

Definitions for Revised Intake Form- April 2009

General Research Reminders from UHA

- We should only receive the 1st page of the intake, which should not include any names
- The intake should not be sent to us until a final outcome is known (i.e. which service, if any, the family is enrolled in). If the family enrolls in home visiting, we should not receive the intake until the family has their first home visit (the visit after the Kempe is completed).
- If the screen is filled out prenatally, make sure to check the box that says prenatal (at the top left of the page) and add the child's expected due date.
- All REID screen items should be marked T (true), F (false), or U (unknown). Please do not leave any REID screen items blank.
- If someone refuses services prenatally, but then accepts services later, you should resubmit the intake (with the original REID screen) and update with any new information. Please do not change any of the original information. Also, include a note indicating it has already been submitted, as research will need to update the information.
- Make sure to indicate the NFN site that is submitting the intake to UHA at the top of the page.
- Make sure to check the prenatal box on the top left if the family you are screening has not given birth yet
- If a family re-enters the program, you should submit the original intake with the re-entry box (top right hand corner) checked and add the date the family re-entered.

Section A: Participant Information

Date of referral: If the family was referred from another program or agency other than NFN, the date that the family was referred to NFN. In order to count as a referral, the family must have been introduced to the program by someone from another program/agency. If the family was not referred from another program/agency, leave this field blank.

Referral Source: If the family was referred from another program or agency (can include an intra-agency referral) other than NFN, indicate where the referral came from. In order to count as a referral, the family must have been introduced to the program by someone, from another program/agency. If the family was not referred from another program/agency, leave this field blank. If the family came in as a self-referral, mark it as self-referral.

Town of Residence: The name of the town the family lives in

Program offered face to face by: Check the box that indicates who offered the program to the family face to face

NFN Staff- Any staff member of the NFN program

Community agency- Any other program, agency, school, etc. that offered the program

N/A: Select this if no services were offered to the family

Location program offered at: Select the location that best describes where the program was offered to the family

Hospital- self-explanatory

Prenatal clinic: Self-explanatory

Other health clinic- any other health clinic that is not a prenatal clinic

Community agency- any agency in the community other than the NFN site (would include WIC)

NFN Site- the NFN office

Other- any other location not included in above choices

** for those sites located in a hospital or health clinic, you should mark hospital or clinic unless the person was screened in your NFN office.

Educational presentation completed: Indicate whether the family received an educational presentation by the screener. The educational presentation is a face to face discussion that includes education on the recommended topics as outlined in the NFN policy. The educational presentation should be a minimum 15 minutes. If materials were provided, but a fifteen minute presentation did not occur then the screener must circle "no". If you only complete an educational presentation and do not complete a REID, you must submit the intake to UHA, with only section A completed.

If yes, date: Indicate the date the educational presentation was conducted.

** If only an educational presentation was completed (due to program services being full) and the intake submitted, then services open before the child turns 3 months, you may screen the family then. In this case you would resubmit the intake with the updated information (you would not change Section A). When submitting to research, indicate that it is an intake that had been previously submitted.

Section B: REID Screen

Screeners Name: The name of the person completing the REID screen with family

Date of screen: Date that the REID Screen was completed

NFN Screening Site: The name of the NFN site that completed the screen

REID Screen Definitions/Clarifications

1. *Marital Status: Single, Separated, Divorced (Circle one)*- Should reflect legal marital status
2. *Partner unemployed* - Partner means spouse, significant other or any male to be involved with mother and baby in such a capacity. If no partner, should be answered True
3. *Inadequate income or no information regarding source of income* - Inadequate income means Medicaid patient or unemployed without insurance.
This item on the screen refers to adequate income. Anyone on assistance would score true here for inadequate income. Could also score true here if employed but has no insurance.
4. *Unstable housing* - No permanent residence or uncertain of having a residence or questionable address.
5. *No phone* - Self-explanatory.
6. *Education under 12 years* -No high school diploma or GED - Self-explanatory.
7. *Inadequate emergency contacts* - An inadequate emergency contact means no immediate family (parents or siblings) contacts listed for emergency contact or no phone given for the emergency contact person.
8. *History of substance abuse* - Substance abuse means excessive use of a drug or alcohol.
9. *Late prenatal (later than 12 wks.), poor compliance or no prenatal care* - Self-explanatory.
10. *History of abortions* - History of abortions means more than one Intentional Termination Of Pregnancy within 12 months of current pregnancy or more than two ITOPs ever.
11. *History of psychiatric care* - History of or active psychiatric care
12. *Abortion unsuccessfully sought or attempted* - Abortion considered this pregnancy.

- 13. *Adoption sought or attempted* - Adoption considered this pregnancy.
- 14. *Marital or family problems* - Marital or family problems refer to any indication of discord among family members as relevant to the MOB, this may include boyfriend, or FOB; history of family violence; includes arguments as noted in the chart and verbal abuse.
- 15. *History of or current depression* - Self-reported or staff report.
- 16. Mother is age 18 or younger- Self-explanatory
- 17. *Mother has a cognitive deficit*- Mother has a learning disability or other deficiency that affects her ability to take in information

For the screen to be positive, 3 items must be true or 8 items must be unknown or items 8, 11, 14, or 15 are present with one other item. For example, if you have item 8 as true, only one other item has to be true for it to be a positive screen.

