_\_

**Date last seen by this provider:** \_\_\_\_\_

**\* #4 Premature (<38 weeks gestation):** (1) Yes (0) No

**#4 Delivery type:** (1) Vaginal (0) C-section

**\* #4 Complications associated with this pregnancy &/or delivery** (ex. gestational diabetes, high blood pressure, vaginal bleeding, pre-term labor, etc.): (1) Yes (0) No

**If yes, explain:** \_\_\_\_\_

**#4 Birthweight:** \_\_\_\_ lbs \_\_\_\_ oz **\* #4 Birthweight in Grams:** \_\_\_\_\_

**#4 Child spent time in NICU/SCN:**  Yes  No

**\* #4 If Yes:** (1) Less than 24 hours (2) Less than one week  
(3) Less than one month (4) More than one month

**#4 Concerns about Child's Overall Health and Development:**  Yes  No  Don't Know

**Describe Concerns:** \_\_\_\_\_

**\*#4 Has your child ever witnessed and/or experienced any trauma/traumatic event:**  Yes  No

Check all that apply:

- Witness of domestic violence  Violence (or witness to violence)  
 Serious injury  Threat of serious injury (car accident, etc.)  
 Invasive medical procedures  Witness of caregiver arrest/incarceration  
 Separation from caregiver (for any length of time that was traumatizing to the child)  
 Other \_\_\_\_\_



**Child Care**

\*Child/ren in registered/licensed childcare: (1)  Yes (0)  No Where? \_\_\_\_\_  
If not in registered/licensed childcare, does someone care for your child while you are at work or at school?  
 Yes  No Where? \_\_\_\_\_

\*If Yes, how satisfied are you with how well your child/ren is being cared for in this setting:  
(3)  Concern/Uncomfortable (2)  OK (1)  Very Happy

If No, family interested in placing child/ren in childcare:  Yes  No  
Funding or planned source of funding:  Parent  SRS  Other \_\_\_\_\_

**Contact Information**

List at least 2 people who would always know where you are:  
(in case we cannot get a hold of you at the phone number or address given)

_____	_____	_____
Name	Phone Number	Relationship
_____	_____	_____
Name	Phone Number	Relationship

**Current Agency Involvement**

\_\_\_\_\_  
\_\_\_\_\_

**Additional Information**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*DV Screening next page\*\*

**Other**

\*Read each item below, and **consider whether the event has happened to you within the past 6 months?**  
If it has, circle **YES**, if not, circle **NO**.

- |   | (1)          | (0)       |
|---|--------------|-----------|
| 1. My partner/spouse has taken something away from me without my permission.  | <b>YES</b>   | <b>NO</b> |
| 2. My partner/spouse has tried to change or control the way I dress, wear make-up, or spend money.                                  | <b>YES</b>   | <b>NO</b> |
| 3. My partner/spouse has tried to stop me from seeing my friends or family or from going places (e.g., work, school, church, etc.). | <b>YES</b>   | <b>NO</b> |
| 4. My partner/spouse has called me names or talked badly about me.  | <b>YES</b>   | <b>NO</b> |
| 5. My partner/spouse has destroyed property or hurt pets when angry or upset with me.   | <b>YES</b>   | <b>NO</b> |
| 6. My partner/spouse has threatened to hurt me or hurt someone else that I care about.  | <b>YES</b>   | <b>NO</b> |
| 7. My partner/spouse has threatened me with a weapon, has hit, kicked, or punched me, and/or has touched me in other hurtful ways?  | <b>YES</b>   | <b>NO</b> |
|   | <b>Total</b> | _____     |



# My Family

## Initial Intake and Referral Information

Case Number: \_\_\_\_\_ County: \_\_\_\_\_

### Check List for Referrals

Name: \_\_\_\_\_ Intake Date: \_\_\_\_\_  
Agency referred to: Early Head Start \_\_\_\_\_ Healthy Families America \_\_\_\_\_ Parents As Teachers \_\_\_\_\_  
Other \_\_\_\_\_ (specify) \_\_\_\_\_

### PLEASE CHECK ALL THAT APPLY

#### Martial Status

- married
- single
- divorced
- widowed
- seperated
- other

#### Education

- high school graduate
- did not graduate- highest grade completed \_\_\_\_\_
- GED
- in school
- working toward GED
- working toward GED/ HS diploma
- college graduate
- attending college
- trade school
- in job training program
- other

#### Housing

- own home
- subsidized housing
- rent home
- rent payment \$ \_\_\_\_\_
- no payment for housing

#### Transportation

- reliable transportation
- reliable transportation resource
- valid driving license
- valid car insurance

#### Employment Status

- employed
- full time
- part time
- home maker
- employed and in school
- unemployed with experience
- unemployed with no experience

#### Annual Income

- 0 to \$5,000
- \$5,001 to \$10,000
- \$10,001 to \$15,000
- \$15,001 to \$20,000
- \$20,001 to \$25,000
- \$25,001 to \$30,000
- over \$30,000

#### Other Types Financial Assistance

- no assistance
- Medicaid/Medicare
- food stamps
- public assistance (TANF/AFDC)
- Supplementary Security Ins. (SSI)
- foster care/adoption subsidy
- unemployment
- child support
- other sources

# My Family

## Initial Intake and Referral Information

Case Number: \_\_\_\_\_ County: \_\_\_\_\_

Have you or anyone living in your home experienced any of the following, currently or in the past.  
Check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> currently pregnant <b>Due Date:</b> _____      | <input type="checkbox"/> homeless                                |
| <input type="checkbox"/> number of pregnancies # _____                  | <input type="checkbox"/> low income                              |
| <input type="checkbox"/> number of children # _____                     | <input type="checkbox"/> use tobacco products in the home        |
| <input type="checkbox"/> high risk pregnancy                            | <input type="checkbox"/> low student achievement                 |
| <input type="checkbox"/> pregnant under the age of 21                   | <input type="checkbox"/> interaction with child welfare services |
| <input type="checkbox"/> inconsistent or no prenatal care               | <input type="checkbox"/> history of child abuse or neglect       |
| <input type="checkbox"/> inadequate social support                      | <input type="checkbox"/> history of domestic violence            |
| <input type="checkbox"/> feeling overwhelmed                            | <input type="checkbox"/> history of depression                   |
| <input type="checkbox"/> children with developmental delays             | <input type="checkbox"/> need substance abuse treatment          |
| <input type="checkbox"/> individual serving/served in the armed forces  | <input type="checkbox"/> martial or family problems              |
| <input type="checkbox"/> interested in receiving home visiting services |  |

### Summary Information:

STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES  
**PERINATAL RISK ASSESSMENT**



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**PLEASE PRINT CLEARLY**

**\*REQUIRED FOR FORM PROCESSING\***

Date Form Completed:  -  -  SSN:  -  -  Insurance ID/Medicaid #:  Insurance Effective Date:  -  -

**Patient Information \***

Last Name:  First Name:  Date of Birth:  -  -

Street Address:  City:

Zip Code:  County:  Primary Phone:  -  -  Cell Phone:  -  -

Emergency Contact Name:  Emergency Contact Phone:  -  -

Name of Father of the Baby:  **Father of Baby Involved** . . . .  Yes  No  
**Married** . . . . .  Yes  No

**Provider Information \***

Provider FAX #:  -  -  Provider Phone #:  -  -  Provider Zip Code:  Planned Delivery Site Code:

Provider Chart #:  Group NPI #:  Provider NPI#:

