

***Chapter 4***

**2017**

**MIECHV FORMS AND INSTRUCTIONS**



**M1**  
**MIECHV ENROLLMENT, continued**  
Index Parent ID# \_\_\_\_\_

8. Pregnant at time of enrollment?  Yes → Go to Question 8a.  No → Go to Question 9.

8a. If Pregnant, expected delivery date:   /  /  20  

9. Relationship to Index Child:

Biological mother  Biological father  Other caregiver

10. Index Parent's Current Health Insurance status:

Not insured  OHP/Medicaid  
 Private or employer's insurance  State Children's Insurance Program (SCHIP)  
 CAWEM/CAWEM Plus  TRICARE or other military health care  
 Other insurance: \_\_\_\_\_

11. Educational Attainment:

Currently enrolled in high school  High school diploma/GED  
 Less than high school diploma  Technical training or certification  
 Some college/training  Associate's degree  
 Bachelor's degree or higher  Other: \_\_\_\_\_

12. Current Education/Training status:

Enrolled student/trainee (full or part-time)  Not enrolled

13. Current Employment status:

Employed full time  Employed part time  Not employed

14. Does Index Parent have a history of substance abuse or need substance abuse treatment?

Yes  No  Unknown

15. Does Index Parent use tobacco products?

Yes  No  Unknown

16. Has Index Parent had a history of child abuse or neglect & involvement with child welfare services either as a child or as an adult?

Yes  No  Unknown

17. Has a doctor or health professional ever told you (index parent) that your child/any of your children has any developmental delay or developmental disability?

Yes  No  Unknown

**M1**  
**MIECHV ENROLLMENT, continued**  
Index Parent ID# \_\_\_\_\_

**18. When you think about your (index parent's) most recent experience in school or classes, how would you rate your own learning and achievement level?**     High     Average     Low     Unknown

*If applicable, ask for each child of Index Parent:*

**18a. When you think about your child's most recent experience in school or classes, how would you rate their learning and achievement level?**     High     Average     Low     Unknown

**18b. When you think about your child's most recent experience in school or classes, how would you rate their learning and achievement level?**     High     Average     Low     Unknown

**18c. When you think about your child's most recent experience in school or classes, how would you rate their learning and achievement level?**     High     Average     Low     Unknown

**19. Last month, what was your (parent's/guardian's) gross TOTAL HOUSEHOLD income from employment and any benefits you receive? All information will be kept private and will not affect any services you (parent) are now getting.**

***Include all of these income sources:***

Paycheck or money from a job

Money from a business, fees, dividends, or rental income

Social security, workers' compensation, disability, veteran benefits or pensions

Benefits such as TANF or SSI

Child support or alimony

Unemployment benefits

- \$250 or less
- \$251 - \$500
- \$501 - \$750
- \$751 - \$1,000
- \$1,001 - \$1,250
- \$1,251 - \$1,500
- \$1,501 - \$1,750
- \$1,751 - \$2,000
- \$2,001 - \$2,250
- \$2,251 - \$2,500
- \$2,501 - \$2,750
- \$2,751 - \$3,000
- \$3,001 or more
- Don't Know

**19a. Number of adults in household:**    \_\_\_ Adults

**19b. Number of children in household:**    \_\_\_ Children

**M1**  
**MIECHV ENROLLMENT, continued**  
*Index Parent* ID# \_\_\_\_\_

**20. Current Housing Status:**

- You own or share your home, condominium or apartment
- You rent or share your home or apartment
- You live in public housing
- You live with a parent or family member
- You have a different living arrangement, but are not homeless
- You are homeless and sharing housing
- You are homeless and living in an emergency or transition shelter
- You are homeless and living in some other arrangement

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**Release of Information (ROI)** signed by parent, giving permission to share their information between your agency and OHA-MIECHV?  Yes: \_\_\_\_\_ (Home Visitor's Initials)

**Instructions for the MIECHV**  
**M1 ENROLLMENT FORM – INDEX PARENT**

**When to complete this form:** At the time of Enrolling the Index Parent into the MIECHV program.

**Item Instructions**

<b>Item</b>	<b>Guidelines</b>
<b>Enrollment Date</b>	Date of enrollment into the MIECHV program. <i>MM/DD/20YY</i>
<b>Name of Home Visitor</b>	The Home Visitor assigned to this family.
<b>Index Parent ID#</b>	Your program’s Parent ID #. (For HFO & some EHS sites, this will be the same as the child’s; for other EHS sites, this will be different than the child’s.)
<b>Name of Index Parent</b>	The Index Parent is the person who signed up to participate in the MIECHV Program. This can be a biological mother, biological father, female caregiver (e.g. adoptive mother, foster mother, grandmother) or male caregiver (e.g. stepfather, partner, etc.). Complete Parent or Guardian’s First, Middle and Last Legal names. If they do not have a middle name, leave it blank.
<b>Which Members of your family are currently serving or formerly served in the Military – active or reserve? (Check all that apply)</b>	<i>Based on self-report</i> , families that include individuals who are serving or formerly served in the Armed Forces.
<b>Additional Children in Home?</b>	Includes children and youth (parent’s children and others), ages Birth – 18 yrs old, who stay in the household at least 4 nights a week but are not the index child.
<b>Date of Birth</b>	The Index Parent’s date of birth. <i>MM/DD/20YY</i>
<b>Gender</b>	Is the Index Parent Female or Male?
<b>Ethnicity</b>	The ethnicity with which the parent most closely identifies.  <b>Non-Hispanic or Non-Latino:</b> the parent is not of Hispanic or Latino origin. <b>Hispanic or Latino:</b> the parent is of Hispanic or Latino origin. Hispanic is defined as “A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. In the rare event when a parent refuses to answer this question, staff should make a best guess.
<b>Race</b>	The race with which the parent most closely identifies. Select all that apply.  <b>White/Caucasian:</b> the parent is of Caucasian origin. <b>Black or African American:</b> the parent is of African American origin. <b>Asian:</b> the parent is of Asian origin. <b>Native Hawaiian/Other Pacific Islander:</b> the parent is of Native Hawaiian or Pacific Island origin. <b>American Indian/Alaskan Native:</b> the parent is of American Indian or Alaska Native origin.

	<b>Other race:</b> Write in the parent's race if it is other than those listed above.
<b>Marital Status</b>	Self-reported by parent.
<b>Pregnant at time of Enrollment?</b>	Is the <i>Mother</i> pregnant at the time she is enrolled into the MIECHV program? If she is, answer next question of Expected Delivery Date.
<b>If Pregnant, Expected Delivery Date</b>	The date that the mother's current pregnancy's baby is estimated to be delivered on. <i>MM/DD/20YY</i>
<b>Relationship to Index Child</b>	How the Index Parent is related to the Index Child.
<b>Index Parent's Current Health Insurance Status</b>	<p>The parent's health insurance coverage at the time of being enrolled into the MIECHV program.</p> <p>Enter all that apply.</p> <p><b>Not Insured:</b> the parent does not have health insurance of any type.</p> <p><b>Private or Employer's Insurance:</b> the parent purchases their own private health care insurance directly from an insurance company or their health insurance is provided by an employer (their employer or another person's).</p> <p><b>CAWEM (Citizen/Alien-Waived Emergency Medical benefit):</b> the benefit package that covers emergent prenatal care, labor and delivery for undocumented women, and covers undocumented children for emergent care.</p> <p><b>OHP/Medicaid:</b> the Oregon Health Plan (OHP) or public insurance benefit package, based on a prioritized list of health services, and is available to eligible children and pregnant women.</p> <p><b>State Children's Health Insurance Program (SCHIP):</b> A federal program that provides health insurance to cover uninsured children in families with incomes that are too high to qualify for Medicaid. The mother may have SCHIP if they are 18 or younger.</p> <p><b>TRICARE or other military health care:</b> TRICARE, the health care program for uniformed service members and their families, or other military health care.</p> <p><b>Other insurance:</b> write in the name of the health insurance the parent has if it is a different type than those listed above, such as Indian Health Services.</p>
<b>Educational Attainment</b>	Highest level of education that the parent has completed.
<b>Current Education/Training status</b>	<p><b>Enrolled student/trainee (full or part-time):</b> the parent is currently enrolled at an institution, either full-time or part-time.</p> <p><b>Not enrolled:</b> the parent is not currently enrolled in any type of educational or training program.</p>
<b>Current Employment status</b>	<p><b>Employed Full Time:</b> the parent works for pay, outside the home, at least 30 hours per week, on average.</p> <p><b>Employed Part Time:</b> the parent works for pay, outside the home, <i>less than</i> 30 hours per week, on average.</p> <p><b>Not Employed:</b> the parent is not currently working for pay (for example, students, homemakers and those actively seeking work but currently not employed).</p>
<b>Does Index Parent have a history of substance abuse or need substance abuse treatment?</b>	<i>Based on self-report</i> , an index parent who has a history of substance abuse or who has been identified as needing substance abuse services through a substance abuse screening administered upon enrollment.

<p><b>Does Index Parent use tobacco products?</b></p>	<p><i>Based on self-report</i>, enrollees who currently use tobacco products in the home or who have been identified as using tobacco through a substance abuse screening administered during intake. Include use of smokeless tobacco and electronic cigarettes.</p>
<p><b>Has Index Parent had a history of child abuse or neglect &amp; involvement with child welfare services either as a child or as an adult?</b></p>	<p><i>Based on self-report</i>, an index parent who has a history of abuse or neglect and/or has had involvement with child welfare services either as a child or as an adult.</p>
<p><b>Has a doctor or health professional ever told you that your child/any of your children has any developmental delay or developmental disability?</b></p>	<p><i>Based on self-report</i> or home visitor's observation, enrollees who have a child or children suspected of having a developmental delay or disability.</p>
<p><b>When you think about your most recent experience in school or classes, how would you rate your own learning and achievement level?</b></p>	<p><i>Based on self-report</i>, enrollees self-perception of their achievement level during their most recent experience in school or classes.</p>
<p><b>If Applicable –ask for each <u>school-aged child</u> of Index Parent: When you think about your child's most recent experience in school or classes, how would you rate their learning and achievement level?</b></p>	<p><i>Ask same question about each <u>school-aged child</u> of Index Parent. Based on self-report</i>, enrollees perception of their school-aged children's achievement level during their most recent experience in school or classes. If parent has more than three school-aged children, please note additional items 19d, 19e, 19f, etc. on bottom of form with answer: High or Average or Low.</p>
<p><b>Last month, what was your (parent's) gross TOTAL HOUSEHOLD income from employment and any benefits you receive? All information will be kept private and will not affect any services you (parent) are now getting.</b></p>	<p>Reassure parent that income information will not be used to determine eligibility in any programs or affect any services they are now getting. <i>Based on self-report</i>, what was the total household income, before taxes, last month? <u>For 2-parent households, include both parents' income and benefits. If household income/benefit source includes someone other than parents, include that also.</u>  Include all of these Income Sources:  Paycheck or money from a job  Benefits such as Temporary Assistance for Needy Families (TANF) or Supplemental Security Income (SSI)  Money from a business, fees, dividends, or rental income  Child support or alimony  Social security, workers' compensation, disability, veteran benefits or pensions  Unemployment benefits</p>
<p><b>Number of adults in household</b></p>	<p>Total number of adults living in household. Include any adults who stay in the household at least 4 nights a week.</p>
<p><b>Number of children in household</b></p>	<p>Total number of children living in household. Includes Index child and any other children, ages Birth – 18 yrs old, who stay in the household at least 4 nights a week.</p>
<p><b>Current Housing Status</b></p>	<p><b>Owns or shares their home, condominium or apartment</b>  <b>Rents or shares their home or apartment</b>  <b>Lives in public housing</b></p>

	<p><b>Lives with a parent or family member</b>  <b>You have a different living arrangement, but are not homeless</b>  <b>Homeless and sharing housing:</b> lacking a fixed, regular, and adequate nighttime residence and sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason.  <b>Homeless and living in an emergency or transitional shelter:</b> lacking a fixed, regular, and adequate nighttime residence and living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement.  <b>Homeless and some other arrangement:</b> living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; individuals who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; individuals who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.</p>
<b>Release of Information (ROI)</b>	<p>Was the ROI, which gives permission to share their information between your agency and OHA-MIECHV, signed by the parent? If so, check Yes and enter your (Home Visitor's) initials.</p>

**M2B**

**MIECHV REFERRALS TRACKING & FOLLOW-UP – INDEX PARENT**

Please send this form to the State **MONTHLY** with updates  
(due by the 15<sup>th</sup> of the following month)

Name of Home Visitor: \_\_\_\_\_

Home Visiting Program:  Early Head Start  Healthy Families Oregon

Parent ID #: \_\_\_\_\_

Name of Index Parent: \_\_\_\_\_

	<b>INITIAL REFERRAL</b>	<b>FOLLOW-UP</b>
<b>Type of Service</b>	<b>Date Referred to Service</b>	<b>Date Service Started/Received</b>
<b>1) Depression</b>	/ / 20	/ / 20
<b>1A) Depression</b>	/ / 20	/ / 20
<b>1B) Depression</b>	/ / 20	/ / 20
<b>1C) Depression</b>	/ / 20	/ / 20
<b>2) Tobacco Cessation</b>	/ / 20	/ / 20
<b>2A) Tobacco Cessation</b>	/ / 20	/ / 20
<b>2B) Tobacco Cessation</b>	/ / 20	/ / 20
<b>2C) Tobacco Cessation</b>	/ / 20	/ / 20

## **Instructions for the MIECHV**

### **M2B-REFERRAL TRACKING & FOLLOW-UP FORM - INDEX PARENT**

#### **When to complete this form:**

**Initial Referral Section:** Identification of needed services should be completed at the time of enrolling the Index Parent into the MIECHV program using your standard Home Visiting Model Process. The date referrals are made to needed services should be recorded **any time they are made for the parent**. This form should be sent to the state when any initial referral is made for the parent.

*Note: For MIECHV, tracking is required for the limited number of referrals on this form. For your home visiting model, you will likely make and track additional referrals, however these are not required to be reported to MIECHV.*

**Follow-up Section:** Following the initial referral for service, when the parent receives the service, record the date service is started or received. If the parent has not received the service, continue to follow up as appropriate encouraging the parent to access services for themselves when ready. During this time of follow up with the parent, send the referral tracking form monthly to the state when updates are made. A reminder email will be sent monthly to your program from the state requesting the updated form.

**Referral Guidelines:** A referral to services can be made directly by calling a community service agency and requesting services for the parent or by giving the parent a list of resources to call for assistance.

#### **Referral Definitions:**

##### **1) Depression:**

Referrals include those made for maternal depression. These referrals may include: mental health treatment, therapy, counseling, or primary care or other provider for prescription management.

##### **1A, 1B, 1C) Additional Referrals to Depression:**

If there is more than one referral for Depression services, the second, third or fourth referrals can be recorded here.

##### **2) Tobacco Cessation:**

Referrals include those made for tobacco cessation counseling or services. These referrals may include: tobacco quit line, primary care provider, or other tobacco cessation programs.