Section C: Positive Screen (To be completed by Nurturing Connections/NFN Screener)

If screen positive, was family offered home visiting? The offering is done face to face through a purposeful introduction of NFN and the programs by NCC/NFN Screener.

If No, (the family was not offered home visiting) circle reason: A reason must be circled or "other" must be completed.

- 1. **HV full:** The program is at capacity for home visiting
- 2. **Language barrier:** The language needs of the family can not be met
- 3. **Out of catchment area:** The family resides out of the catchment area of the program.
- 4. **No face to face contact:** The NC or NF screener was not able to meet the family and offer the program face to face.
- 5. **DCF Involved:** The family is involved in DCF.
- 6. **Other:** If "other" is circled the reason must be written.

If yes, did the family initially accept home visiting? This is a verbal acceptance (YES) or verbal decline (NO) of the Home Visiting program at the time of the face to face offer. This is recorded on the intake as YES/NO at the time of the offering by the NC/NFN Screener.

Yes - Verbally Accept Home Visiting	No - Verbally decline (*includes maybe's) HV
<p>FAS completes the following:</p> <p><u>If yes, was Kempe completed?</u> Yes No If the family accepts the NFN HV program then the FAS follows the FAS policy in scheduling and completing the KEMPE. If the KEMPE is completed yes is circled - and an attempt is made to schedule and complete the first home visit.</p> <p>Date KEMPE completed :Date that the FAS met with the family and completed the KEMPE.</p> <p>Reason KEMPE not completed: If the KEMPE did not take place the FAS must indicate the reason why the KEMPE was not completed.</p> <p>Was the first home visit completed? Yes No Completion of the first home visit indicates that the family has initiated home visiting services.</p> <p><u>If yes, Date of visit:</u> The date the first home visit after the KEMPE is completed.</p>	<p>If no, circle reason: Completed by the NC/NF screener at the time of offer and subsequent decline of program.</p> <p>1) no time for HV - The family feels they have no time for weekly home visits</p> <p>2) family has enough support - the family feels that they have enough support and do not need HV.</p> <p>3) household member or partner does not approve - someone in the mother's household/family does not approve and mother declines program</p> <p>4) other - if "other" is circled the reason must be written</p> <p>5) Family said maybe/not sure- family was unsure of whether they wanted services</p> <p>Family offered Nurturing Connections? Yes No The "offer" occurs during a face-to face purposeful presentation and offering of Connection program. This is completed by the NC staff/screener at time of face to face conversation.</p> <p>Family accepted NC? Yes No The family verbally accepts or declines the program</p>

<p>Family ID #: The family is assigned an ID# after the first completed home visit after the KEMPE is completed.</p> <p>Home Visitor: The name of the Home Visitor assigned to the family.</p> <p>Is family acute? Yes No</p> <p><u>If yes, circle reason</u> Domestic Violence Substance Abuse Mental Health</p> <p>If a family is documented as acute, you must circle the reason(s) why they are acute.</p>	<p>during the face to face conversation.</p> <p><u>If yes, Family ID #</u> _____</p> <p>Other services offered? Yes No</p> <p>* If you offer the family the program (HV), and they are unsure if they want services, you should document it as No for accepted. If the family later accepts HV, the FAS should complete the shaded box.</p>
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Section D: Negative Screen (To be completed by the Nurturing Connections/NFN screener)

If screen negative, was family offered Nurturing Connections? The offering is done face to face through a purposeful introduction of NFN and the programs by NCC/NFN Screener.

If yes, family accepted Nurturing Connections: Did the family verbally accept the Nurturing Connections program. If this questions is answered yes, family ID# must be documented (if the family is being transferred from a site that does not have NC, the site they are referring the family to is responsible for assigning the ID#s)

If no, circle reason: If the family was not offered NC services, a reason must be circled or "other" must be completed.

1. **NC program full:** The program is at capacity for Nurturing Connections
2. **Language barrier:** The language needs of the family can not be met
3. **Out of catchment area:** The family resides out of the catchment area of the program.
4. **No face to face contact:** The NC or NF screener was not able to meet the family and offer the program face to face.
5. **DCF Involved:** The family is involved in DCF.
6. **Family has no phone:** family does not have a phone
6. **Other:** If "other" is circled the reason must be written.

Other services offered: Indicate whether the screener referred family to any other programs. If answered yes, indicate which programs/agencies.

** If a family screens negative and is enrolled in Connections, then needs to be transferred to home visiting (due to an increase in risk factors), you should submit the original intake with Sections A, B, and D completed. The FAS should add the new home visiting in the shaded box. When submitting to research, indicate that it is an intake that had been previously submitted.

Section E: Can be tailored to each site's needs. Please complete as much as possible on both parents, especially when referring to other sites.

Effective May 1, 2009