<p><b>Race *</b> (choose one)</p> <p><input type="radio"/> Black <input type="radio"/> White <input type="radio"/> Asian <input type="radio"/> Native American</p>	<p><b>Ethnicity *</b> Hispanic <input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Multi-Racial <input type="radio"/> Alaskan/Pacific Islander <input type="radio"/> Other</p>	<p><b>Primary Language *</b> (choose one)</p> <p><input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Other (specify) _____</p>	<p><b>Health Insurance *</b> (Select all that apply)</p> <p><input type="radio"/> Medicare <input type="radio"/> Medicaid PE <input type="radio"/> Medicaid FFS <input type="radio"/> Medicaid MC <input type="radio"/> NJ Family Care <input type="radio"/> Commercial <input type="radio"/> Uninsured/Self-Pay</p>	<p><b>MCO *</b> (choose one for Medicaid Eligibles)</p> <p><input type="radio"/> None <input type="radio"/> AmeriGroup <input type="radio"/> Health First <input type="radio"/> Horizon NJ Health <input type="radio"/> UnitedHealthcare Community</p>
--	--	--	--	--

<p><b>Entry Into Prenatal Care *</b></p> <p>Date of first visit: <input type="text"/> - <input type="text"/> - <input type="text"/></p> <p>Date of 1st visit under MCO: <input type="text"/> - <input type="text"/> - <input type="text"/></p> <p>LMP: <input type="text"/> - <input type="text"/> - <input type="text"/></p> <p>EDD: <input type="text"/> - <input type="text"/> - <input type="text"/></p>	<p><b>Perinatal History *</b></p> <p>Gravida: <input type="text"/> Para: <input type="text"/></p> <p>Date of most recent live birth: <input type="text"/> - <input type="text"/> - <input type="text"/></p> <p>Weeks Gestation of loss(es): select any that <input type="radio"/> &lt;21 wks <input type="radio"/> 21-34 wks <input type="radio"/> &gt;34 wks</p> <p>Specify # of Weeks Gestation of most advanced loss: <input type="text"/></p> <p><b>Bleeding During Pregnancy *</b></p> <p><input type="radio"/> First Trimester <input type="radio"/> Second Trimester <input type="radio"/> Third Trimester <input type="radio"/> None</p>	<p><b>Physical Assessment *</b></p> <p>Blood Pressure: <input type="text"/> / <input type="text"/></p> <p>Pre Pregnancy Weight (lbs): <input type="text"/> Current Weight (lbs): <input type="text"/></p> <p>Height (Ft-Inches): <input type="text"/> - <input type="text"/></p>
--	--	--

**Pregnancy Risk Factors \***

	Current Preg	Prior Preg		Current Preg	Prior Preg		Current Preg	Prior Preg	
	Y	N	Y	Y	N		Y	N	
Previous Cesarean Section	na	na	<input type="radio"/>	Multiple Gestation	<input type="radio"/>	<input type="radio"/>	Fetal Genetic/Structural abnormalities	<input type="radio"/>	<input type="radio"/>
Low Birth Weight (<2500gm)	na	na	<input type="radio"/>	Fetal Reduction	<input type="radio"/>	<input type="radio"/>	Rh Negative	<input type="radio"/>	<input type="radio"/>
History of PROM	na	na	<input type="radio"/>	Macrosomia	<input type="radio"/>	<input type="radio"/>	Hepatitis B	<input type="radio"/>	<input type="radio"/>
Hyperemesis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	IUGR	<input type="radio"/>	<input type="radio"/>	Group B Strep	<input type="radio"/>	<input type="radio"/>
Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Oligo/Polyhydramnios	<input type="radio"/>	<input type="radio"/>	Opioid Replacement Treatment	<input type="radio"/>	<input type="radio"/>
Gestational Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Abnormal Amniocentesis	<input type="radio"/>	<input type="radio"/>	Pyelonephritis	<input type="radio"/>	<input type="radio"/>
PIH/Preeclampsia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Abnormal AFP	<input type="radio"/>	<input type="radio"/>	Urinary Tract Infection	<input type="radio"/>	na na
Placenta Previa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Maternal Fetal Infection	<input type="radio"/>	<input type="radio"/>	Assisted Reproductive Technology	<input type="radio"/>	<input type="radio"/>
Cervical Incompetence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Abdominal Surgery	<input type="radio"/>	<input type="radio"/>	Cats or Birds in Home	<input type="radio"/>	<input type="radio"/>
Ectopic Pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						

DO NOT PHOTOCOPY BLANK FORMS

PLEASE COMPLETE AND FAX TO: 856-662-4321

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Provider Chart #

Grid for Provider Chart #

Current Medical Conditions/Risks \*

Table with columns: Yes, No, + On Meds, Patient History for various conditions like Neurological Condition, Seizures, Depression/Mental Illness, etc.

HIV section with fields for HIV Positive, Date HIV Test Given, and Refused.

Psychosocial Risk Factors \*

Table with columns: Yes, No for categories like Disabled, Unemployed/Inadequate Income, etc. Includes Reason for Late Entry into Prenatal Care and Smoking Tobacco.

\*4Ps Plus

Table with columns: Yes, No for questions about parents' drug/alcohol use, partner's behavior, and smoking/drug use during pregnancy.

\* If an \*Any is checked, continue with the 4Ps Follow-Up Questions.

4 Ps Plus Follow-up Questions (if an \*Any above was checked)

Table for follow-up questions about alcohol/drug use in the month before pregnancy and currently.

Referrals/Education \*

Table with columns: Given/Enrolled, Referred, Refused for various services like Tobacco Cessation, Substance Abuse Prevention, etc.

+ Current Medications and Additional Critical Information section.

Draft

DO NOT PHOTOCOPY BLANK FORMS

PLEASE COMPLETE AND FAX TO: 856-662-4321

Patient's Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Behavioral Health Risks Screening Tool

## for Women of Childbearing Age

*Women and their children's health can be affected by emotional problems, alcohol, tobacco, other drug use and violence. Women and their children's health is also affected when those same problems are present in people close to us. By alcohol we mean beer, wine, wine coolers, liquor, spirits. etc.*

Have you smoked any cigarettes in the past three months? <b>SMOKING</b>		YES <input type="checkbox"/>		NO <input type="checkbox"/>
Did any of your parents have a problem with alcohol or other drug use? <b>PARENTS</b>		YES <input type="checkbox"/>		NO <input type="checkbox"/>
Do any of your friends have a problem with alcohol or other drug use? <b>PEERS</b>		YES <input type="checkbox"/>		NO <input type="checkbox"/>
Does your partner have a problem with alcohol or other drug use? <b>PARTNER</b>		YES <input type="checkbox"/>		NO <input type="checkbox"/>
In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications? <b>PAST</b>		YES <input type="checkbox"/>		NO <input type="checkbox"/>
In the past month, have you drunk any alcohol or used other drugs? 1. How many <b>days per month</b> do you drink? _____ 2. How many <b>drinks on any given day</b> ? _____ 3. How often did you have <b>4 or more drinks per day</b> in the last <b>month</b> ? _____ <b>PRESENT</b>		YES <input type="checkbox"/>		NO <input type="checkbox"/>
Check YES if she agrees with any of these statements. In the past 7 days, have you: - Blamed yourself unnecessarily when things went wrong? - Been anxious or worried for no good reason? - Felt scared or panicky for no good reason? <b>EMOTIONAL HEALTH</b>			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you currently or have you ever been in a relationship where you were physically hurt, choked, threatened, controlled, or made to feel afraid? <b>VIOLENCE</b>			YES <input type="checkbox"/>	NO <input type="checkbox"/>

### PROVIDER USE ONLY

Review Risk

Review substance use, set healthy goals.

Review and/or administer full AAS or WEB screening. See instructions.

Review and/or administer full Edinburgh PDS-10. See instructions.

Brief Intervention/Brief Treatment	Y	N	NA
Did you <b>State</b> your medical concern?			
Did you <b>Advise</b> to abstain or reduce use?			
Did you <b>Check</b> patient's reaction?			
Did you <b>Refer</b> for further assessment?			
Did you <b>Provide</b> written information?			