**2A, 2B, 2C) Additional Referrals to Tobacco Cessation:**

If there is more than one referral for Tobacco Cessation services, the second, third or fourth referrals can be recorded here.

**Item Instructions**

<b>Item</b>	<b>Guidelines</b>
<b>Name of Home Visitor</b>	The Home Visitor assigned to this index parent.
<b>Parent ID#</b>	Your program's Parent ID #. (For HFO & some EHS sites, this will be the same as the child's; for other EHS sites, this will be different than the child's.)
<b>Name of Index Parent</b>	Index Parent's name.
<b>Initial Referral Section:</b>	
<b>Date Referred to Service</b>	When a referral is made, date the referral to the service was made to the parent. <i>MM/DD/20YY</i>
<b>Follow-up Section:</b>	
<b>Date Service Started/Received</b>	Date service started or was received. <i>MM/DD/20YY</i>

**M3**  
**MIECHV ENROLLMENT TOOL**  
*Index Parent*

*To be completed within 6 months of parent's enrollment*

**Name of Home Visitor:** \_\_\_\_\_

**Home Visiting Program:**     Early Head Start     Healthy Families Oregon

**Parent ID #:** \_\_\_\_\_

**Name of Index Parent:** \_\_\_\_\_

**1. Relationship Assessment Tool completed (with *mother*)?**

Yes, completed → **Date tool completed:** \_\_\_ / \_\_\_ / 20\_\_\_ → *Go to Question 1a.*

**1a. If Yes, result of Relationship Assessment Tool:**

- Score of 20 or higher → *Go to Question 1b.*
- Score of 19 or lower

**1b. If a Score of 20 or higher, did you give referral information?**

- Yes
- No, client refused a referral and/or services
- No, an earlier referral is still in process
- No, the client is not ready for a referral
- No, a referral is not needed at this time
- No, other reason

No, not completed → *Go to Question 1c.*

**1c. If No, reason why Relationship Assessment Tool not completed:**

- Concern previously identified
- Client not currently in a relationship
- Other

**Instructions for the MIECHV  
M3-ENROLLMENT TOOL FORM – INDEX PARENT**

**When to complete this form:** Within 6 months of Enrolling the Index Parent into the MIECHV program.

**Item Instructions**

<b>Item</b>	<b>Guidelines</b>
<b>Name of Home Visitor</b>	The Home Visitor assigned to this family.
<b>Parent ID#</b>	Your program’s Parent ID #. (For HFO & some EHS sites, this will be the same as the child’s; for other EHS sites, this will be different than the child’s.)
<b>Name of Index Parent</b>	Index Parent’s name.
<b>Relationship Assessment Tool Completed (with <i>mother</i>)?</b>	<i>Only ask this question of Index Mothers.</i> Was the Relationship Assessment Tool completed to screen for Domestic Violence? If it was, enter the date that the tool was completed. If it was completed, go to Question 1a. DO NOT send the Relationship Assessment Tool to the state. <b>See Appendix A for Relationship Assessment Tool</b>
<b>If Yes, Result of Relationship Assessment Tool</b>	If the Relationship Assessment Tool was completed, indicate if the score was either 20 or higher or 19 or lower. If the score was 20 or higher, go to Question 1b.
<b>If a Score of 20 or higher, did you give referral information?</b>	Was a referral made? If not, indicate the reason why.
<b>If No, reason why Relationship Assessment Tool not completed</b>	If the Relationship Assessment Tool was not completed, indicate if the reason was either because Concern previously identified, Client not currently in a relationship, or any Other reason.



**M4**  
**MIECHV ENROLLMENT FORM, continued**  
Index Child ID# \_\_\_\_\_

**10. Where do you usually take your child for medical care?**

- Doctor's/Nurse Practitioner's Office
- Hospital Emergency Room
- Hospital Outpatient
- Federally Qualified Health Center (FQHC)
- Retail Store or Minute Clinic
- Other: \_\_\_\_\_

**11. Does your child have a usual source of dental care?**     Yes     No

**12. How often do you place your infant to sleep on their back?**

- Always
- Sometimes
- Never

**13. How often do you bed-share with your infant?**

- Always
- Sometimes
- Never

**14. How often does your infant sleep with soft bedding?**

- Always
- Sometimes
- Never

**15. During a typical week, how many days do you (and/or a family member) read, tell stories and/or sing songs to your child?**

- 0 – Not at all     1     2     3     4     5     6     7 – Every day

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**Release of Information (ROI)** signed by parent, giving permission to share the child's information between your agency and OHA-MIECHV?     Yes: \_\_\_\_\_ (Home Visitor's Initials)

**Instructions for the MIECHV  
M4-ENROLLMENT FORM – INDEX CHILD**

**When to complete this form:** At the time of Enrolling the Index Child into the MIECHV program.

**Item Instructions**

Item	Guidelines
<b>Enrollment Date</b>	Date Index Child was enrolled into the MIECHV program. <i>MM/DD/20YY</i>
<b>Name of Home Visitor</b>	The Home Visitor assigned to this family.
<b>Index Child ID#</b>	Your program’s Child ID #. (For HFO & some EHS sites, this will be the same as the parent’s; for other EHS sites, this will be different than the parent’s.)
<b>Name of Index Child</b>	The Index Child is the target child in the household who is enrolled in the MIECHV program with an Index Parent. In the case of twins, triplets, etc., there may be more than one female or male index child in a given household. Complete Child’s First, Middle and Last Legal names. If they do not have a middle name, leave it blank.
<b>Date of Birth</b>	The Index Child’s date of birth. <i>MM/DD/20YY</i>
<b>Completed weeks of gestation at birth</b>	What was child’s gestational age in weeks at birth?
<b>Gender</b>	Is the Index Child Female or Male?
<b>Ethnicity</b>	<p>The ethnicity with which the parent identifies the child.</p> <p><b>Non-Hispanic or Non-Latino:</b> the child is not of Hispanic or Latino origin.</p> <p><b>Hispanic or Latino:</b> the child is of Hispanic or Latino origin. Hispanic is defined as “A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.</p> <p>In the rare event when a parent refuses to answer this question, staff should make a best guess.</p>
<b>Race</b>	<p>The race with which the parent identifies the child.</p> <p>Select all that apply.</p> <p><b>White/Caucasian:</b> the child is of Caucasian origin.</p> <p><b>Black or African American:</b> the child is of African American origin.</p> <p><b>Asian:</b> the child is of Asian origin.</p> <p><b>Native Hawaiian/Other Pacific Islander:</b> the child is of Native Hawaiian or Pacific Island origin.</p> <p><b>American Indian/Alaskan Native:</b> the child is of American Indian or Alaska Native origin.</p> <p><b>Other race:</b> Write in the child’s race if it is other than those listed above.</p>

Primary Language	Primary language is the one used in the home the majority of the time.
Has child ever had any breast milk?	Has the index child ever had any breast milk since they were born, even for a short period of time?
If Yes, Does child continue to get breast milk?	If index child has had any breast milk since birth, are they currently getting any breast milk?
If No, Date child stopped getting breast milk	<p>If child is completely weaned: after having no breast milk at all for <i>at least 2 weeks</i> – what was the date the child stopped getting breast milk? If exact date is not known or given, use these guidelines for different times of the month given (for example, parent says child stopped getting breast milk “the middle of last month”):</p> <p>Beginning of the month – Use month, 5<sup>th</sup> day and year  Middle of the month – Use month, 15<sup>th</sup> day and year  End of the month – Use month, 25<sup>th</sup> day and year  MM/DD/20YY</p>
Child’s Current Health Insurance Status	<p>The index child’s health insurance coverage at the time of being enrolled into the MIECHV program.</p> <p>Enter all that apply.</p> <p><b>Not Insured:</b> the child does not have health insurance of any type.</p> <p><b>Private or Employer’s Insurance:</b> the child has insurance that is purchased directly from a private health care insurance company or their health insurance is provided by a parent or guardian’s employer.</p> <p><b>CAWEM (Citizen/Alien-Waived Emergency Medical benefit):</b> the benefit package that covers emergent prenatal care, labor and delivery for undocumented women, and covers undocumented children for emergent care.</p> <p><b>OHP/Medicaid:</b> the Oregon Health Plan (OHP) or public insurance benefit package, based on a prioritized list of health services, and is available to eligible children and pregnant women.</p> <p><b>State Children’s Health Insurance Program (SCHIP):</b> A federal program that provides health insurance to cover uninsured children in families with incomes that are too high to qualify for Medicaid.</p> <p><b>TRICARE or other military health care:</b> TRICARE, the health care program for uniformed service members and their families, or other military health care.</p> <p><b>Other insurance:</b> write in the name of the health insurance the child has if it is a different type than those listed above, such as Indian Health Services.</p>
Has your child had the following well-child visit?	Did the child have the indicated recommended well-child visit based on the American Academy of Pediatrics (AAP) schedule?
Where do you usually take your child for medical care?	The particular medical professional, doctor’s office, clinic, health center, or other place where the parent would take the child if he/she were sick or in need of advice about their health.

<b>Does your child have a usual source of dental care?</b>	Does the child have a dental home where the child's oral health care is delivered in a comprehensive, continuously accessible, coordinated and family-centered way by a licensed dentist?
<b>How often do you place your infant to sleep on their back?</b>	Indicate if the Parent places their infant to sleep on their back: Always, Sometimes or Never?
<b>How often do you bed-share with your infant?</b>	Indicate if the Parent shares a bed with their infant: Always, Sometimes or Never?
<b>How often does your infant sleep with soft bedding?</b>	Indicate if the infant sleeps with soft bedding: Always, Sometimes or Never?
<b>During a typical week, how many days do you (and/or a family member) read, tell stories and/or sing songs to your child?</b>	Indicate how many days in a typical week does the parent or other family member read, tell stories and/or sing songs to the child.
<b>Release of Information (ROI)</b>	Was the ROI, which gives permission to share the child's information between your agency and OHA-MIECHV, signed by the parent? If so, check Yes and enter your (Home Visitor's) initials.

**M5**  
**MIECHV Child's Enrollment Tool**  
*Index Parent*

*To be completed within 3 months of child's enrollment*

**Name of Home Visitor:** \_\_\_\_\_

**Home Visiting Program:**     Early Head Start     Healthy Families Oregon

**Parent ID #:** \_\_\_\_\_

**Name of Index Parent:** \_\_\_\_\_

**1. PHQ-9 completed (with *mother*)?**

Yes, completed → **Date tool completed:**       /    / 20    → *Go to Question 1a.*

**1a. If Yes, result of PHQ-9:**

Score of 10 or higher → *Go to Question 1b.*

Score of 9 or lower

**1b. If a Score of 10 or higher, did you give referral information?**

Yes → *Complete M2B-MIECHV Referral Tracking & Follow-up Form*

No, client refused a referral and/or services

No, an earlier referral is still in process

No, the client is not ready for a referral

No, a referral is not needed at this time

No, other reason

No, not completed → *Go to Question 1c.*

**1c. If No, reason why PHQ-9 not completed:**

Concern previously identified

Other

**Instructions for the MIECHV  
M5-CHILD'S ENROLLMENT TOOL FORM -- INDEX PARENT**

**When to complete this form:** Within 3 months of Enrolling the Index Child into the MIECHV program.

**Item Instructions**

<b>Item</b>	<b>Guidelines</b>
<b>Name of Home Visitor</b>	The Home Visitor assigned to this family.
<b>Parent ID#</b>	Your program's Parent ID #. (For HFO & some EHS sites, this will be the same as the child's; for other EHS sites, this will be different than the child's.)
<b>Name of Index Parent</b>	Index Parent's Name.
<b>PHQ-9 completed (with mother)?</b>	<i>Only ask this question of Index Mothers.</i> Was the PHQ-9 completed to screen mother for depression? If it was, enter the date that the PHQ-9 was completed. DO NOT send the PHQ-9 to the state. <b>See Appendix B for PHQ-9 Tool and Scoring Guidelines</b>
<b>If Yes, Result of PHQ-9</b>	If the PHQ-9 was completed, indicate if the score on the PHQ-9 was either 10 or higher or 9 or lower.
<b>If a Score of 10 or higher, did you give referral information?</b>	Was a referral made? If not, indicate the reason why. <b><i>If Referral was made, use M2B-Referral Tracking &amp; Follow-up Form</i></b>
<b>If No, reason why PHQ-9 not completed</b>	If the PHQ-9 was not completed, indicate if the reason was either because Concern previously identified or Other reason.

**M6C**  
**MIECHV 3 Months Post Enrollment**  
*Index Parent*  
*For Mother Enrolled with Child\**  
*\*If child was 30 days or younger at enrollment\**

**Name of Home Visitor:** \_\_\_\_\_

**Home Visiting Program:**     Early Head Start     Healthy Families Oregon

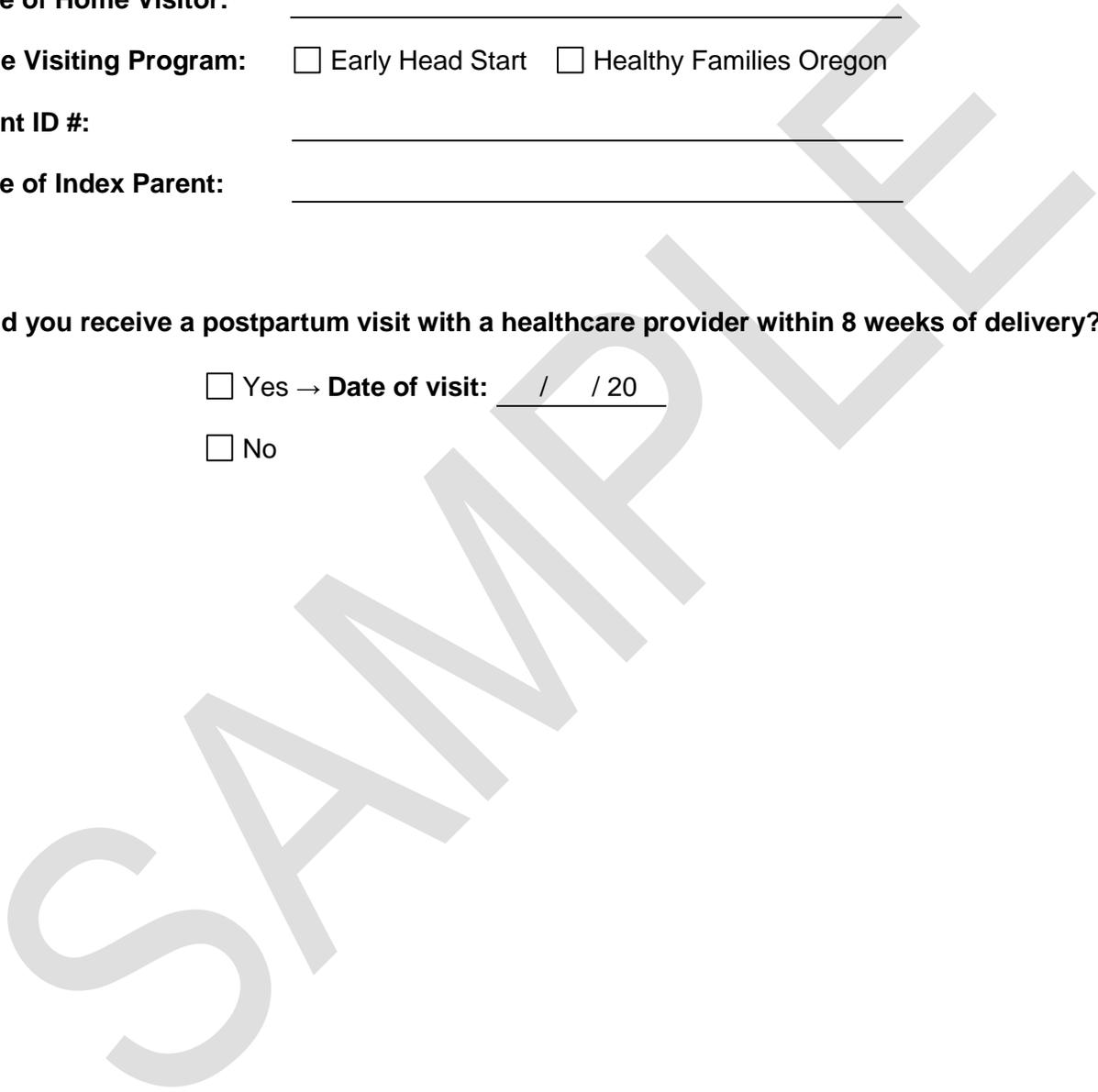
**Parent ID #:** \_\_\_\_\_

**Name of Index Parent:** \_\_\_\_\_

**1. Did you receive a postpartum visit with a healthcare provider within 8 weeks of delivery?**

Yes → **Date of visit:**    /    / 20

No



**Instructions for the MIECHV  
M6C-3 MONTHS POST ENROLLMENT FORM -- INDEX PARENT**

**When to complete this form:** *IF child was enrolled at the same time as parent AND child was 30 days or younger at enrollment, after child is 8 weeks old and within 3 months of enrollment.*

**Item Instructions**

<b>Item</b>	<b>Guidelines</b>
<b>Name of Home Visitor</b>	The Home Visitor assigned to this family.
<b>Parent ID#</b>	Your program's Parent ID #. (For HFO & some EHS sites, this will be the same as the child's; for other EHS sites, this will be different than the child's.)
<b>Name of Index Parent</b>	Index Parent's Name.
<b>Did you receive a postpartum visit with a healthcare provider within 8 weeks of delivery?</b>	Did the mom have a postpartum visit with a healthcare provider within 8 weeks of delivery? If yes, indicate date of visit.

**M6P**  
**MIECHV Baby's Age 3 Months**  
*Index Parent*  
*For Mother Enrolled Prenatally*

**Name of Home Visitor:** \_\_\_\_\_

**Home Visiting Program:**     Early Head Start     Healthy Families Oregon

**Parent ID #:** \_\_\_\_\_

**Name of Index Parent:** \_\_\_\_\_

**Date data gathered:**         /      / 20

**1. Did you receive a postpartum visit with a healthcare provider within 8 weeks of delivery?**

Yes → **Date of visit:**         /      / 20

No

**2. In the past 6 months, were there any days when you were not covered by health insurance?**

Yes

No

**Instructions for the MIECHV  
M6P-BABY'S AGE 3 MONTHS FORM -- INDEX PARENT**

**When to complete this form:** *IF mom was enrolled prenatally* and when Index Child is between 2 - 4 months old.

**Item Instructions**

<b>Item</b>	<b>Guidelines</b>
<b>Name of Home Visitor</b>	The Home Visitor assigned to this family.
<b>Parent ID#</b>	Your program's Parent ID #. (For HFO & some EHS sites, this will be the same as the child's; for other EHS sites, this will be different than the child's.)
<b>Name of Index Parent</b>	Index Parent's Name.
<b>Date Data Gathered</b>	Date that the questions on the form were asked of the Index Parent or date the data needed to answer the questions was gathered.
<b>Did you receive a postpartum visit with a healthcare provider within 8 weeks of delivery?</b>	Did the mom have a postpartum visit with a healthcare provider within 8 weeks of delivery? If yes, indicate date of visit.
<b>In the past 6 months, were there any days when you were not covered by health insurance?</b>	Were there any days in the past 6 months that the parent did not have continuous health insurance coverage?

**M7**  
**MIECHV Baby's Age 3 Months**  
*Index Child*

**Name of Home Visitor:** \_\_\_\_\_

**Home Visiting Program:**  Early Head Start  Healthy Families Oregon

**Child ID #:** \_\_\_\_\_

**Name of Index Child:** \_\_\_\_\_

**Name of Index Parent:** \_\_\_\_\_

**Date data gathered:** \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

**1. Has your child had the following well-child visits?**

*By 1 month:*  Yes  No

*2 months:*  Yes  No

**2. How often do you place your infant to sleep on their back?**

Always

Sometimes

Never

**3. How often do you bed-share with your infant?**

Always

Sometimes

Never

**4. How often does your infant sleep with soft bedding?**

Always

Sometimes

Never

**5. During a typical week, how many days do you (and/or a family member) read, tell stories and/or sing songs to your child?**

0 – Not at all  1  2  3  4  5  6  7 – Every day

**Instructions for the MIECHV  
M7-BABY'S AGE 3 MONTHS FORM – INDEX CHILD**

**When to complete this form:** When Index Child is between 2 - 4 months old.

**Item Instructions**

<b>Item</b>	<b>Guidelines</b>
<b>Name of Home Visitor</b>	The Home Visitor assigned to this family.
<b>Child ID#</b>	Your program's Child ID #. (For HFO & some EHS sites, this will be the same as the parent's; for other EHS sites, this will be different than the parent's.)
<b>Date Data Gathered</b>	Date that the questions on the form were asked of the Index Parent or date the data needed to answer the questions was gathered.
<b>Has your child had the following well-child visits?</b>	Did the child have the indicated recommended well-child visits based on the American Academy of Pediatrics (AAP) schedule?
<b>How often do you place your infant to sleep on their back?</b>	Indicate if the Parent places their infant to sleep on their back: Always, Sometimes or Never?
<b>How often do you bed-share with your infant?</b>	Indicate if the Parent shares a bed with their infant: Always, Sometimes or Never?
<b>How often does your infant sleep with soft bedding?</b>	Indicate if the infant sleeps with soft bedding: Always, Sometimes or Never?
<b>During a typical week, how many days do you (and/or a family member) read, tell stories and/or sing songs to your child?</b>	Indicate how many days in a typical week does the parent or other family member read, tell stories and/or sing songs to the child.

**M8**  
**MIECHV Baby's Age 6 Months**  
**Index Parent**

Name of Home Visitor: \_\_\_\_\_

Home Visiting Program:  Early Head Start  Healthy Families Oregon

Parent ID #: \_\_\_\_\_

Name of Index Parent: \_\_\_\_\_

Date data gathered: \_\_\_ / \_\_\_ / 20\_\_\_

**1. Educational Attainment:**

- |  |  |
|--|--|
| <input type="checkbox"/> Currently enrolled in high school | <input type="checkbox"/> High school diploma/GED             |
| <input type="checkbox"/> Less than high school diploma     | <input type="checkbox"/> Technical training or certification |
| <input type="checkbox"/> Some college/training             | <input type="checkbox"/> Associate's degree                  |
| <input type="checkbox"/> Bachelor's degree or higher       | <input type="checkbox"/> Other: _____                        |

**2. In the past 6 months, were there any days when you were not covered by health insurance?**

- Yes  No

**3. Last month, what was your (parent's/guardian's) gross TOTAL HOUSEHOLD income from employment and any benefits you receive? All information will be kept private and will not affect any services you (parent) are now getting.**

**Include all of these income sources:**

- |  |                              |
|--|------------------------------|
| Paycheck or money from a job   | Benefits such as TANF or SSI |
| Money from a business, fees, dividends, or rental income                         | Child support or alimony     |
| Social security, workers' compensation, disability, veteran benefits or pensions | Unemployment benefits        |

- \$250 or less
- \$251 - \$500
- \$501 - \$750
- \$751 - \$1,000
- \$1,001 - \$1,250
- \$1,251 - \$1,500
- \$1,501 - \$1,750
- \$1,751 - \$2,000
- \$2,001 - \$2,250
- \$2,251 - \$2,500
- \$2,501 - \$2,750
- \$2,751 - \$3,000
- \$3,001 or more
- Don't Know

**3a. Number of adults in household** \_\_\_ Adults

**3b. Number of children in household** \_\_\_ Children

**Instructions for the MIECHV  
M8-BABY'S AGE 6 MONTHS FORM -- INDEX PARENT**

**When to complete this form:** When Index Child is between 5 - 7 months old.

**Item Instructions**

Item	Guidelines
<b>Name of Home Visitor</b>	The Home Visitor assigned to this family.
<b>Date Data Gathered</b>	Date that the questions on the form were asked of the Index Parent or date the data needed to answer the questions was gathered.
<b>Educational Attainment</b>	Highest level of education that the parent has completed.
<b>In the past 6 months, were there any days when you were not covered by health insurance?</b>	Were there any days in the past 6 months that the parent did not have continuous health insurance coverage?
<b>Last month, what was your (parent's) gross TOTAL HOUSEHOLD income from employment and any benefits you receive? All information will be kept private and will not affect any services you (parent) are now getting.</b>	<p>Reassure parent that income information will not be used to determine eligibility in any programs or affect any services they are now getting. <i>Based on self-report</i>, what was the total household income, before taxes, last month? <u>For 2-parent households, include both parents' income and benefits. If household income/benefit source includes someone other than parents, include that also.</u></p> <p>Include all of these Income Sources:</p> <ul style="list-style-type: none"> <li>Paycheck or money from a job</li> <li>Benefits such as Temporary Assistance for Needy Families (TANF) or Supplemental Security Income (SSI)</li> <li>Money from a business, fees, dividends, or rental income</li> <li>Child support or alimony</li> <li>Social security, workers' compensation, disability, veteran benefits or pensions</li> <li>Unemployment benefits</li> </ul>
<b>Number of adults in household</b>	Total number of adults living in household. Include any adults who stay in the household at least 4 nights a week.
<b>Number of children in household</b>	Total number of children living in household. Includes Index child and any other children, ages Birth – 18 yrs old, who stay in the household at least 4 nights a week.

**M9**  
**MIECHV Baby's Age 6 Months**  
*Index Child*

Name of Home Visitor: \_\_\_\_\_

Home Visiting Program:  Early Head Start  Healthy Families Oregon

Child ID #: \_\_\_\_\_

Name of Index Child: \_\_\_\_\_

Name of Index Parent: \_\_\_\_\_

Date data gathered: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

1. In the past 6 months, have you (parent) *taken* your (index) child to the emergency department for an injury?

Yes (If yes, please note the reason and date)  No

**NOTE: ER visits for illness should not be noted**

Reason: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (month/day/year)

Reason: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (month/day/year)

Reason: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (month/day/year)

2. Has child ever had any breast milk?  Yes → Go to Question 2a.  No → Go to Question 3.

2a. If Yes, does child continue to get any breast milk?

Yes → Go to Question 3.  No → Go to Question 2b.

2b. If No, date child stopped getting breast milk: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

3. Has your child had the following well-child visit?

4 months:  Yes  No

4. How often do you place your infant to sleep on their back?

- Always
- Sometimes
- Never

5. How often do you bed-share with your infant?

- Always
- Sometimes
- Never

**M9**  
**MIECHV Baby's Age 6 Months, continued**  
Index Child      ID# \_\_\_\_\_

6. How often does your infant sleep with soft bedding?

- Always
- Sometimes
- Never

7. During a typical week, how many days do you (and/or a family member) read, tell stories and/or sing songs to your child?

- 0 – Not at all     1     2     3     4     5     6     7 – Every day

SAMPLE

**Instructions for the MIECHV  
M9-BABY'S AGE 6 MONTHS FORM -- INDEX CHILD**

**When to complete this form:** When Index Child is between 5 - 7 months old.

**Item Instructions**

Item	Guidelines
<b>Name of Home Visitor</b>	The Home Visitor assigned to this family.
<b>Date Data Gathered</b>	Date that the questions on the form were asked of the Index Parent or date the data needed to answer the questions was gathered.
<b>In the past 6 months, have you (parent) taken your (index) child to the emergency department for an injury?</b>	<p>Has the child been to the emergency department in the past 6 months for an injury? Visits for Illnesses should NOT be noted here.</p> <p><i>Examples of Injury:</i>            Cut/wound            Burn (includes scald)            Immersion in water (Near drowning)            Broken bone            Concussion            Motor vehicle traffic related injury            Fall            Suffocation            Other injury related concern</p> <p>If the child has been to the Emergency Dept. for an Injury, indicate the Reason and Date of Visit.</p>
<b>Has child ever had any breast milk?</b>	Has the index child ever had any breast milk since they were born, even for a short period of time?
<b>If Yes, Does child continue to get breast milk?</b>	If index child has had any breast milk since birth, are they currently getting any breast milk?
<b>If No, Date child stopped getting breast milk</b>	<p>If child is completely weaned: after having no breast milk at all for <i>at least 2 weeks</i> – what was the date the child stopped getting breast milk? If exact date is not known or given, use these guidelines for different times of the month given (for example, parent says child stopped getting breast milk “the middle of last month”):</p> <p>Beginning of the month – Use month, 5<sup>th</sup> day and year            Middle of the month – Use month, 15<sup>th</sup> day and year            End of the month – Use month, 25<sup>th</sup> day and year</p> <p><i>MM/DD/20YY</i></p>
<b>Has your child had the following well-child visit?</b>	Did the child have the indicated recommended well-child visit based on the American Academy of Pediatrics (AAP) schedule?
<b>How often do you place your infant to sleep on their back?</b>	Indicate if the Parent places their infant to sleep on their back: Always, Sometimes or Never?
<b>How often do you bed-share with your infant?</b>	Indicate if the Parent shares a bed with their infant: Always, Sometimes or Never?

<b>How often does your infant sleep with soft bedding?</b>	Indicate if the infant sleeps with soft bedding: Always, Sometimes or Never?
<b>During a typical week, how many days do you (and/or a family member) read, tell stories and/or sing songs to your child?</b>	Indicate how many days in a typical week does the parent or other family member read, tell stories and/or sing songs to the child.