Develop a follow up plan with patient.

Women who are pregnant or planning to become pregnant should not use alcohol, tobacco, illicit drugs or prescription medication other than as prescribed. The National Institute for Health (NIH), defines heavy drinking as more than 3 drinks/day or more than 7 drinks/week.



Appendix Three: Sample Decision Trees / Flow Charts

Arkansas Family Fit Referral Review

Arkansas Flow Chart

Delaware Home Visiting Decision Tree

Great Start Georgia Home Visiting Model Entry and Protocols

Illinois MIECHV Centralized Intake Flow Chart

Michigan – Berrien County Decision Tree

Michigan Genesee County Decision Tree

Michigan Kent Medicaid Decision Tree

Michigan Kent non-Medicaid Decision Tree

Michigan Saginaw Decision Tree

## Family Fit Referral Review

Family Name

Date

1. **Was Common Intake used?**      Yes      No

2. **What model programs is the family eligible for participation? (Circle all applicable)**

Following Baby Back Home	Healthy Families Arkansas
Home Instruction for Parents of Preschool Youngsters	Nurse Family Partnership
Parents As Teachers	

3. **What eligibility criteria were used? (circle all applicable)**

250% or Less of Poverty	Abuse or Neglect History	Caregiver Chronic Illness
Caregiver Disability	Caregiver Mental Illness	Child Chronic Illness
CA Guardians	Death in Family	Developmental Delay
IDEA	Incarcerated Parent	Limited English Proficiency
Low Birth Weight	Low Educational Attainment	Military Parental Deployment
Parent Under 18	Single Parent	Substance Abuse History
SCAN	Title 1 Eligible	Transient/Homeless

4. **What model is the 1<sup>st</sup> choice for the family?**

Following Baby Back Home	Healthy Families Arkansas
Home Instruction for Parents of Preschool Youngsters	Nurse Family Partnership
Parents As Teachers	

**Why?** -

5. **If the family couldn't enroll into this model, why?**

6. **What is the 2<sup>nd</sup> model choice for the family?**

Following Baby Back Home	Healthy Families Arkansas
Home Instruction for Parents of Preschool Youngsters	Nurse Family Partnership
Parents As Teachers	

**Why?** -

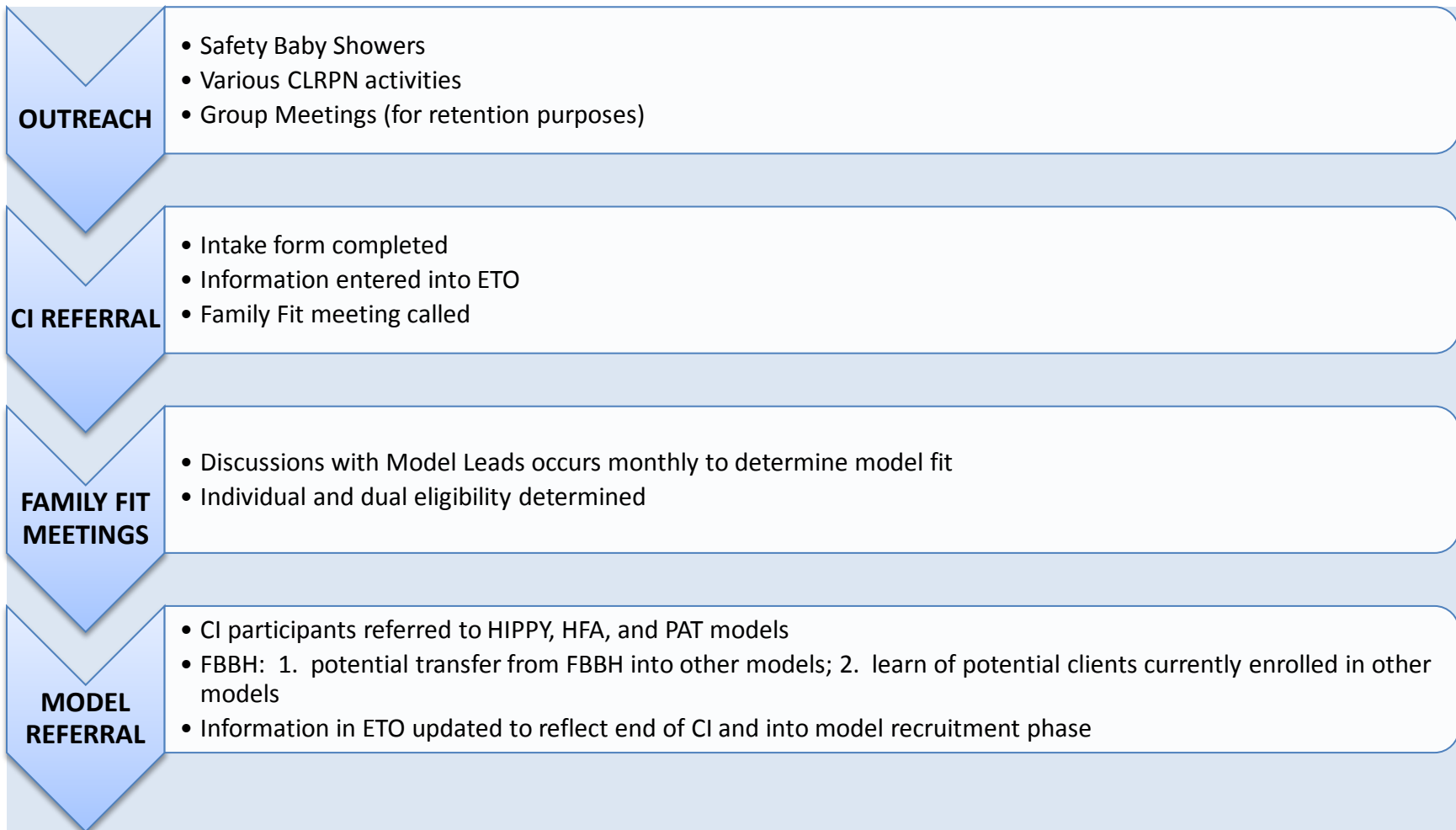
7. **Were issues with caseload involved in model selection? Yes No (if yes, explain)**