**M10**  
**ASQ Screening**  
*Index Child*

Name of Home Visitor: \_\_\_\_\_

Home Visiting Program:  Early Head Start       Healthy Families Oregon

Child ID #: \_\_\_\_\_

Name of Index Child: \_\_\_\_\_

Name of Index Parent: \_\_\_\_\_

1. ASQ Screening Completed?       Yes → Complete Questions 2, 3, 4 & Scores.  
 No → Complete Questions 5 & 6.

2. Date ASQ Screening scored and discussed with parent: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_

3. ASQ Screening scores indicate monitoring is needed or child is at risk for developmental delay?

Yes → Complete Form M10A-Referral Tracking & Follow-up.       No

4. Age level of ASQ Questionnaire used: \_\_\_\_\_ Months

DOMAIN	Screening Completed?	TOTAL Domain Score
Communication	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Gross Motor	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fine Motor	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Problem Solving	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Personal-Social	<input type="checkbox"/> Yes <input type="checkbox"/> No	

5. If No, reason why ASQ Screening was not completed (**Check all that apply**):

- Child is currently receiving Early Intervention (EI) services  
 Child is currently receiving other services → Please Specify: \_\_\_\_\_  
 Parent refused screening  
 No contact with client at this time  
 Other → Please Specify: \_\_\_\_\_

6. Date completed: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_

## Instructions for the MIECHV M10-ASQ SCREENING FORM -- INDEX CHILD

**When to complete this form:** When Index Child is between 9 - 11 months old.

- If the child is born 3 or more weeks premature, adjust the baby's age according to the ASQ instructions for appropriate age calculations.

Example: A 6-month old baby is being screened and was born 2 months prematurely. The appropriate ASQ interval to administer is the 4 month questionnaire.

*Source: ASQ-3 Quick Start Guide*

### Item Instructions

Item	Guidelines
<b>Name of Home Visitor</b>	The Home Visitor assigned to this family.
<b>ASQ Screening Completed?</b>	If the ASQ Screening was completed, then complete questions 2, 3, 4 and scores in table. If the Screening was not completed, then skip to questions 5 and 6.
<b>Date ASQ Screening scored and discussed with parent</b>	Date ASQ screening was scored and discussed with parent. <i>MM/DD/20YY</i>
<b>ASQ Screening scores indicate monitoring is needed or child is at risk for developmental delay?</b>	The monitor zone are scores in the lightly shaded (or gray) area. The darkly shaded (or black) area indicates that development is "below the cutoff" and the child may be at risk for developmental delay. If the child needs monitoring or is at risk for developmental delay, complete Form M10A-Referral Tracking & Follow-up.
<b>Age level of ASQ Questionnaire used:</b>	Indicate what age level the ASQ questionnaire used was, in months.
<b>Screening Completed?</b>	Indicate which domains of the screening were completed by checking <b>Y</b> (Yes) if they were completed and <b>N</b> (No) if they were not completed.
<b>TOTAL Domain Score</b>	Write in Total Domain Score for each domain that was completed. Range: 0-60 for each domain.
<b>If No, reason why ASQ Screening was not completed</b>	Indicate reason why screening was not completed. If Child is currently receiving other services, please specify service. If Other reason, please specify reason.
<b>Date Completed</b>	If ASQ Screening was not completed, date the M10 ASQ screening form (Question 5 only) was completed.

See Appendix C for ASQ-3 Resources

**\*For Children who Screened at Risk for Developmental Delay\***

**MIECHV REFERRAL TRACKING & FOLLOW-UP – INDEX CHILD**

Please send this form to the State MONTHLY with updates  
(due by the 15<sup>th</sup> of the following month)

Name of Home Visitor: \_\_\_\_\_

Home Visiting Program:  Early Head Start  Healthy Families Oregon

Child ID #: \_\_\_\_\_ Name of Index Child: \_\_\_\_\_

Name of Index Parent: \_\_\_\_\_

Type of Service	INITIAL REFERRAL CONTACT	FOLLOW-UP		
	Date EI Referral Contacted	Date of EI Evaluation	If EI Evaluation NOT completed within 45 days of initial referral contact -- REASON:	Enrolled in EI?
1) Early Intervention Services	/ / 20	/ / 20	<input type="checkbox"/> Parent refused the EI referral or did not take action <input type="checkbox"/> Child is waiting for EI evaluation <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
1a) Early Intervention Services	/ / 20	/ / 20	<input type="checkbox"/> Parent refused the EI referral or did not take action <input type="checkbox"/> Child is waiting for EI Evaluation <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Type of Service	INITIAL REFERRAL CONTACT	FOLLOW-UP		
	Date Service Referral Contacted	Date Service Started/Received	If Service NOT received within 30 days of initial referral contact -- REASON:	
2) Another Community Service: Type: _____	/ / 20	/ / 20	<input type="checkbox"/> Parent refused the referral or did not take action <input type="checkbox"/> Child is waiting for service <input type="checkbox"/> Parent was unable to access service due to barriers (such as transportation, cost, time, child care, etc.) <input type="checkbox"/> Other: _____	
2a) Another Community Service: Type: _____	/ / 20	/ / 20	<input type="checkbox"/> Parent refused the referral or did not take action <input type="checkbox"/> Child is waiting for service <input type="checkbox"/> Parent was unable to access service due to barriers (such as transportation, cost, time, child care, etc.) <input type="checkbox"/> Other: _____	
3) Individualized developmental support from a home visitor	N/A	/ / 20		N/A
3a) Individualized developmental support from a home visitor	N/A	/ / 20		N/A

## Instructions for the MIECHV

### **M10A-*\*FOR CHILDREN WHO SCREENED AT RISK FOR DEVELOPMENTAL DELAY\**** **REFERRAL TRACKING & FOLLOW-UP FORM - INDEX CHILD**

#### **When to complete this form:**

***Initial Referral Contact Column:*** If as a result of a MIECHV-required ASQ-3 Developmental Screening, the child is identified as in the monitoring zone (lightly shaded or gray area) or below the cutoff (darkly shaded or black area) as at-risk of developmental delay, this form should be completed. The date referral contacts are made to needed services should be recorded ***any time they are made for the child***. This form should be sent to the state when any initial referral contact is made for the child.

***Follow-up Columns:*** Following the initial contact with a referral service, when the child receives the Early Intervention (EI) Evaluation or other service, record the date that service is started or received. If the child has not received the service, continue to follow up as appropriate by encouraging the parent to access services for the child when ready or by checking on the referral. During this time of follow up with the parent, send the referral tracking form monthly to the state when updates are made. A reminder email will be sent monthly to your program from the state requesting the updated form.

**Referral Guidelines:** A referral to services can be made directly by calling Early Intervention or a community service agency and requesting services for the parent or by giving the parent a list of resources to call for assistance related to enhancing the child's development.

#### **Referral Definitions:**

##### ***1) Early Intervention Services:***

Referrals made to Early Intervention (EI) Services for further evaluation and services. Benchmark will measure the percent of children who receive an EI evaluation within 45 calendar days of the referral. The 45 days begins when contact is made with EI services.

##### ***1a) Additional Referrals to Early Intervention Services:***

If there is more than one referral for EI services over time, the second referral can be recorded here.

##### ***2) Another Community Service:***

Referrals include those made to a different community service, other than Early Intervention, that provide support to enhance a child's development. Examples may include referrals to health or mental health services, speech, occupational or physical therapy services, parent-child groups, parent classes or early literacy supports. Benchmark will measure the percent of children who receive services within 30 calendar days of the referral. The 30 days begins when contact is made with the community service.

### **2a) Additional Referrals to Another Community Service:**

If there are more than one referral for other community services, the second referral can be recorded here.

### **3) Individualized developmental support from a home visitor:**

For when the home visitor provides individualized developmental support directly to the child. This would include follow up activities to work on developmental skills identified in the monitoring zones, including additional screening. This should be done for any child who screens in the monitoring or at-risk zone for an ASQ domain.

### **3a) Additional Individualized developmental support from a home visitor:**

If the child receives this service more than once, the second occurrence can be recorded here.

## **Item Instructions**

<b>Item</b>	<b>Guidelines</b>
<b>Name of Home Visitor</b>	The Home Visitor assigned to this index parent.
<b>Child ID#</b>	Your program's Child ID #. (For HFO & some EHS sites, this will be the same as the parent's; for other EHS sites, this will be different than the parent's.)
<b>Initial Referral Contact Column: Early Intervention Services</b>	
<b>Date EI Referral Contacted</b>	When a referral to EI is made, date the referral contact was made. <i>MM/DD/20YY</i>
<b>Follow-up Columns:</b>	
<b>Date of EI Evaluation</b>	Date of Early Intervention Evaluation. <i>MM/DD/20YY</i>
<b>If EI Evaluation not completed within 45 days of initial referral contact—REASON:</b>	If the child did not receive the EI Evaluation within 45 calendar days of referral contact, the reason they did not. Write in Other reason, if applicable.
<b>Enrolled in EI?</b>	Was child enrolled in EI as a result of the evaluation? Check Yes or No.
<b>Initial Referral Contact Column: Another Community Service</b>	
<b>Another Community Service</b>	If referral was made to another community service, other than EI, list type of Community Service.
<b>Date Service Referral Contacted</b>	When a referral to another community service is made, date the referral contact was made. <i>MM/DD/20YY</i>
<b>Follow-up Columns:</b>	
<b>Date Service Started/Received</b>	Date service started or was received. <i>MM/DD/20YY</i>
<b>If service was not received within 30 days of initial referral contact—REASON:</b>	If the child did not receive the other community service within 30 calendar days of referral contact, the reason they did not. Write in Other reason, if applicable.
<b>Follow-up Column: Individualized developmental support from a home visitor</b>	
<b>Date Service Started/Received</b>	Date that the home visitor provided support to child. <i>MM/DD/20YY</i>



**M11**  
**MIECHV Baby's Age 12 Months, continued**  
*Index Parent* ID# \_\_\_\_\_

**7. Educational Attainment:**

- |  |  |
|--|--|
| <input type="checkbox"/> Currently enrolled in high school | <input type="checkbox"/> High school diploma/GED             |
| <input type="checkbox"/> Less than high school diploma     | <input type="checkbox"/> Technical training or certification |
| <input type="checkbox"/> Some college/training             | <input type="checkbox"/> Associate's degree                  |
| <input type="checkbox"/> Bachelor's degree or higher       | <input type="checkbox"/> Other: _____                        |

**8. Current Education/Training status:**

- Enrolled student/trainee (full or part-time)  Not enrolled

**9. Current Employment status**

- Employed full time  Employed part time  Not employed

**10. Does Index Parent have a history of substance abuse or need substance abuse treatment?**

- Yes  No  Unknown

**11. Does Index Parent use tobacco products?**

- Yes  No  Unknown

**12. Has Index Parent had a history of child abuse or neglect & involvement with child welfare services either as a child or as an adult?**

- Yes  No  Unknown

**13. Has a doctor or health professional ever told you (index parent) that your child/any of your children has any developmental delay or developmental disability?**

- Yes  No  Unknown

**14. When you think about your (index parent's) most recent experience in school or classes, how would you rate your own learning and achievement level?**

- High  Average  Low  Unknown

*If applicable, ask for each child of Index Parent not previously recorded:*

**14a. When you think about your child's most recent experience in school or classes, how would you rate their learning and achievement level?**

- High  Average  Low  Unknown

**14b. When you think about your child's most recent experience in school or classes, how would you rate their learning and achievement level?**

- High  Average  Low  Unknown

**14c. When you think about your child's most recent experience in school or classes, how would you rate their learning and achievement level?**

- High  Average  Low  Unknown

**M11**  
**MIECHV Baby's Age 12 Months, continued**  
Index Parent ID# \_\_\_\_\_

**15. Current Housing Status:**

- You own or share your home, condominium or apartment
- You rent or share your home or apartment
- You live in public housing
- You live with a parent or family member
- You have a different living arrangement, but are not homeless
- You are homeless and sharing housing
- You are homeless and living in an emergency or transition shelter
- You are homeless and living in some other arrangement

**Tool to Complete at 12 Months**

**16. Relationship Assessment Tool completed (with *mother*)?**

- Yes, completed → **Date tool completed:**     /     / 20     → *Go to Question 16a.*

**16a. If Yes, result of Relationship Assessment Tool:**

- Score of 20 or higher → *Go to Question 16b.*
- Score of 19 or lower

**16b. If a Score of 20 or higher, did you give referral information?**

- Yes
- No, client refused a referral and/or services
- No, an earlier referral is still in process
- No, the client is not ready for a referral
- No, a referral is not needed at this time
- No, other reason

- No, not completed → *Go to Question 16c.*

**16c. If No, reason why Relationship Assessment Tool not completed:**

- Concern previously identified
- Client not currently in a relationship
- Other

**Instructions for the MIECHV**  
**M11-BABY'S AGE 12 MONTHS - INDEX PARENT**

**When to complete this form:** When the Index Child is between 11 - 13 months old.

**Item Instructions**

Item	Guidelines
<b>Name of Home Visitor</b>	The Home Visitor assigned to this family.
<b>Date Data Gathered</b>	Date that the questions on the form were asked of the Index Parent or date the data needed to answer the questions was gathered.
<b>Which Members of your family are currently serving or formerly served in the Military – active or reserve? (Check all that apply)</b>	(HRSA now requires annual reporting of updates to this data point. Select current status; if same as previously recorded, mark accordingly) <i>Based on self-report</i> , families that include individuals who are serving or formerly served in the Armed Forces.
<b>Index Parent's Additional Children?</b>	If the parent has given birth to any additional children since she was initially enrolled in MIECHV, <i>and they were not previously recorded</i> at Enrollment or in a previous Parent Form, indicate their date of birth here. <i>MM/DD/20YY</i>
<b>Marital Status</b>	<i>Based on self-report</i> by parent. If the status is the same as it was when previously recorded, still record the current status again.
<b>Mother Currently Pregnant?</b>	Is the <i>Mother</i> pregnant at this time? If pregnancy has not been medically confirmed, check "Unknown". If she is pregnant, answer next question of Expected Delivery Date.
<b>If Pregnant, Expected Delivery Date</b>	The date that the mother's current pregnancy's baby is estimated to be delivered on. <i>MM/DD/20YY</i>
<b>Index Parent's Current Health Insurance Status</b>	The parent's current health insurance. If the status is the same as it was when previously recorded, still record the current status again. Enter all that apply. <b>Not Insured:</b> the parent does not have health insurance of any type. <b>Private or Employer's Insurance:</b> the parent purchases their own private health care insurance directly from an insurance company or their health insurance is provided by an employer (their employer or another person's). <b>CAWEM (Citizen/Alien-Waived Emergency Medical benefit):</b> the benefit package that covers emergent prenatal care, labor and delivery for undocumented women, and covers undocumented children for emergent care. <b>OHP/Medicaid:</b> the Oregon Health Plan (OHP) or public insurance benefit package, based on a prioritized list of health services, and is available to eligible children and pregnant women. <b>State Children's Health Insurance Program (SCHIP):</b> A federal program that provides health insurance to cover uninsured children in families with

	<p>incomes that are too high to qualify for Medicaid. The mother may have SCHIP if they are 18 or younger.</p> <p><b>TRICARE or other military health care:</b> TRICARE, the health care program for uniformed service members and their families, or other military health care.</p> <p><b>Other insurance:</b> write in the name of the health insurance the parent has if it is a different type than those listed above, such as Indian Health Services.</p>
<b>In the past 6 months, were there any days when you were not covered by health insurance?</b>	Were there any days in the past 6 months that the parent did not have continuous health insurance coverage?
<b>Educational Attainment</b>	Highest level of education that the parent has completed. If the status is the same as it was when previously recorded, still record the current status again.
<b>Current Education/Training status</b>	<p><b>Enrolled student/trainee (full or part-time):</b> the parent is currently enrolled at an institution, either full-time or part-time.</p> <p><b>Not enrolled:</b> the parent is not currently enrolled in any type of educational or training program.</p>
<b>Current Employment status</b>	<p><b>Employed Full Time:</b> the parent works for pay, outside the home, at least 30 hours per week, on average.</p> <p><b>Employed Part Time:</b> the parent works for pay, outside the home, <i>less than</i> 30 hours per week, on average.</p> <p><b>Not Employed:</b> the parent is not currently working for pay (for example, students, homemakers and those actively seeking work but currently not employed).</p>
<b>Does Index Parent have a history of substance abuse or need substance abuse treatment?</b>	<p>(HRSA now requires annual reporting of updates to this data point. Select current status; if same as previously recorded, mark accordingly)</p> <p><i>Based on self-report</i>, an index parent who has a history of substance abuse or who has been identified as needing substance abuse services through a substance abuse screening administered upon enrollment.</p>
<b>Does Index Parent use tobacco products?</b>	<p>(HRSA now requires annual reporting of updates to this data point. Select current status; if same as previously recorded, mark accordingly)</p> <p><i>Based on self-report</i>, enrollees who currently use tobacco products in the home or who have been identified as using tobacco through a substance abuse screening administered during intake. Include use of smokeless tobacco and electronic cigarettes.</p>
<b>Has Index Parent had a history of child abuse or neglect &amp; involvement with child welfare services either as a child or as an adult?</b>	<p>(HRSA now requires annual reporting of updates to this data point. Select current status; if same as previously recorded, mark accordingly)</p> <p><i>Based on self-report</i>, an index parent who has a history of abuse or neglect and/or has had involvement with child welfare services either as a child or as an adult.</p>
<b>Has a doctor or health professional ever told you that your child/any of your children</b>	<p>(HRSA now requires annual reporting of updates to this data point. Select current status; if same as previously recorded, mark accordingly)</p>

<p><b>has any developmental delay or developmental disability?</b></p>	<p><i>Based on self-report</i> or home visitor’s observation, enrollees who have a child or children suspected of having a developmental delay or disability.</p>
<p><b>When you think about your most recent experience in school or classes, how would you rate your own learning and achievement level?</b></p>	<p>(HRSA now requires annual reporting of updates to this data point. Select current status; if same as previously recorded, mark accordingly)  <i>Based on self-report</i>, enrollees self-perception of their achievement level during their <i>most recent experience</i> in school or classes.</p>
<p><b>If Applicable –ask for each <u>school-aged child</u> of Index Parent: When you think about your child’s most recent experience in school or classes, how would you rate their learning and achievement level?</b></p>	<p>(HRSA now requires annual reporting of updates to this data point. Select current status; if same as previously recorded, mark accordingly)  <i>Ask same question about each <u>school-aged child</u> of Index Parent. Based on self-report</i>, enrollees perception of their school-aged children’s achievement level during their most recent experience in school or classes. If parent has more than three school-aged children, please note additional items 14d, 14e, 14f, etc. on bottom of form with answer: High or Average or Low.</p>
<p><b>Current Housing Status</b></p>	<p><b>Owns or shares their home, condominium or apartment</b>  <b>Rents or shares their home or apartment</b>  <b>Lives in public housing</b>  <b>Lives with a parent or family member</b>  <b>You have a different living arrangement, but are not homeless</b>  <b>Homeless and sharing housing:</b> lacking a fixed, regular, and adequate nighttime residence and sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason.  <b>Homeless and living in an emergency or transitional shelter:</b> lacking a fixed, regular, and adequate nighttime residence and living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement.  <b>Homeless and some other arrangement:</b> living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; individuals who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; individuals who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.</p>
<p><b>Relationship Assessment Tool Completed (with <i>mother</i>)?</b></p>	<p><i>Only ask this question of Index Mothers.</i> Was the Relationship Assessment Tool completed to screen for Domestic Violence? If it was, enter the date that the tool was completed. If it was completed, go to Question 10a. DO NOT send the Relationship Assessment Tool to the state.  <b>See Appendix A for Relationship Assessment Tool</b></p>
<p><b>If Yes, Result of Relationship Assessment Tool</b></p>	<p>If the Relationship Assessment Tool was completed, indicate if the score was either 20 or higher or 19 or lower. If the score was 20 or higher, go to Question 10b.</p>
<p><b>If a Score of 20 or higher, did you give referral information?</b></p>	<p>Was a referral made? If not, indicate the reason why.</p>

<b>If No, reason why Relationship Assessment Tool not completed</b>	If the Relationship Assessment Tool was not completed, indicate if the reason was either because Concern previously identified, Client not currently in a relationship, or any Other reason.
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**M 12**  
**MIECHV Baby's Age 12 Months**  
**Index Child**

Name of Home Visitor: \_\_\_\_\_

Home Visiting Program:  Early Head Start  Healthy Families Oregon

Child ID #: \_\_\_\_\_

Name of Index Child: \_\_\_\_\_

Name of Index Parent: \_\_\_\_\_

Date data gathered: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

1. In the past 6 months, have you (parent) **taken** your (index) child to the emergency department for an injury?

Yes (If yes, please note the reason and date)  No

**NOTE: ER visits for illness should not be noted**

Reason: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (month/day/year)

Reason: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (month/day/year)

Reason: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (month/day/year)

2. Has child ever had any breast milk?  Yes → Go to Question 2a.  No → Go to Question 3.

2a. If Yes, does child continue to get any breast milk?

Yes → Go to Question 3.  No → Go to Question 2b.

2b. If No, date child stopped getting breast milk: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

3. Child's current health insurance status:

- |  |   |
|--|---|
| <input type="checkbox"/> Not insured                     | <input type="checkbox"/> OHP/Medicaid                               |
| <input type="checkbox"/> Private or employer's Insurance | <input type="checkbox"/> State Children's Insurance Program (SCHIP) |
| <input type="checkbox"/> CAWEM/CAWEM Plus                | <input type="checkbox"/> TRICARE or other military health care      |
| <input type="checkbox"/> Other insurance: _____          |   |

4. Has your child had the following well-child visits?

6 months:  Yes  No

9 months:  Yes  No

5. Where do you usually take your child for medical care?

- Doctor's/Nurse Practitioner's Office
- Hospital Emergency Room
- Hospital Outpatient
- Federally Qualified Health Center (FQHC)
- Retail Store or Minute Clinic
- Other: \_\_\_\_\_

**M12**  
**MIECHV Baby's Age 12 Months, continued**  
Index Child ID# \_\_\_\_\_

6. Does your child have a usual source of dental care?  Yes  No

7. How often do you place your infant to sleep on their back?

- Always
- Sometimes
- Never

8. How often do you bed-share with your infant?

- Always
- Sometimes
- Never

9. How often does your infant sleep with soft bedding?

- Always
- Sometimes
- Never

10. During a typical week, how many days do you (and/or a family member) read, tell stories and/or sing songs to your child?

- 0 – Not at all    1    2    3    4    5    6    7 – Every day

**Tool to Complete at 12 Months**

11. HOME Inventory completed?

Yes → Date Tool Completed: \_\_\_\_\_ / \_\_\_\_\_ / 20

No

**Instructions for the MIECHV  
M12-BABY'S AGE 12 MONTHS FORM -- INDEX CHILD**

**When to complete this form:** When the Index Child is between 11 - 13 months old.

**Item Instructions**

Item	Guidelines
<b>Name of Home Visitor</b>	The Home Visitor assigned to this family.
<b>Date Data Gathered</b>	Date that the questions on the form were asked of the Index Parent or date the data needed to answer the questions was gathered.
<b>In the past 6 months, have you (parent) taken your (index) child to the emergency department for an injury?</b>	<p>Has the child been to the emergency department in the past 6 months for an injury? Visits for Illnesses should NOT be noted here.</p> <p><i>Examples of Injury:</i></p> <ul style="list-style-type: none"> <li>Cut/wound</li> <li>Burn (includes scald)</li> <li>Immersion in water (Near drowning)</li> <li>Broken bone</li> <li>Concussion</li> <li>Motor vehicle traffic related injury</li> <li>Fall</li> <li>Suffocation</li> <li>Other injury related concern</li> </ul> <p>If the child has been to the Emergency Dept. for an Injury, indicate the Reason and Date of Visit.</p>
<b>Has child ever had any breast milk?</b>	Has the index child ever had any breast milk since they were born, even for a short period of time?
<b>If Yes, Does child continue to get breast milk?</b>	If index child has had any breast milk since birth, are they currently getting any breast milk?
<b>If No, Date child stopped getting breast milk</b>	<p>If child is completely weaned: after having no breast milk at all for <i>at least 2 weeks</i> – what was the date the child stopped getting breast milk? If exact date is not known or given, use these guidelines for different times of the month given (for example, parent says child stopped getting breast milk “the middle of last month”):</p> <ul style="list-style-type: none"> <li>Beginning of the month – Use month, 5<sup>th</sup> day and year</li> <li>Middle of the month – Use month, 15<sup>th</sup> day and year</li> <li>End of the month – Use month, 25<sup>th</sup> day and year</li> </ul> <p><i>MM/DD/20YY</i></p>
<b>Child's Current Health Insurance Status</b>	<p>The child's current health insurance. If the status is the same as it was when previously recorded, still record the current status again.</p> <p>Enter all that apply.</p> <ul style="list-style-type: none"> <li><b>Not Insured:</b> the child does not have health insurance of any type.</li> <li><b>Private or Employer's Insurance:</b> the child has insurance that is purchased directly from a private health care insurance company or</li> </ul>

	<p>their health insurance is provided by a parent or guardian's employer.</p> <p><b>CAWEM (Citizen/Alien-Waived Emergency Medical benefit):</b> the benefit package that covers emergent prenatal care, labor and delivery for undocumented women, and covers undocumented children for emergent care.</p> <p><b>OHP/Medicaid:</b> the Oregon Health Plan (OHP) or public insurance benefit package, based on a prioritized list of health services, and is available to eligible children and pregnant women.</p> <p><b>State Children's Health Insurance Program (SCHIP):</b> A federal program that provides health insurance to cover uninsured children in families with incomes that are too high to qualify for Medicaid.</p> <p><b>TRICARE or other military health care:</b> TRICARE, the health care program for uniformed service members and their families, or other military health care.</p> <p><b>Other insurance:</b> write in the name of the health insurance the child has if it is a different type than those listed above, such as Indian Health Services.</p>
<b>Has your child had the following well-child visits?</b>	Did the child have the indicated recommended well-child visits based on the American Academy of Pediatrics (AAP) schedule?
<b>Where do you usually take your child for medical care?</b>	The particular medical professional, doctor's office, clinic, health center, or other place where the parent would take the child if he/she were sick or in need of advice about their health.
<b>Does your child have a usual source of dental care?</b>	Does the child have a dental home where the child's oral health care is delivered in a comprehensive, continuously accessible, coordinated and family-centered way by a licensed dentist?
<b>How often do you place your infant to sleep on their back?</b>	Indicate if the Parent places their infant to sleep on their back: Always, Sometimes or Never?
<b>How often do you bed-share with your infant?</b>	Indicate if the Parent shares a bed with their infant: Always, Sometimes or Never?
<b>How often does your infant sleep with soft bedding?</b>	Indicate if the infant sleeps with soft bedding: Always, Sometimes or Never?
<b>During a typical week, how many days do you (and/or a family member) read, tell stories and/or sing songs to your child?</b>	Indicate how many days in a typical week does the parent or other family member read, tell stories and/or sing songs to the child.
<b>HOME Inventory Completed?</b>	To be completed with the Index Parent. Was the HOME Inventory completed? If it was completed, enter the date it was completed.

**M13**  
**MIECHV Baby's Age 18 Months**  
*Index Parent*

Name of Home Visitor: \_\_\_\_\_

Home Visiting Program:  Early Head Start  Healthy Families Oregon

Parent ID #: \_\_\_\_\_

Name of Index Parent: \_\_\_\_\_

Date data gathered: \_\_\_ / \_\_\_ / 20\_\_\_

1. Mother Currently Pregnant?  Yes → Go to Question 1a.  No → Go to Question 2.  Unknown

1a. If Pregnant, Expected Delivery Date: \_\_\_ / \_\_\_ / 20\_\_\_

2. In the past 6 months, were there any days when you were not covered by health insurance?

Yes  No

3. Educational Attainment:

- |  |  |
|--|--|
| <input type="checkbox"/> Currently enrolled in high school | <input type="checkbox"/> High school diploma/GED             |
| <input type="checkbox"/> Less than high school diploma     | <input type="checkbox"/> Technical training or certification |
| <input type="checkbox"/> Some college/training             | <input type="checkbox"/> Associate's degree                  |
| <input type="checkbox"/> Bachelor's degree or higher       | <input type="checkbox"/> Other: _____                        |

4. Last month, what was your (parent's/guardian's) gross TOTAL HOUSEHOLD income from employment and any benefits you receive? All information will be kept private and will not affect any services you (parent) are now getting.

**Include all of these income sources:**

Paycheck or money from a job

Benefits such as TANF or SSI

Money from a business, fees, dividends, or rental income

Child support or alimony

Social security, workers' compensation, disability, veteran benefits or pensions

Unemployment benefits

- \$250 or less
- \$251 - \$500
- \$501 - \$750
- \$751 - \$1,000
- \$1,001 - \$1,250
- \$1,251 - \$1,500
- \$1,501 - \$1,750
- \$1,751 - \$2,000
- \$2,001 - \$2,250
- \$2,251 - \$2,500
- \$2,501 - \$2,750
- \$2,751 - \$3,000
- \$3,001 or more
- Don't Know

4a. Number of adults in household: \_\_\_ Adults

4b. Number of children in household: \_\_\_ Children

**Instructions for the MIECHV  
M13-BABY'S AGE 18 MONTHS FORM -- INDEX PARENT**

**When to complete this form:** When the Index Child is between 17 - 19 months old.

**Item Instructions**

<b>Item</b>	<b>Guidelines</b>
<b>Name of Home Visitor</b>	The Home Visitor assigned to this family.
<b>Date Data Gathered</b>	Date that the questions on the form were asked of the Index Parent or date the data needed to answer the questions was gathered.
<b>Mother Currently Pregnant?</b>	Is the <i>Mother</i> pregnant at this time? If pregnancy has not been medically confirmed, check "Unknown". If she is pregnant, answer next question of Expected Delivery Date.
<b>If Pregnant, Expected Delivery Date</b>	The date that the mother's current pregnancy's baby is estimated to be delivered on. <i>MM/DD/20YY</i>
<b>In the past 6 months, were there any days when you were not covered by health insurance?</b>	Were there any days in the past 6 months that the parent did not have continuous health insurance coverage?
<b>Educational Attainment</b>	Highest level of education that the parent has completed. If the status is the same as it was when previously recorded, still record the current status again.
<b>Last month, what was your (parent's) gross TOTAL HOUSEHOLD income from employment and any benefits you receive? All information will be kept private and will not affect any services you (parent) are now getting.</b>	Reassure parent that income information will not be used to determine eligibility in any programs or affect any services they are now getting. <i>Based on self-report</i> , what was the total household income, before taxes, last month? <u>For 2-parent households, include both parents' income and benefits. If household income/benefit source includes someone other than parents, include that also.</u> Include all of these Income Sources: Paycheck or money from a job Benefits such as Temporary Assistance for Needy Families (TANF) or Supplemental Security Income (SSI) Money from a business, fees, dividends, or rental income Child support or alimony Social security, workers' compensation, disability, veteran benefits or pensions Unemployment benefits
<b>Number of adults in household</b>	Total number of adults living in household. Include any adults who stay in the household at least 4 nights a week.
<b>Number of children in household</b>	Total number of children living in household. Includes Index child and any other children, ages Birth – 18 yrs old, who stay in the household at least 4 nights a week.