8. **Were issues with home visitor characteristics in model selection?**
  
9. **What was the date of referral to the model program? \_\_\_\_\_**
  
10. **Was the family informed of reason for model referral? Yes No**
  
11. **Did the family have a model preference? Yes No (if yes, explain)**
  
12. **What date was the family accepted into model program? \_\_\_\_\_**

**NOTES FROM REFERRAL MEETING:**

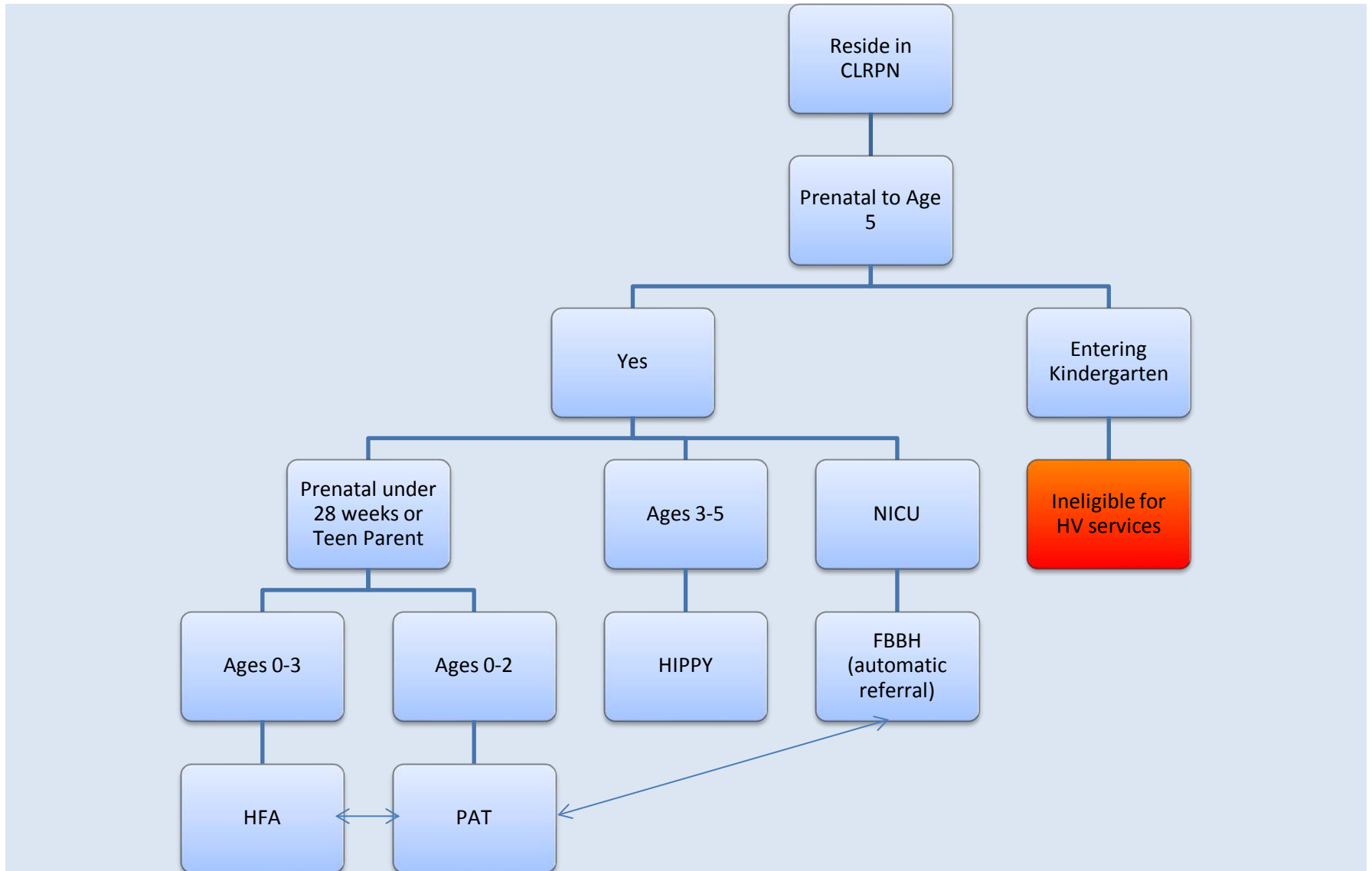
# MIECHV/AHVN CI Evaluation: CI Eligibility Process

## CI INTAKE PROCESS



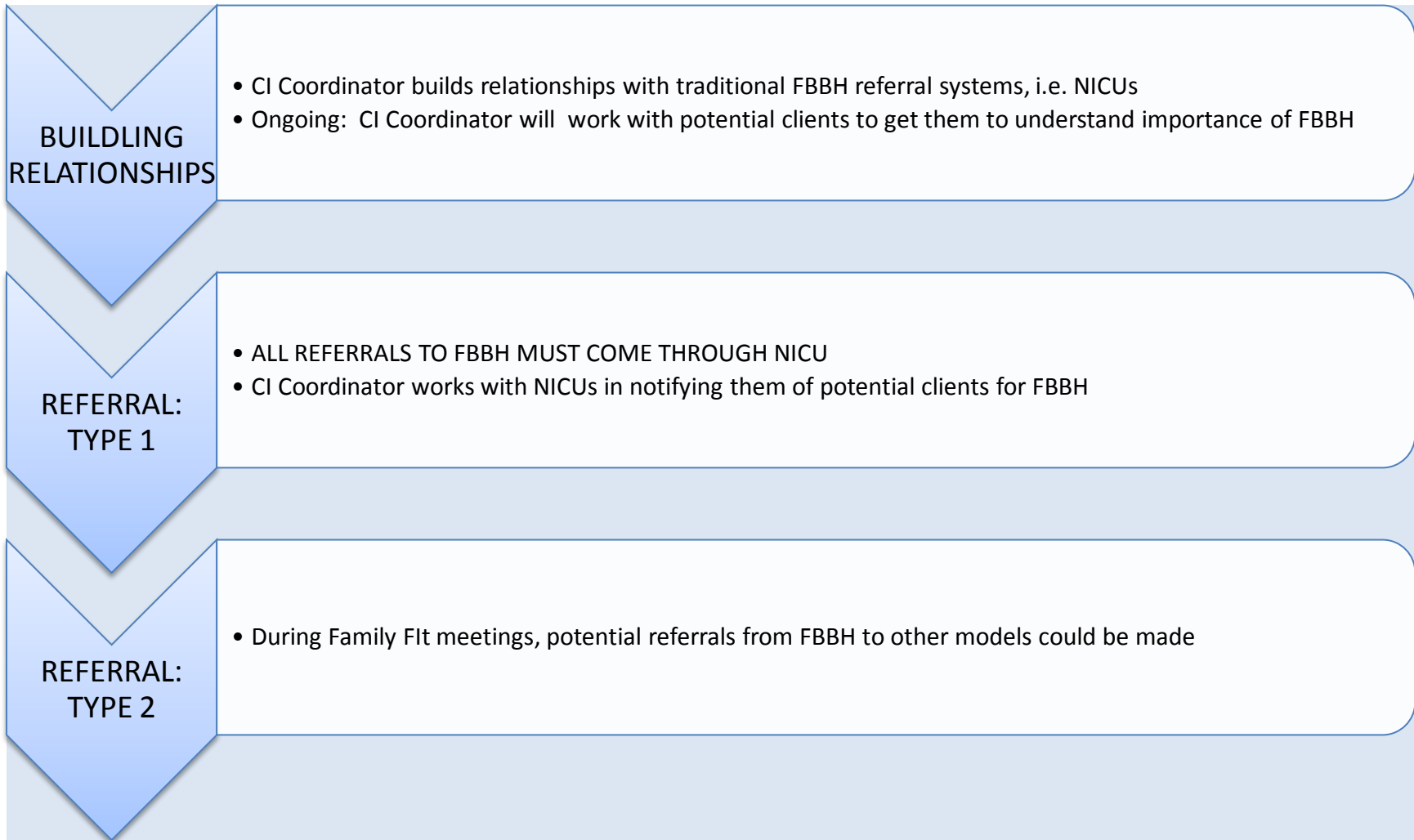
# MIECHV/AHVN CI Evaluation: CI Eligibility Process

## MODEL ELIGIBILITY GUIDELINES

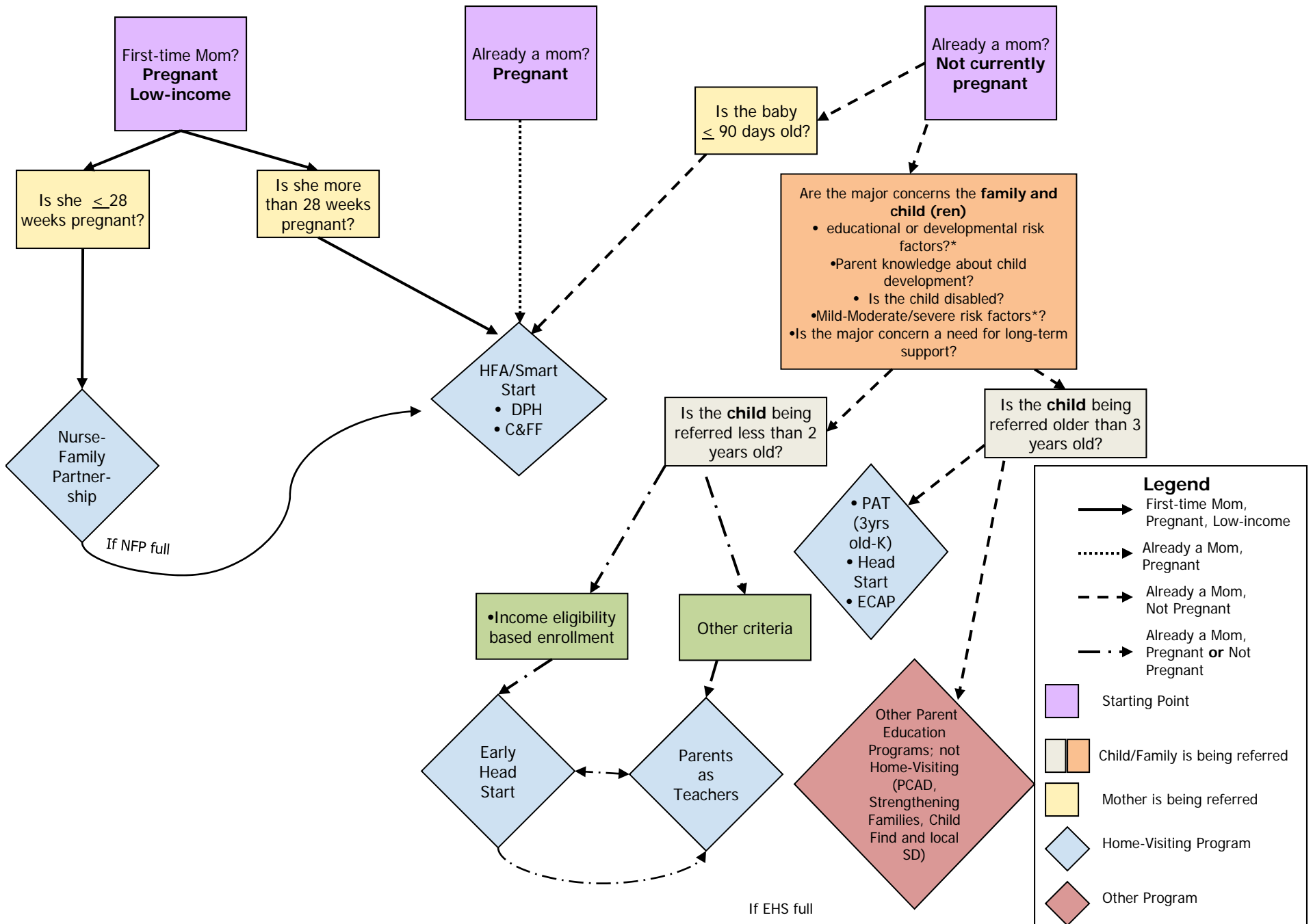


# MIECHV/AHVN CI Evaluation: CI Eligibility Process

## PROPOSED FBBH CI REFERRAL SYSTEM



# Statewide Home-Visiting Referral Decision Tree





## Georgia MIECHV Evidence-Based Home Visiting (EBHV) Programs Entry Criteria and Placement Protocol

### MIECHV EBHV Program Entry Criteria

- Nurse Family Partnership (NFP)
  - Low income
  - First time parent
  - $\leq 28$  weeks pregnant
- Healthy Families Georgia (HFG)
  - Either Low income
  - Or 2 or more of the following:
    - Age  $< 21$  years
    - Unemployed
    - Unstable housing
    - Education  $< 12$  years
    - Late/no prenatal care
    - History (victim) of child abuse/neglect
    - History/current substance or alcohol abuse
    - History/current special education services/cognitive delays
    - History/current depression or other MH conditions
- Early Head Start-Home Based Option (EHS-HBO)
  - Low Income
  - Homeless automatically eligible
  - Children with developmental disabilities (preference/not required)
- Parents as Teachers (PAT)
  - Any 1 of federal priority factors (except tobacco users in home)
    - Low income
    - Pregnant  $< \text{age } 21$
    - History of child abuse/neglect or interactions with child welfare services
    - History of substance abuse or need substance abuse treatment
    - Have, or have children with, low student achievement
    - Have children with developmental delays or disabilities
    - Families that include individuals serving /formerly serving in armed forces

### Georgia MIECHV EBHV Placement Protocol

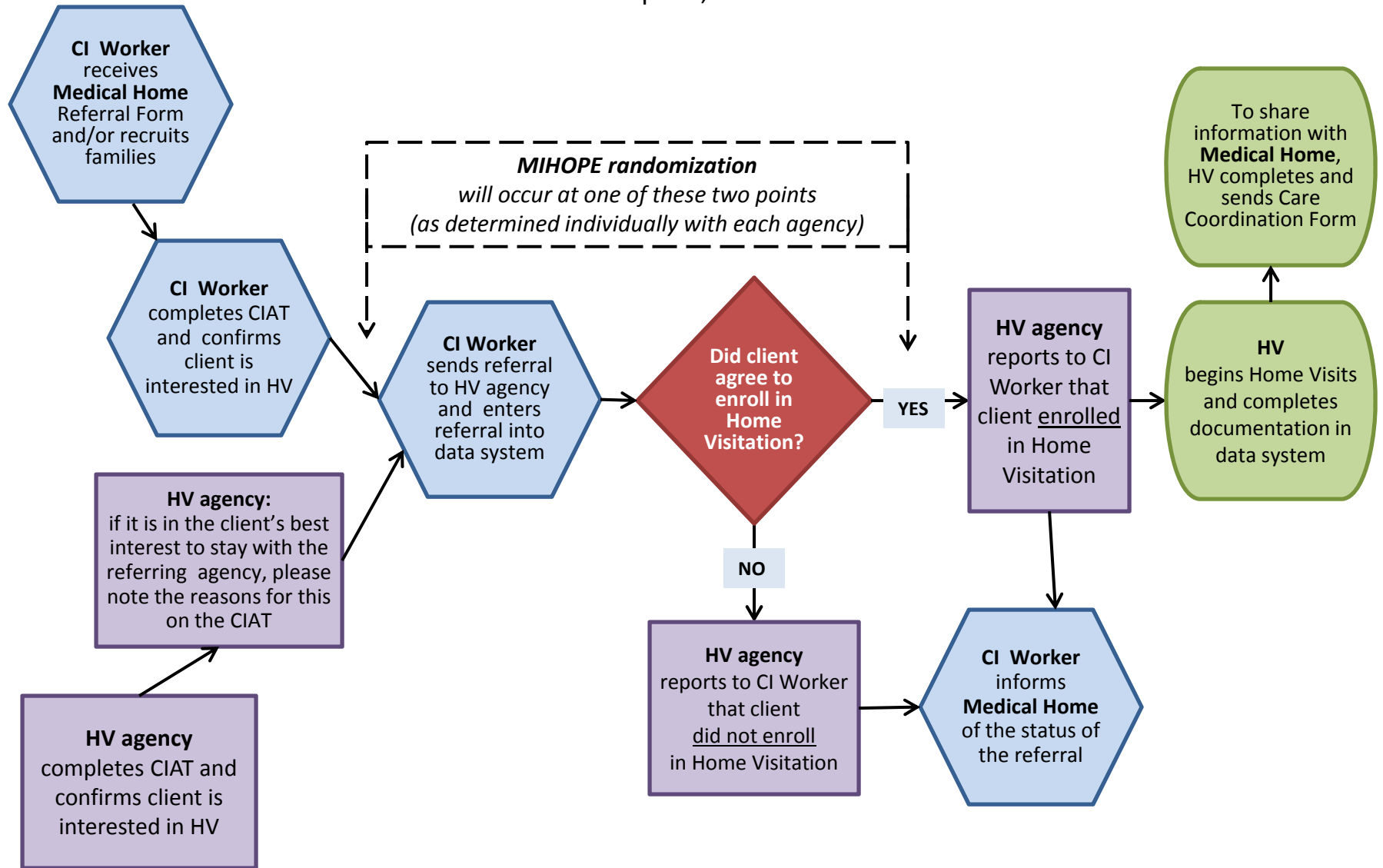
HV Program	Entry Status	Program End
NFP	1 <sup>st</sup> time pregnant women $\leq 28$ weeks pregnant	Child's 2nd birthday
HFG	Multiparous pregnant women $\leq 28$ weeks pregnant 1 <sup>st</sup> time and multiparous pregnant women $> 28$ weeks pregnant Birth to 2 weeks postpartum (80%) Birth to 3 months postpartum (20%) NFP caseloads full - 1 <sup>st</sup> time pregnant women $\leq 28$ weeks pregnant	Child's 5 <sup>th</sup> birthday
EHS-HBO	$> 2$ wks/ $> 3$ mos postpartum to child 3 years of age NFP and HFG caseloads full – pregnant women to 2 wks/3 mos. postpartum Parent not eligible for NFP or HFG, or caseloads full	Child 3 years old
PAT	NFP, HFG, EHS caseloads full – pregnant women to child 3 years of age At age 2 years when NFP ends and EHS-HBO full Parent not eligible for NFP, HFG or EHS, or caseloads full	Child's 5 <sup>th</sup> birthday