**M14**  
**MIECHV Baby's Age 18 Months**  
**Index Child**

Name of Home Visitor: \_\_\_\_\_

Home Visiting Program:  Early Head Start  Healthy Families Oregon

Child ID #: \_\_\_\_\_

Name of Index Child: \_\_\_\_\_

Name of Index Parent: \_\_\_\_\_

Date data gathered: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

1. In the past 6 months, have you (parent) *taken* your (index) child to the emergency department for an injury?

Yes (If yes, please note the reason and date)  No

**NOTE: ER visits for illness should not be noted**

Reason: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (month/day/year)

Reason: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (month/day/year)

Reason: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (month/day/year)

2. Has child ever had any breast milk?  Yes → Go to Question 2a.  No → Go to Question 3.

2a. If Yes, does child continue to get any breast milk?

Yes → Go to Question 3.  No → Go to Question 2b.

2b. If No, date child stopped getting breast milk: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

3. Has your child had the following well-child visits?

12 months:  Yes  No

15 months:  Yes  No

4. During a typical week, how many days do you (and/or a family member) read, tell stories and/or sing songs to your child?

0 – Not at all  1  2  3  4  5  6  7 – Every day

**Instructions for the MIECHV  
M14-BABY'S AGE 18 MONTHS FORM -- INDEX CHILD**

**When to complete this form:** When the Index Child is between 17 - 19 months old.

**Item Instructions**

Item	Guidelines
<b>Name of Home Visitor</b>	The Home Visitor assigned to this family.
<b>Date Data Gathered</b>	Date that the questions on the form were asked of the Index Parent or date the data needed to answer the questions was gathered.
<b>In the past 6 months, have you (parent) taken your (index) child to the emergency department for an injury?</b>	<p>Has the child been to the emergency department in the past 6 months for an injury? Visits for Illnesses should NOT be noted here.</p> <p><i>Examples of Injury:</i>            Cut/wound            Burn (includes scald)            Immersion in water (Near drowning)            Broken bone            Concussion            Motor vehicle traffic related injury            Fall            Suffocation            Other injury related concern</p> <p>If the child has been to the Emergency Dept. for an Injury, indicate the Reason and Date of Visit.</p>
<b>Has child ever had any breast milk?</b>	Has the index child ever had any breast milk since they were born, even for a short period of time?
<b>If Yes, Does child continue to get breast milk?</b>	If index child has had any breast milk since birth, are they currently getting any breast milk?
<b>If No, Date child stopped getting breast milk</b>	<p>If child is completely weaned: after having no breast milk at all for <i>at least 2 weeks</i> – what was the date the child stopped getting breast milk? If exact date is not known or given, use these guidelines for different times of the month given (for example, parent says child stopped getting breast milk “the middle of last month”):</p> <p>Beginning of the month – Use month, 5<sup>th</sup> day and year            Middle of the month – Use month, 15<sup>th</sup> day and year            End of the month – Use month, 25<sup>th</sup> day and year</p> <p><i>MM/DD/20YY</i></p>
<b>Has your child had the following well-child visits?</b>	Did the child have the indicated recommended well-child visits based on the American Academy of Pediatrics (AAP) schedule?
<b>During a typical week, how many days do you (and/or a family member) read, tell stories and/or sing songs to your child?</b>	Indicate how many days in a typical week does the parent or other family member read, tell stories and/or sing songs to the child.

**M15**  
**ASQ Screening**  
*Index Child*

Name of Home Visitor: \_\_\_\_\_

Home Visiting Program:  Early Head Start       Healthy Families Oregon

Child ID #: \_\_\_\_\_

Name of Index Child: \_\_\_\_\_

Name of Index Parent: \_\_\_\_\_

1. ASQ Screening Completed?       Yes → Complete Questions 2, 3, 4 & Scores.  
 No → Complete Questions 5 & 6.

2. Date ASQ Screening scored and discussed with parent: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_

3. ASQ Screening scores indicate monitoring is needed or child is at risk for developmental delay?

Yes → Complete Form M15A-Referral Tracking & Follow-up.       No

4. Age level of ASQ Questionnaire used: \_\_\_\_\_ Months

DOMAIN	Screening Completed?	TOTAL Domain Score
Communication	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Gross Motor	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fine Motor	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Problem Solving	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Personal-Social	<input type="checkbox"/> Yes <input type="checkbox"/> No	

5. If No, reason why ASQ Screening was not completed (**Check all that apply**):

- Child is currently receiving Early Intervention (EI) services  
 Child is currently receiving other services → Please Specify: \_\_\_\_\_  
 Parent refused screening  
 No contact with client at this time  
 Other → Please Specify: \_\_\_\_\_

6. Date completed: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_

**Instructions for the MIECHV  
M15-ASQ SCREENING FORM -- INDEX CHILD**

**When to complete this form:** When Index Child is between 17 - 19 months old.

- If the child is born 3 or more weeks premature, adjust the baby’s age according to the ASQ instructions for appropriate age calculations.

Example: A 6-month old baby is being screened and was born 2 months prematurely. The appropriate ASQ interval to administer is the 4 month questionnaire.

*Source: ASQ-3 Quick Start Guide*

**Item Instructions**

<b>Item</b>	<b>Guidelines</b>
<b>Name of Home Visitor</b>	The Home Visitor assigned to this family.
<b>ASQ Screening Completed?</b>	If the ASQ Screening was completed, then complete questions 2, 3, 4 and scores in table. If the Screening was not completed, then skip to questions 5 and 6.
<b>Date ASQ Screening scored and discussed with parent</b>	Date ASQ screening was scored and discussed with parent. MM/DD/20YY
<b>ASQ Screening scores indicate monitoring is needed or child is at risk for developmental delay?</b>	The monitor zone are scores in the lightly shaded (or gray) area. The darkly shaded (or black) area indicates that development is “below the cutoff” and the child may be at risk for developmental delay. If the child needs monitoring or is at risk for developmental delay, complete Form M10A-Referral Tracking & Follow-up.
<b>Age level of ASQ Questionnaire used:</b>	Indicate what age level the ASQ questionnaire used was, in months.
<b>Screening Completed?</b>	Indicate which domains of the screening were completed by checking <b>Y</b> (Yes) if they were completed and <b>N</b> (No) if they were not completed.
<b>TOTAL Domain Score</b>	Write in Total Domain Score for each domain that was completed. Range: 0-60 for each domain.
<b>If No, reason why ASQ Screening was not completed</b>	Indicate reason why screening was not completed. If Child is currently receiving other services, please specify service. If Other reason, please specify reason.
<b>Date Completed</b>	If ASQ Screening was not completed, date the M15 ASQ screening form (Question 5 only) was completed.

**See Appendix C for ASQ-3 Resources**

**\*For Children who Screened at Risk for Developmental Delay\***

**MIECHV REFERRAL TRACKING & FOLLOW-UP – INDEX CHILD**

Please send this form to the State MONTHLY with updates  
(due by the 15<sup>th</sup> of the following month)

Name of Home Visitor: \_\_\_\_\_

Home Visiting Program:  Early Head Start  Healthy Families Oregon

Child ID #: \_\_\_\_\_ Name of Index Child: \_\_\_\_\_

Name of Index Parent: \_\_\_\_\_

Type of Service	INITIAL REFERRAL CONTACT	FOLLOW-UP		
	Date EI Referral Contacted	Date of EI Evaluation	If EI Evaluation NOT completed within 45 days of initial referral contact -- REASON:	Enrolled in EI?
1) Early Intervention Services	/ / 20	/ / 20	<input type="checkbox"/> Parent refused the EI referral or did not take action <input type="checkbox"/> Child is waiting for EI evaluation <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
1a) Early Intervention Services	/ / 20	/ / 20	<input type="checkbox"/> Parent refused the EI referral or did not take action <input type="checkbox"/> Child is waiting for EI Evaluation <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Type of Service	INITIAL REFERRAL CONTACT	FOLLOW-UP		
	Date Service Referral Contacted	Date Service Started/Received	If Service NOT received within 30 days of initial referral contact -- REASON:	
2) Another Community Service: Type: _____	/ / 20	/ / 20	<input type="checkbox"/> Parent refused the referral or did not take action <input type="checkbox"/> Child is waiting for service <input type="checkbox"/> Parent was unable to access service due to barriers (such as transportation, cost, time, child care, etc.) <input type="checkbox"/> Other: _____	
2a) Another Community Service: Type: _____	/ / 20	/ / 20	<input type="checkbox"/> Parent refused the referral or did not take action <input type="checkbox"/> Child is waiting for service <input type="checkbox"/> Parent was unable to access service due to barriers (such as transportation, cost, time, child care, etc.) <input type="checkbox"/> Other: _____	
3) Individualized developmental support from a home visitor	N/A	/ / 20		N/A
3a) Individualized developmental support from a home visitor	N/A	/ / 20		N/A

## Instructions for the MIECHV

### **M15A-*\*FOR CHILDREN WHO SCREENED AT RISK FOR DEVELOPMENTAL DELAY\**** **REFERRAL TRACKING & FOLLOW-UP FORM - INDEX CHILD**

#### **When to complete this form:**

***Initial Referral Contact Column:*** If as a result of a MIECHV-required ASQ-3 Developmental Screening, the child is identified as in the monitoring zone (lightly shaded or gray area) or below the cutoff (darkly shaded or black area) as at risk of developmental delay, this form should be completed. The date referral contacts are made to needed services should be recorded ***any time they are made for the child***. This form should be sent to the state when any initial referral contact is made for the child.

***Follow-up Columns:*** Following the initial contact with a referral service, when the child receives the Early Intervention (EI) Evaluation or other service, record the date that service is started or received. If the child has not received the service, continue to follow up as appropriate by encouraging the parent to access services for the child when ready or by checking on the referral. During this time of follow up with the parent, send the referral tracking form monthly to the state when updates are made. A reminder email will be sent monthly to your program from the state requesting the updated form.

***Referral Guidelines:*** A referral to services can be made directly by calling Early Intervention or a community service agency and requesting services for the parent or by giving the parent a list of resources to call for assistance related to enhancing the child's development.

#### **Referral Definitions:**

##### ***1) Early Intervention Services:***

Referrals made to Early Intervention (EI) Services for further evaluation and services. Benchmark will measure the percent of children who receive an EI evaluation within 45 calendar days of the referral. The 45 days begins when contact is made with EI services.

##### ***1a) Additional Referrals to Early Intervention Services:***

If there is more than one referral for EI services over time, the second referral can be recorded here.

##### ***2) Another Community Service:***

Referrals include those made to a different community service, other than Early Intervention, that provide support to enhance a child's development. Examples may include referrals to health or mental health services, speech, occupational or physical therapy services, parent-child groups, parent classes or early literacy supports. Benchmark will measure the

percent of children who receive services within 30 calendar days of the referral. The 30 days begins when contact is made with the community service.

**2a) Additional Referrals to Another Community Service:**

If there are more than one referral for other community services, the second referral can be recorded here.

**3) Individualized developmental support from a home visitor:**

For when the home visitor provides individualized developmental support directly to the child. This would include follow up activities to work on developmental skills identified in the monitoring zones, including additional screening. This should be done for any child who screens in the monitoring or at-risk zone for an ASQ domain.

**3a) Additional Individualized developmental support from a home visitor:**

If the child receives this service more than once, the second occurrence can be recorded here.

**Item Instructions**

<b>Item</b>	<b>Guidelines</b>
<b>Name of Home Visitor</b>	The Home Visitor assigned to this index parent.
<b>Child ID#</b>	Your program’s Child ID #. (For HFO & some EHS sites, this will be the same as the parent’s; for other EHS sites, this will be different than the parent’s.)
<b>Initial Referral Contact Column: Early Intervention Services</b>	
<b>Date EI Referral Contacted</b>	When a referral to EI is made, date the referral contact was made. <i>MM/DD/20YY</i>
<b>Follow-up Columns:</b>	
<b>Date of EI Evaluation</b>	Date of Early Intervention Evaluation. <i>MM/DD/20YY</i>
<b>If EI Evaluation not completed within 45 days of initial referral contact—REASON:</b>	If the child did not receive the EI Evaluation within 45 calendar days of referral contact, the reason they did not. Write in Other reason, if applicable.
<b>Enrolled in EI?</b>	Was child enrolled in EI as a result of the evaluation? Check Yes or No.
<b>Initial Referral Contact Column: Another Community Service</b>	
<b>Another Community Service</b>	If referral was made to another community service, other than EI, list type of Community Service.
<b>Date Service Referral Contacted</b>	When a referral to another community service is made, date the referral contact was made. <i>MM/DD/20YY</i>
<b>Follow-up Columns:</b>	
<b>Date Service Started/Received</b>	Date service started or was received. <i>MM/DD/20YY</i>
<b>If service was not received within 30 days of initial referral contact—REASON:</b>	If the child did not receive the other community service within 30 calendar days of referral contact, the reason they did not. Write in Other reason, if applicable.