This project was supported in part by the Governor's Office for Children and Families through U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program (CFDA 93.505). Points of view or opinions stated in this document are those of the author(s) and do not necessarily represent the official position or policies of the Governor's Office for Children and Families or the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program (CFDA 93.505).

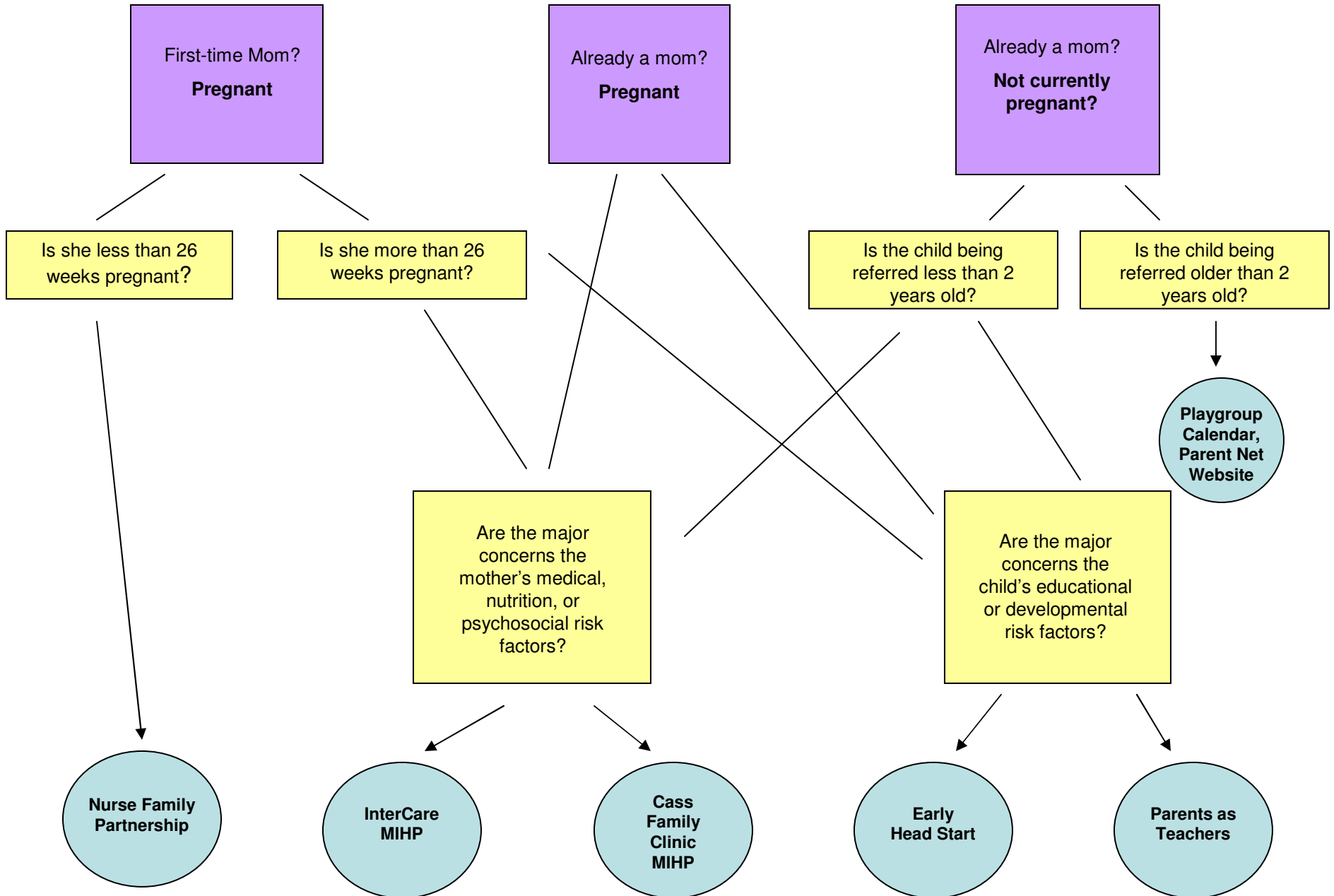


# MIECHV Coordinated Intake Flow Chart

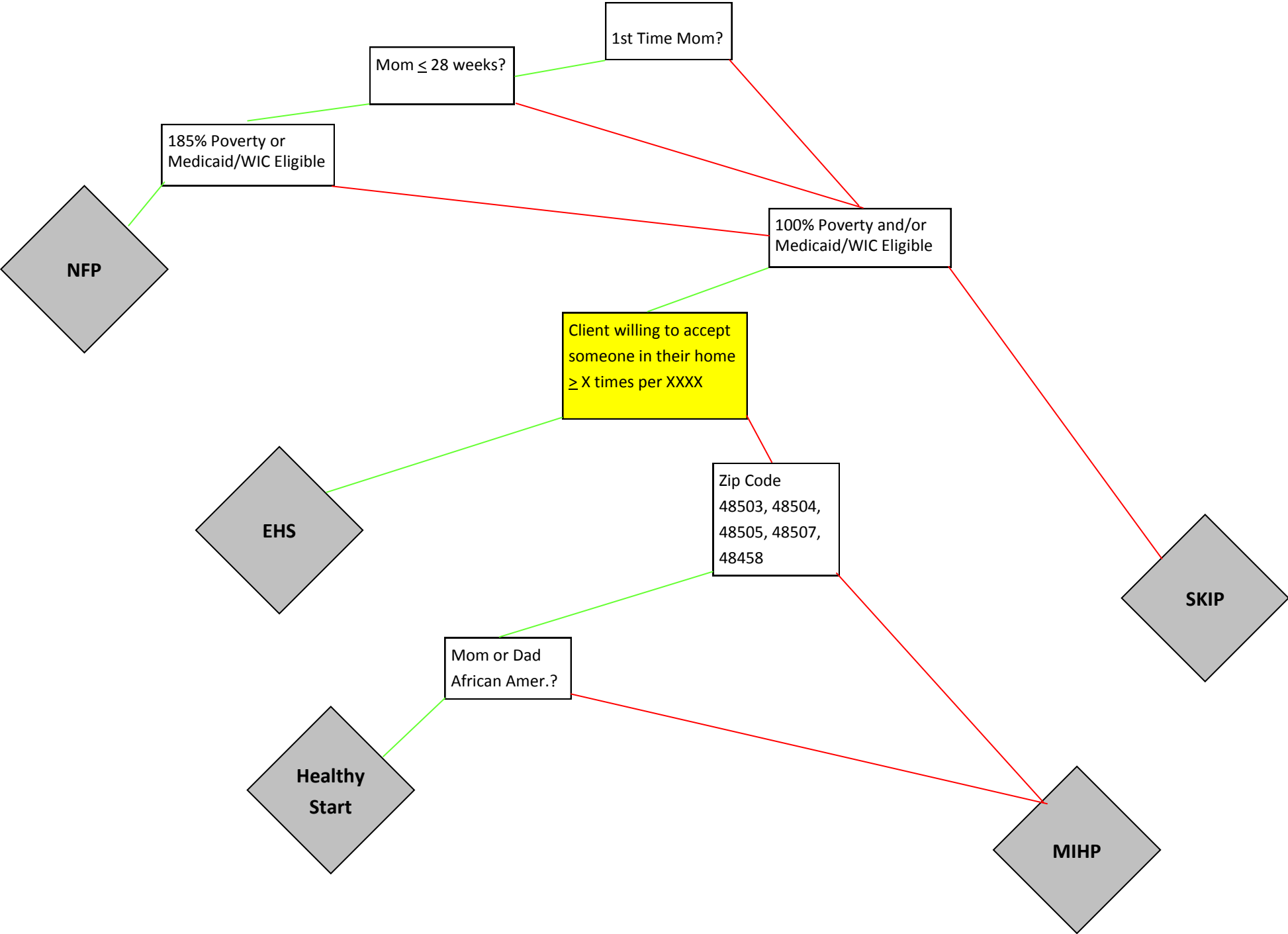
April 1, 2013



# Berrien County Home-Visiting Referral Decision Tree



Genesee County Home Visiting Hub Decision Tree—Pregnant Women



1st Time Mom?

Mom  $\leq$  28 weeks?

185% Poverty or Medicaid/WIC Eligible

**NFP**

100% Poverty and/or Medicaid/WIC Eligible

Client willing to accept someone in their home  $\geq$  X times per XXXX

**EHS**

Zip Code  
48503, 48504,  
48505, 48507,  
48458

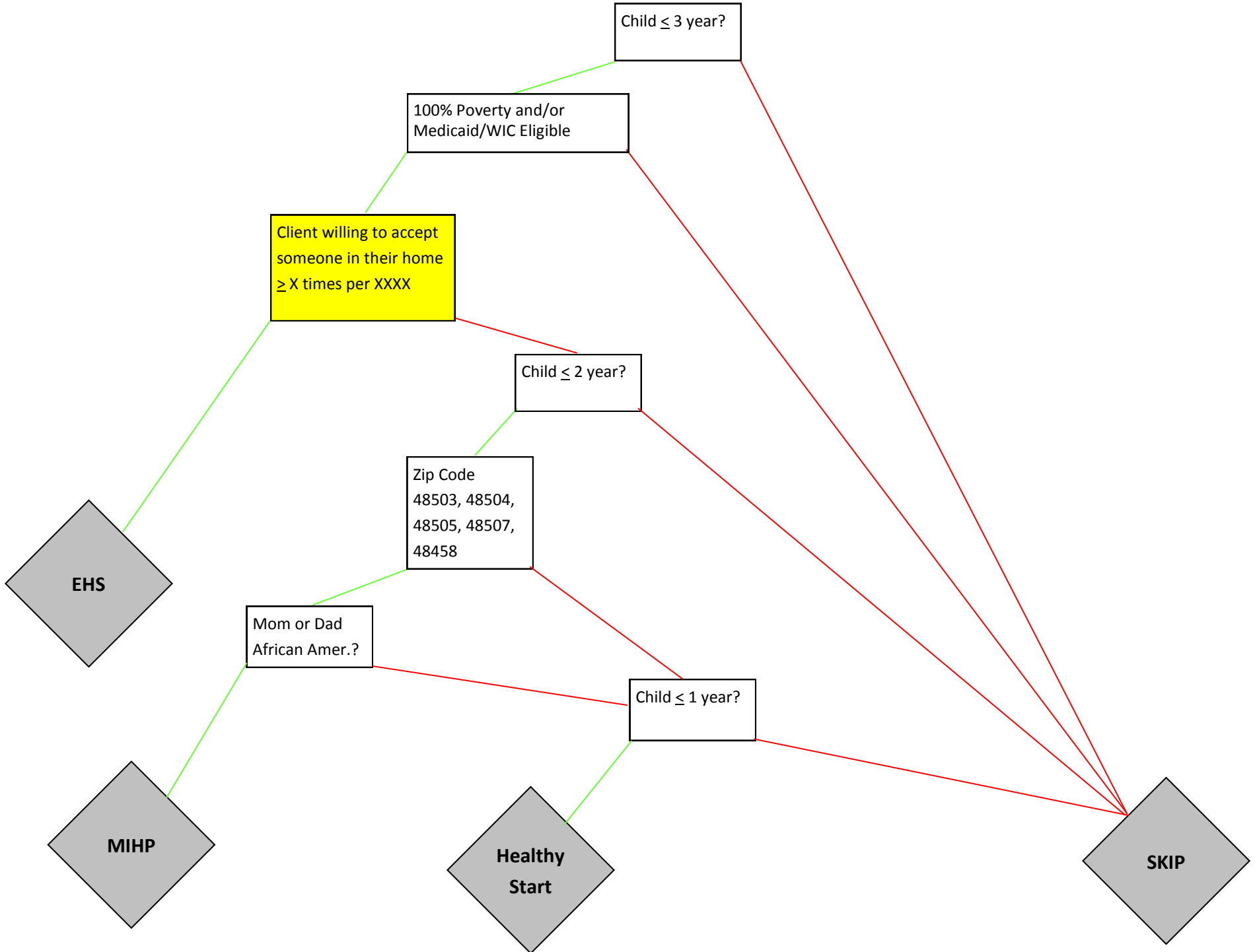
**SKIP**

Mom or Dad African Amer.?