<b><i>Follow-up Column: Individualized developmental support from a home visitor</i></b>	
<b>Date Service Started/Received</b>	Date that the home visitor provided support to child. <i>MM/DD/20YY</i>

**M16**  
**MIECHV Baby's Age 24 Months**  
*Index Parent*

Name of Home Visitor: \_\_\_\_\_

Home Visiting Program:  Early Head Start  Healthy Families Oregon

Parent ID #: \_\_\_\_\_

Name of Index Parent: \_\_\_\_\_

Date data gathered: \_\_\_ / \_\_\_ / 20\_\_\_

**Questions about Family:**

1. Which members of your (index parent's) family are currently serving or formerly served in the military – active or reserve? (Check all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> Index parent             | <input type="checkbox"/> Index parent's spouse |
| <input type="checkbox"/> Index parent's parent(s) | <input type="checkbox"/> Father of child       |
| <input type="checkbox"/> Mother of child          | <input type="checkbox"/> None                  |

**Questions about Index Parent:**

2. Index Parent's Additional Children?      DOB    \_\_\_ / \_\_\_ / 20\_\_\_  
(Born after Parent's Enrollment &      DOB    \_\_\_ / \_\_\_ / 20\_\_\_  
not previously recorded)

3. Marital Status:

- |   |   |
|---|---|
| <input type="checkbox"/> Single/Never Married | <input type="checkbox"/> Separated/Divorced/Widowed                   |
| <input type="checkbox"/> Married              | <input type="checkbox"/> Not Married but living together with partner |

4. Mother Currently Pregnant?  Yes → Go to Question 4a.     No → Go to Question 5.     Unknown

4a. If Pregnant, Expected Delivery Date:    \_\_\_ / \_\_\_ / 20\_\_\_

5. Index Parent's Current Health Insurance status:

- |  |   |
|--|---|
| <input type="checkbox"/> Not insured                     | <input type="checkbox"/> OHP/Medicaid                               |
| <input type="checkbox"/> Private or employer's insurance | <input type="checkbox"/> State Children's Insurance Program (SCHIP) |
| <input type="checkbox"/> CAWEM/CAWEM Plus                | <input type="checkbox"/> TRICARE or other military health care      |
| <input type="checkbox"/> Other insurance: _____          |   |

6. In the past 6 months, were there any days when you were not covered by health insurance?

- Yes                                       No

**M16**  
**MIECHV Baby's Age 24 Months, continued**  
*Index Parent* *ID#* \_\_\_\_\_

**7. Educational Attainment:**

- |  |  |
|--|--|
| <input type="checkbox"/> Currently enrolled in high school | <input type="checkbox"/> High school diploma/GED             |
| <input type="checkbox"/> Less than high school diploma     | <input type="checkbox"/> Technical training or certification |
| <input type="checkbox"/> Some college/training             | <input type="checkbox"/> Associate's degree                  |
| <input type="checkbox"/> Bachelor's degree or higher       | <input type="checkbox"/> Other: _____                        |

**8. Current Education/Training status:**

- Enrolled student/trainee (full or part-time)  Not enrolled

**9. Current Employment status**

- Employed full time  Employed part time  Not employed

**10. Does Index Parent have a history of substance abuse or need substance abuse treatment?**

- Yes  No  Unknown

**11. Does Index Parent use tobacco products?**

- Yes  No  Unknown

**12. Has Index Parent had a history of child abuse or neglect & involvement with child welfare services either as a child or as an adult?**

- Yes  No  Unknown

**13. Has a doctor or health professional ever told you (index parent) that your child/any of your children has any developmental delay or developmental disability?**

- Yes  No  Unknown

**14. When you think about your (index parent's) most recent experience in school or classes, how would you rate your own learning and achievement level?**

- High  Average  Low  Unknown

*If applicable, ask for each child of Index Parent not previously recorded:*

**14a. When you think about your child's most recent experience in school or classes, how would you rate their learning and achievement level?**

- High  Average  Low  Unknown

**14b. When you think about your child's most recent experience in school or classes, how would you rate their learning and achievement level?**

- High  Average  Low  Unknown

**14c. When you think about your child's most recent experience in school or classes, how would you rate their learning and achievement level?**

- High  Average  Low  Unknown

**M16**  
**MIECHV Baby's Age 24 Months, continued**  
Index Parent ID# \_\_\_\_\_

**15. Current Housing Status:**

- You own or share your home, condominium or apartment
- You rent or share your home or apartment
- You live in public housing
- You live with a parent or family member
- You have a different living arrangement, but are not homeless
- You are homeless and sharing housing
- You are homeless and living in an emergency or transition shelter
- You are homeless and living in some other arrangement

**Tool to Complete at 24 Months**

**16. Relationship Assessment Tool completed (with *mother*)?**

- Yes, completed → **Date tool completed:**     /     / 20     → *Go to Question 16a.*

**16a. If Yes, result of Relationship Assessment Tool:**

- Score of 20 or higher → *Go to Question 16b.*
- Score of 19 or lower

**16b. If a Score of 20 or higher, did you give referral information?**

- Yes
- No, client refused a referral and/or services
- No, an earlier referral is still in process
- No, the client is not ready for a referral
- No, a referral is not needed at this time
- No, other reason

- No, not completed → *Go to Question 16c.*

**16c. If No, reason why Relationship Assessment Tool not completed:**

- Concern previously identified
- Client not currently in a relationship
- Other

**Instructions for the MIECHV**  
**M16-BABY'S AGE 24 MONTHS FORM -- INDEX PARENT**

**When to complete this form:** When the Index Child is between 23 – 25 months old.

**Item Instructions**

Item	Guidelines
<b>Name of Home Visitor</b>	The Home Visitor assigned to this family.
<b>Date Data Gathered</b>	Date that the questions on the form were asked of the Index Parent or date the data needed to answer the questions was gathered.
<b>Which Members of your family are currently serving or formerly served in the Military – active or reserve? (Check all that apply)</b>	(HRSA now requires annual reporting of updates to this data point. Select current status; if same as previously recorded, mark accordingly) <i>Based on self-report</i> , families that include individuals who are serving or formerly served in the Armed Forces.
<b>Index Parent's Additional Children?</b>	If the parent has given birth to any additional children since she was initially enrolled in MIECHV, <i>and they were not previously recorded</i> at Enrollment or in a previous Parent Form, indicate their date of birth here. <i>MM/DD/20YY</i>
<b>Marital Status</b>	<i>Based on self-report</i> by parent. If the status is the same as it was when previously recorded, still record the current status again.
<b>Mother Currently Pregnant?</b>	Is the <i>Mother</i> pregnant at this time? If pregnancy has not been medically confirmed, check "Unknown". If she is pregnant, answer next question of Expected Delivery Date.
<b>If Pregnant, Expected Delivery Date</b>	The date that the mother's current pregnancy's baby is estimated to be delivered on. <i>MM/DD/20YY</i>
<b>Index Parent's Current Health Insurance Status</b>	The parent's current health insurance. If the status is the same as it was when previously recorded, still record the current status again. Enter all that apply. <p><b>Not Insured:</b> the parent does not have health insurance of any type.</p> <p><b>Private or Employer's Insurance:</b> the parent purchases their own private health care insurance directly from an insurance company or their health insurance is provided by an employer (their employer or another person's).</p> <p><b>CAWEM (Citizen/Alien-Waived Emergency Medical benefit):</b> the benefit package that covers emergent prenatal care, labor and delivery for undocumented women, and covers undocumented children for emergent care.</p> <p><b>OHP/Medicaid:</b> the Oregon Health Plan (OHP) or public insurance benefit package, based on a prioritized list of health services, and is available to eligible children and pregnant women.</p> <p><b>State Children's Health Insurance Program (SCHIP):</b> A federal program that provides health insurance to cover uninsured children in families with incomes that are too high to qualify for Medicaid. The mother may have SCHIP if they are 18 or younger.</p>

	<p><b>TRICARE or other military health care:</b> TRICARE, the health care program for uniformed service members and their families, or other military health care.</p> <p><b>Other insurance:</b> write in the name of the health insurance the parent has if it is a different type than those listed above, such as Indian Health Services.</p>
<b>In the past 6 months, were there any days when you were not covered by health insurance?</b>	Were there any days in the past 6 months that the parent did not have continuous health insurance coverage?
<b>Educational Attainment</b>	Highest level of education that the parent has completed. If the status is the same as it was when previously recorded, still record the current status again.
<b>Current Education/Training status</b>	<p><b>Enrolled student/trainee (full or part-time):</b> the parent is currently enrolled at an institution, either full-time or part-time.</p> <p><b>Not enrolled:</b> the parent is not currently enrolled in any type of educational or training program.</p>
<b>Current Employment status</b>	<p><b>Employed Full Time:</b> the parent works for pay, outside the home, at least 30 hours per week, on average.</p> <p><b>Employed Part Time:</b> the parent works for pay, outside the home, <i>less than</i> 30 hours per week, on average.</p> <p><b>Not Employed:</b> the parent is not currently working for pay (for example, students, homemakers and those actively seeking work but currently not employed).</p>
<b>Does Index Parent have a history of substance abuse or need substance abuse treatment?</b>	<p>(HRSA now requires annual reporting of updates to this data point. Select current status; if same as previously recorded, mark accordingly)</p> <p><i>Based on self-report</i>, an index parent who has a history of substance abuse or who has been identified as needing substance abuse services through a substance abuse screening administered upon enrollment.</p>
<b>Does Index Parent use tobacco products?</b>	<p>(HRSA now requires annual reporting of updates to this data point. Select current status; if same as previously recorded, mark accordingly)</p> <p><i>Based on self-report</i>, enrollees who currently use tobacco products in the home or who have been identified as using tobacco through a substance abuse screening administered during intake. Include use of smokeless tobacco and electronic cigarettes.</p>
<b>Has Index Parent had a history of child abuse or neglect &amp; involvement with child welfare services either as a child or as an adult?</b>	<p>(HRSA now requires annual reporting of updates to this data point. Select current status; if same as previously recorded, mark accordingly)</p> <p><i>Based on self-report</i>, an index parent who has a history of abuse or neglect and/or has had involvement with child welfare services either as a child or as an adult.</p>
<b>Has a doctor or health professional ever told you that your child/any of your children has any developmental delay or developmental disability?</b>	<p>(HRSA now requires annual reporting of updates to this data point. Select current status; if same as previously recorded, mark accordingly)</p>

	<p><i>Based on self-report or home visitor's observation, enrollees who have a child or children suspected of having a developmental delay or disability.</i></p>
<p><b>When you think about your most recent experience in school or classes, how would you rate your own learning and achievement level?</b></p>	<p>(HRSA now requires annual reporting of updates to this data point. Select current status; if same as previously recorded, mark accordingly)  <i>Based on self-report, enrollees self-perception of their achievement level during their <b>most recent experience</b> in school or classes.</i></p>
<p><b>If Applicable –ask for each <u>school-aged child</u> of Index Parent: When you think about your child's most recent experience in school or classes, how would you rate their learning and achievement level?</b></p>	<p>(HRSA now requires annual reporting of updates to this data point. Select current status; if same as previously recorded, mark accordingly)  <i>Ask same question about each <u>school-aged child</u> of Index Parent. Based on self-report, enrollees perception of their school-aged children's achievement level during their most recent experience in school or classes. If parent has more than three school-aged children, please note additional items 14d, 14e, 14f, etc. on bottom of form with answer: High or Average or Low.</i></p>
<p><b>Current Housing Status</b></p>	<p><b>Owns or shares their home, condominium or apartment</b>  <b>Rents or shares their home or apartment</b>  <b>Lives in public housing</b>  <b>Lives with a parent or family member</b>  <b>You have a different living arrangement, but are not homeless</b>  <b>Homeless and sharing housing:</b> lacking a fixed, regular, and adequate nighttime residence and sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason.  <b>Homeless and living in an emergency or transitional shelter:</b> lacking a fixed, regular, and adequate nighttime residence and living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement.  <b>Homeless and some other arrangement:</b> living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; individuals who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; individuals who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.</p>
<p><b>Relationship Assessment Tool Completed (with <i>mother</i>)?</b></p>	<p><i>Only ask this question of Index Mothers. Was the Relationship Assessment Tool completed to screen for Domestic Violence? If it was, enter the date that the tool was completed. If it was completed, go to Question 10a. DO NOT send the Relationship Assessment Tool to the state.</i></p> <p><b>See Appendix A for Relationship Assessment Tool</b></p>
<p><b>If Yes, Result of Relationship Assessment Tool</b></p>	<p>If the Relationship Assessment Tool was completed, indicate if the score was either 20 or higher or 19 or lower. If the score was 20 or higher, go to Question 10b.</p>

<b>If a Score of 20 or higher, did you give referral information?</b>	Was a referral made? If not, indicate the reason why.
<b>If No, reason why Relationship Assessment Tool not completed</b>	If the Relationship Assessment Tool was not completed, indicate if the reason was either because Concern previously identified, Client not currently in a relationship, or any Other reason.

**M17**  
**MIECHV Baby's Age 24 Months**  
**Index Child**

Name of Home Visitor: \_\_\_\_\_

Home Visiting Program:  Early Head Start  Healthy Families Oregon

Child ID #: \_\_\_\_\_

Name of Index Child: \_\_\_\_\_

Name of Index Parent: \_\_\_\_\_

Date data gathered: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

1. In the past 6 months, have you (parent) **taken** your (index) child to the emergency department for an injury?

Yes (If yes, please note the reason and date)  No

**NOTE: ER visits for illness should not be noted**

Reason: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (month/day/year)

Reason: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (month/day/year)

Reason: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (month/day/year)

2. Has child ever had any breast milk?  Yes → Go to Question 2a.  No → Go to Question 3.

2a. If Yes, does child continue to get any breast milk?

Yes → Go to Question 3.  No → Go to Question 2b.

2b. If No, date child stopped getting breast milk: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

3. Child's current health insurance status:

Not insured

OHP/Medicaid

Private or employer's Insurance

State Children's Insurance Program (SCHIP)

CAWEM/CAWEM Plus

TRICARE or other military health care

Other insurance: \_\_\_\_\_

4. Has your child had the following well-child visit?

18 months:  Yes  No

5. Where do you usually take your child for medical care?

Doctor's/Nurse Practitioner's Office

Hospital Emergency Room

Hospital Outpatient

Federally Qualified Health Center (FQHC)

Retail Store or Minute Clinic

Other: \_\_\_\_\_

**M17**  
**MIECHV Baby's Age 24 Months, continued**  
Index Child ID# \_\_\_\_\_

6. Does your child have a usual source of dental care?  Yes  No

7. During a typical week, how many days do you (and/or a family member) read, tell stories and/or sing songs to your child?