**Healthy Start**

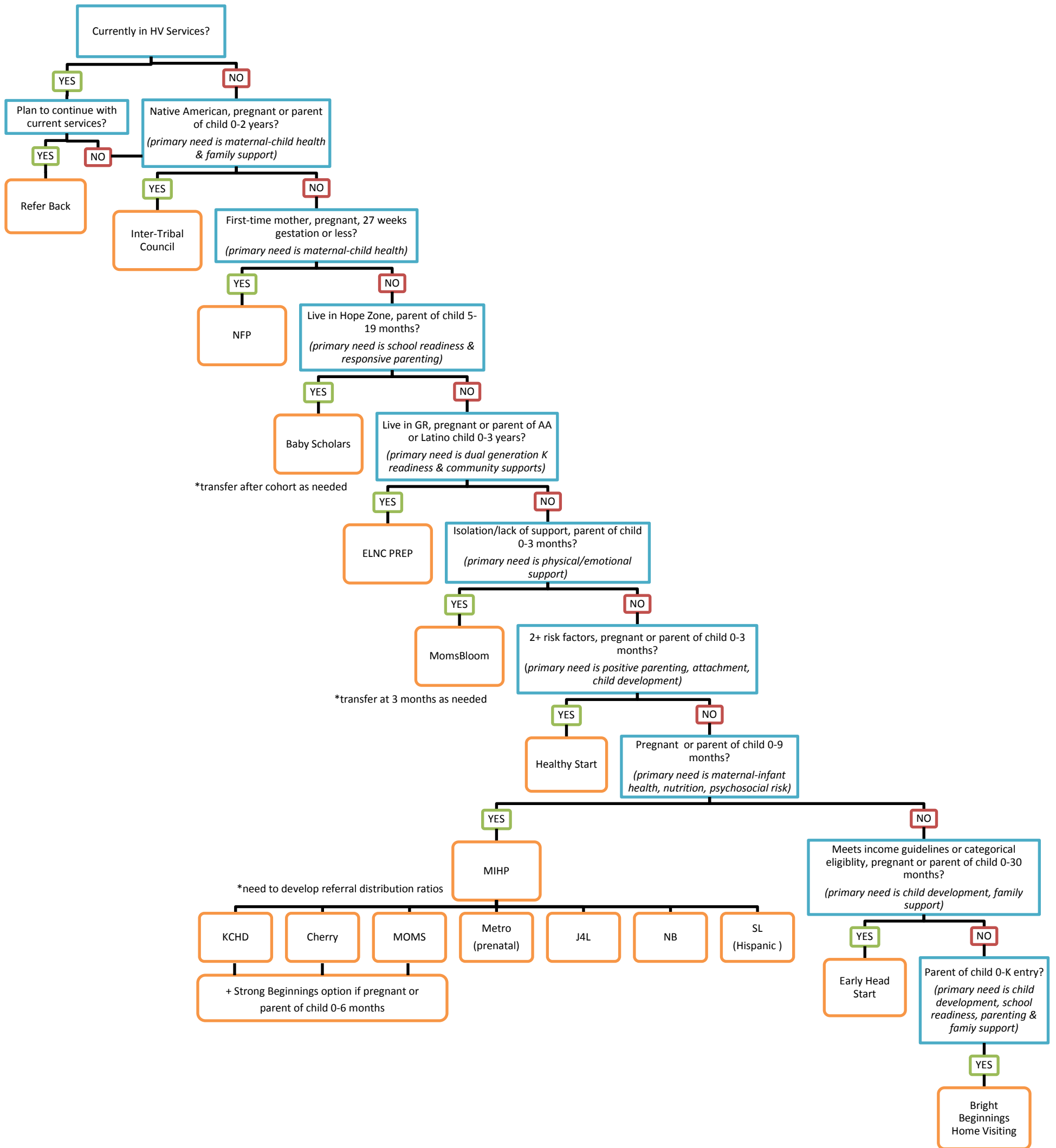
**MIHP**

Genesee County Home Visiting Hub Decision Tree—Children Under 5



# Kent County Home Visiting Decision Tree DRAFT

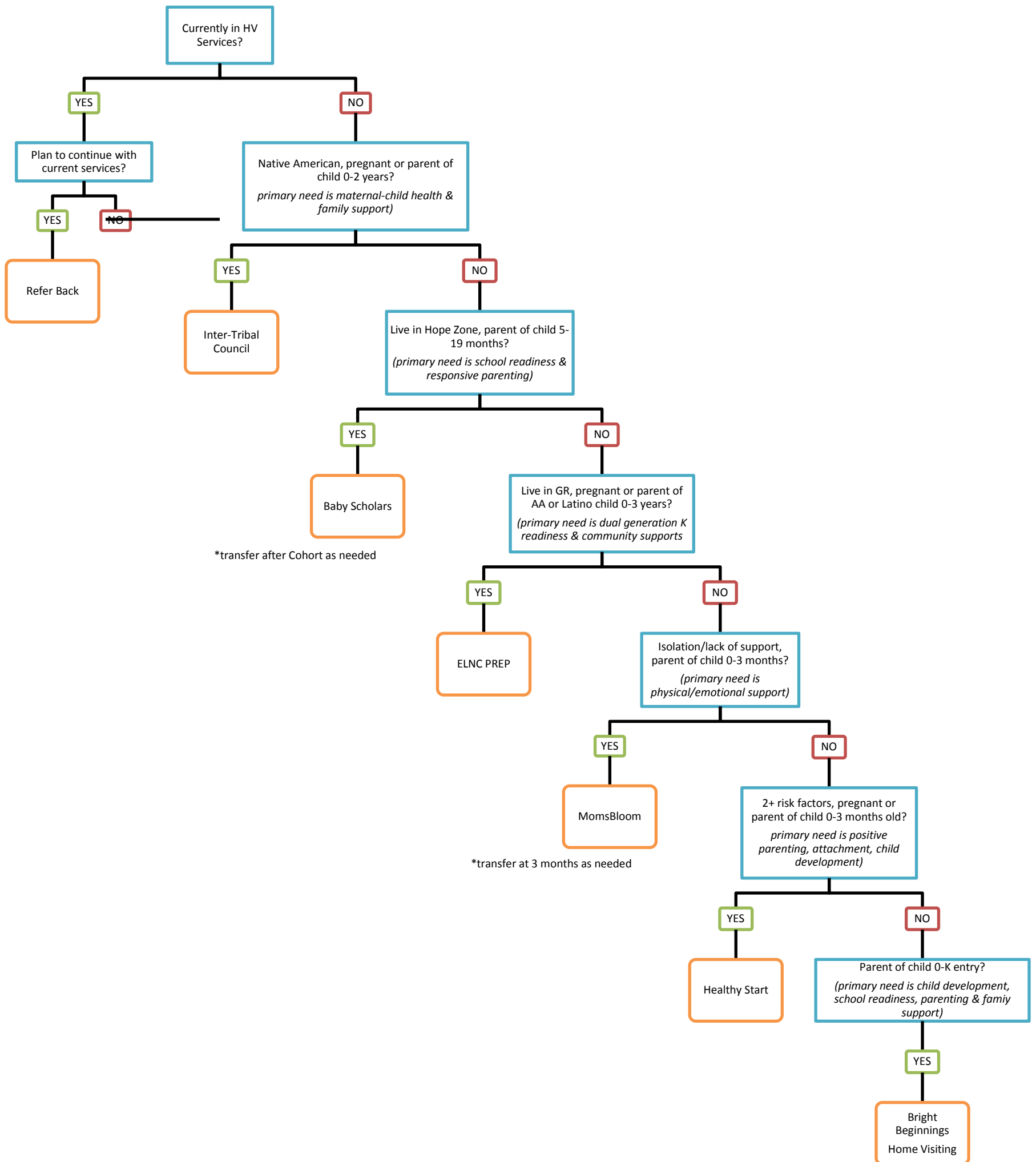
Target Population: Medicaid Eligible  
 Moderate-High Risk Score  
 Pregnant or Parent of 0-5 Year Old  
 Kent County Resident



- All referrals are dependent upon parent choice and program capacity.
- For additional community services applicable to Low-Risk Scores and as a compliment to the Home Visiting Programs in the above Decision Tree, refer to non-home visiting service listing.
- For specific needs related to developmental concerns, mental health concerns and substance abuse, refer to the Decision Tree for Specific Needs.

# Kent County Home Visiting Decision Tree DRAFT

Target Population: Non-Medicaid  
 Moderate-High Risk Score  
 Pregnant or Parent of 0-5 Year Old  
 Kent County Resident



- All referrals are dependent upon parent choice and program capacity.
- For additional community services applicable to Low-Risk Scores and as a compliment to the Home Visiting Programs in the above Decision Tree, refer to non-home visiting service listing.
- For specific needs related to developmental concerns, mental health concerns and substance abuse, refer to the Decision Tree for Specific Needs.

# Saginaw Maternal Infant Early Childhood Home Visiting Hub Decision Tree