0 – Not at all  1  2  3  4  5  6  7 – Every day

**Tool to Complete at 24 Months**

8. HOME Inventory completed?

Yes → Date Tool Completed:      /      / 20

No

**Instructions for the MIECHV  
M17-BABY'S AGE 24 MONTHS FORM -- INDEX CHILD**

**When to complete this form:** When the Index Child is between 23 - 25 months old.

**Item Instructions**

Item	Guidelines
<b>Name of Home Visitor</b>	The Home Visitor assigned to this family.
<b>Date Data Gathered</b>	Date that the questions on the form were asked of the Index Parent or date the data needed to answer the questions was gathered.
<b>In the past 6 months, have you (parent) taken your (index) child to the emergency department for an injury?</b>	<p>Has the child been to the emergency department in the past 6 months for an injury? Visits for Illnesses should NOT be noted here.</p> <p><i>Examples of Injury:</i></p> <ul style="list-style-type: none"> <li>Cut/wound</li> <li>Burn (includes scald)</li> <li>Immersion in water (Near drowning)</li> <li>Broken bone</li> <li>Concussion</li> <li>Motor vehicle traffic related injury</li> <li>Fall</li> <li>Suffocation</li> <li>Other injury related concern</li> </ul> <p>If the child has been to the Emergency Dept. for an Injury, indicate the Reason and Date of Visit.</p>
<b>Has child ever had any breast milk?</b>	Has the index child ever had any breast milk since they were born, even for a short period of time?
<b>If Yes, Does child continue to get breast milk?</b>	If index child has had any breast milk since birth, are they currently getting any breast milk?
<b>If No, Date child stopped getting breast milk</b>	<p>If child is completely weaned: after having no breast milk at all for <i>at least 2 weeks</i> – what was the date the child stopped getting breast milk? If exact date is not known or given, use these guidelines for different times of the month given (for example, parent says child stopped getting breast milk “the middle of last month”):</p> <ul style="list-style-type: none"> <li>Beginning of the month – Use month, 5<sup>th</sup> day and year</li> <li>Middle of the month – Use month, 15<sup>th</sup> day and year</li> <li>End of the month – Use month, 25<sup>th</sup> day and year</li> </ul> <p><i>MM/DD/20YY</i></p>
<b>Child's Current Health Insurance Status</b>	<p>The child's current health insurance. If the status is the same as it was when previously recorded, still record the current status again.</p> <p>Enter all that apply.</p> <ul style="list-style-type: none"> <li><b>Not Insured:</b> the child does not have health insurance of any type.</li> <li><b>Private or Employer's Insurance:</b> the child has insurance that is purchased directly from a private health care insurance company or</li> </ul>

	<p>their health insurance is provided by a parent or guardian’s employer.</p> <p><b>CAWEM (Citizen/Alien-Waived Emergency Medical benefit):</b> the benefit package that covers emergent prenatal care, labor and delivery for undocumented women, and covers undocumented children for emergent care.</p> <p><b>OHP/Medicaid:</b> the Oregon Health Plan (OHP) or public insurance benefit package, based on a prioritized list of health services, and is available to eligible children and pregnant women.</p> <p><b>State Children’s Health Insurance Program (SCHIP):</b> A federal program that provides health insurance to cover uninsured children in families with incomes that are too high to qualify for Medicaid.</p> <p><b>TRICARE or other military health care:</b> TRICARE, the health care program for uniformed service members and their families, or other military health care.</p> <p><b>Other insurance:</b> write in the name of the health insurance the child has if it is a different type than those listed above, such as Indian Health Services.</p>
<b>Has your child had the following well-child visit?</b>	Did the child have the indicated recommended well-child visit based on the American Academy of Pediatrics (AAP) schedule?
<b>Where do you usually take your child for medical care?</b>	The particular medical professional, doctor’s office, clinic, health center, or other place where the parent would take the child if he/she were sick or in need of advice about their health.
<b>Does your child have a usual source of dental care?</b>	Does the child have a dental home where the child’s oral health care is delivered in a comprehensive, continuously accessible, coordinated and family-centered way by a licensed dentist?
<b>During a typical week, how many days do you (and/or a family member) read, tell stories and/or sing songs to your child?</b>	Indicate how many days in a typical week does the parent or other family member read, tell stories and/or sing songs to the child.
<b>HOME Inventory Completed?</b>	To be completed with the Index Parent. Was the HOME Inventory completed? If it was completed, enter the date it was completed.

**M18**  
**ASQ Screening**  
*Index Child*

Name of Home Visitor: \_\_\_\_\_

Home Visiting Program:  Early Head Start       Healthy Families Oregon

Child ID #: \_\_\_\_\_

Name of Index Child: \_\_\_\_\_

Name of Index Parent: \_\_\_\_\_

1. ASQ Screening Completed?       Yes → Complete Questions 2, 3, 4 & Scores.  
 No → Complete Questions 5 & 6.

2. Date ASQ Screening scored and discussed with parent: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_

3. ASQ Screening scores indicate monitoring is needed or child is at risk for developmental delay?

Yes → Complete Form M18A-Referral Tracking & Follow-up.       No

4. Age level of ASQ Questionnaire used: \_\_\_\_\_ Months

DOMAIN	Screening Completed?	TOTAL Domain Score
Communication	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Gross Motor	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fine Motor	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Problem Solving	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Personal-Social	<input type="checkbox"/> Yes <input type="checkbox"/> No	

5. If No, reason why ASQ Screening was not completed (**Check all that apply**):

- Child is currently receiving Early Intervention (EI) services  
 Child is currently receiving other services → Please Specify: \_\_\_\_\_  
 Parent refused screening  
 No contact with client at this time  
 Other → Please Specify: \_\_\_\_\_

6. Date completed: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_

## Instructions for the MIECHV M18-ASQ SCREENING FORM -- INDEX CHILD

**When to complete this form:** When Index Child is between 23 - 25 months old.

- If the child is born 3 or more weeks premature, adjust the baby's age according to the ASQ instructions for appropriate age calculations.

Example: A 6-month old baby is being screened and was born 2 months prematurely. The appropriate ASQ interval to administer is the 4 month questionnaire.

*Source: ASQ-3 Quick Start Guide*

### Item Instructions

Item	Guidelines
<b>Name of Home Visitor</b>	The Home Visitor assigned to this family.
<b>ASQ Screening Completed?</b>	If the ASQ Screening was completed, then complete questions 2, 3, 4 and scores in table. If the Screening was not completed, then skip to questions 5 and 6.
<b>Date ASQ Screening scored and discussed with parent</b>	Date ASQ screening was scored and discussed with parent. <i>MM/DD/20YY</i>
<b>ASQ Screening scores indicate monitoring is needed or child is at risk for developmental delay?</b>	The monitor zone are scores in the lightly shaded (or gray) area. The darkly shaded (or black) area indicates that development is "below the cutoff" and the child may be at risk for developmental delay. If the child needs monitoring or is at risk for developmental delay, complete Form M10A-Referral Tracking & Follow-up.
<b>Age level of ASQ Questionnaire used:</b>	Indicate what age level the ASQ questionnaire used was, in months.
<b>Screening Completed?</b>	Indicate which domains of the screening were completed by checking <b>Y</b> (Yes) if they were completed and <b>N</b> (No) if they were not completed.
<b>TOTAL Domain Score</b>	Write in Total Domain Score for each domain that was completed. Range: 0-60 for each domain.
<b>If No, reason why ASQ Screening was not completed</b>	Indicate reason why screening was not completed. If Child is currently receiving other services, please specify service. If Other reason, please specify reason.
<b>Date Completed</b>	If ASQ Screening was not completed, date the M18 ASQ screening form (Question 5 only) was completed.

See Appendix C for ASQ-3 Resources

**M18A**

**\*For Children who Screened at Risk for Developmental Delay\***

**MIECHV REFERRAL TRACKING & FOLLOW-UP – INDEX CHILD**

**Please send this form to the State MONTHLY with updates**

**(due by the 15<sup>th</sup> of the following month)**

Name of Home Visitor: \_\_\_\_\_

Home Visiting Program:  Early Head Start  Healthy Families Oregon

Child ID #: \_\_\_\_\_ Name of Index Child: \_\_\_\_\_

Name of Index Parent: \_\_\_\_\_

Type of Service	INITIAL REFERRAL CONTACT	FOLLOW-UP		
	Date EI Referral Contacted	Date of EI Evaluation	If EI Evaluation NOT completed within 45 days of initial referral contact -- REASON:	Enrolled in EI?
1) Early Intervention Services	/ / 20	/ / 20	<input type="checkbox"/> Parent refused the EI referral or did not take action <input type="checkbox"/> Child is waiting for EI evaluation <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
1a) Early Intervention Services	/ / 20	/ / 20	<input type="checkbox"/> Parent refused the EI referral or did not take action <input type="checkbox"/> Child is waiting for EI Evaluation <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Type of Service	INITIAL REFERRAL CONTACT	FOLLOW-UP		
	Date Service Referral Contacted	Date Service Started/Received	If Service NOT received within 30 days of initial referral contact -- REASON:	
2) Another Community Service: Type: _____	/ / 20	/ / 20	<input type="checkbox"/> Parent refused the referral or did not take action <input type="checkbox"/> Child is waiting for service <input type="checkbox"/> Parent was unable to access service due to barriers (such as transportation, cost, time, child care, etc.) <input type="checkbox"/> Other: _____	
2a) Another Community Service: Type: _____	/ / 20	/ / 20	<input type="checkbox"/> Parent refused the referral or did not take action <input type="checkbox"/> Child is waiting for service <input type="checkbox"/> Parent was unable to access service due to barriers (such as transportation, cost, time, child care, etc.) <input type="checkbox"/> Other: _____	
3) Individualized developmental support from a home visitor	N/A	/ / 20		N/A
3a) Individualized developmental support from a home visitor	N/A	/ / 20		N/A

## Instructions for the MIECHV

### **M18A-*\*FOR CHILDREN WHO SCREENED AT RISK FOR DEVELOPMENTAL DELAY\**** **REFERRAL TRACKING & FOLLOW-UP FORM - INDEX CHILD**

#### **When to complete this form:**

**Initial Referral Contact Column:** If as a result of a MIECHV-required ASQ-3 Developmental Screening, the child is identified as in the monitoring zone (lightly shaded or gray area) or below the cutoff (darkly shaded or black area) as at risk of developmental delay, this form should be completed. The date referral contacts are made to needed services should be recorded ***any time they are made for the child***. This form should be sent to the state when any initial referral contact is made for the child.

**Follow-up Columns:** Following the initial contact with a referral service, when the child receives the Early Intervention (EI) Evaluation or other service, record the date that service is started or received. If the child has not received the service, continue to follow up as appropriate by encouraging the parent to access services for the child when ready or by checking on the referral. During this time of follow up with the parent, send the referral tracking form monthly to the state when updates are made. A reminder email will be sent monthly to your program from the state requesting the updated form.

**Referral Guidelines:** A referral to services can be made directly by calling Early Intervention or a community service agency and requesting services for the parent or by giving the parent a list of resources to call for assistance related to enhancing the child's development.

#### **Referral Definitions:**

##### **1) Early Intervention Services:**

Referrals made to Early Intervention (EI) Services for further evaluation and services. Benchmark will measure the percent of children who receive an EI evaluation within 45 calendar days of the referral. The 45 days begins when contact is made with EI services.

##### **1a) Additional Referrals to Early Intervention Services:**

If there is more than one referral for EI services over time, the second referral can be recorded here.

##### **2) Another Community Service:**

Referrals include those made to a different community service, other than Early Intervention, that provide support to enhance a child's development. Examples may include referrals to health or mental health services, speech, occupational or physical therapy services, parent-child groups, parent classes or early literacy supports. Benchmark will measure the

percent of children who receive services within 30 calendar days of the referral. The 30 days begins when contact is made with the community service.

**2a) Additional Referrals to Another Community Service:**

If there are more than one referral for other community services, the second referral can be recorded here.

**3) Individualized developmental support from a home visitor:**

For when the home visitor provides individualized developmental support directly to the child. This would include follow up activities to work on developmental skills identified in the monitoring zones, including additional screening. This should be done for any child who screens in the monitoring or at-risk zone for an ASQ domain.

**3a) Additional Individualized developmental support from a home visitor:**

If the child receives this service more than once, the second occurrence can be recorded here.

**Item Instructions**

<b>Item</b>	<b>Guidelines</b>
<b>Name of Home Visitor</b>	The Home Visitor assigned to this index parent.
<b>Child ID#</b>	Your program’s Child ID #. (For HFO & some EHS sites, this will be the same as the parent’s; for other EHS sites, this will be different than the parent’s.)
<b>Initial Referral Contact Column: Early Intervention Services</b>	
<b>Date EI Referral Contacted</b>	When a referral to EI is made, date the referral contact was made. <i>MM/DD/20YY</i>
<b>Follow-up Columns:</b>	
<b>Date of EI Evaluation</b>	Date of Early Intervention Evaluation. <i>MM/DD/20YY</i>
<b>If EI Evaluation not completed within 45 days of initial referral contact—REASON:</b>	If the child did not receive the EI Evaluation within 45 calendar days of referral contact, the reason they did not. Write in Other reason, if applicable.
<b>Enrolled in EI?</b>	Was child enrolled in EI as a result of the evaluation? Check Yes or No.
<b>Initial Referral Contact Column: Another Community Service</b>	
<b>Another Community Service</b>	If referral was made to another community service, other than EI, list type of Community Service.
<b>Date Service Referral Contacted</b>	When a referral to another community service is made, date the referral contact was made. <i>MM/DD/20YY</i>
<b>Follow-up Columns:</b>	
<b>Date Service Started/Received</b>	Date service started or was received. <i>MM/DD/20YY</i>
<b>If service was not received within 30 days of initial referral contact—REASON:</b>	If the child did not receive the other community service within 30 calendar days of referral contact, the reason they did not. Write in Other reason, if applicable.

***Follow-up Column: Individualized developmental support from a home visitor***

**Date Service Started/Received**

Date that the home visitor provided support to child.

*MM/DD/20YY*



**Instructions for the MIECHV**  
**M19-BABY'S AGE 30 MONTHS FORM -- INDEX PARENT**

**When to complete this form:** When the Index Child is between 29 – 31 months old.

**Item Instructions**

<b>Item</b>	<b>Guidelines</b>
<b>Name of Home Visitor</b>	The Home Visitor assigned to this family.
<b>Date Data Gathered</b>	Date that the questions on the form were asked of the Index Parent or date the data needed to answer the questions was gathered.
<b>Educational Attainment</b>	Highest level of education that the parent has completed. If the status is the same as it was when previously recorded, still record the current status again.
<b>In the past 6 months, were there any days when you were not covered by health insurance?</b>	Were there any days in the past 6 months that the parent did not have continuous health insurance coverage?

**M20**  
**MIECHV Baby's Age 30 Months**  
**Index Child**

Name of Home Visitor: \_\_\_\_\_

Home Visiting Program:  Early Head Start  Healthy Families Oregon

Child ID #: \_\_\_\_\_

Name of Index Child: \_\_\_\_\_

Name of Index Parent: \_\_\_\_\_

Date data gathered: \_\_\_ / \_\_\_ / 20\_\_\_

1. In the past 6 months, have you (parent) *taken* your (index) child to the emergency department for an injury?

Yes (If yes, please note the reason and date)  No

**NOTE: ER visits for illness should not be noted**

Reason: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_ (month/day/year)

Reason: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_ (month/day/year)

Reason: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_ (month/day/year)

2. Has child ever had any breast milk?  Yes → Go to Question 2a.  No → Go to Question 3.

2a. If Yes, does child continue to get any breast milk?

Yes → Go to Question 3.  No → Go to Question 2b.

2b. If No, date child stopped getting breast milk: \_\_\_ / \_\_\_ / 20\_\_\_

3. Has your child had the following well-child visit?

24 months:  Yes  No

4. During a typical week, how many days do you (and/or a family member) read, tell stories and/or sing songs to your child?

0 – Not at all  1  2  3  4  5  6  7 – Every day

**Instructions for the MIECHV  
M20-BABY'S AGE 30 MONTHS FORM -- INDEX CHILD**

**When to complete this form:** When the Index Child is between 29 – 31 months old.

**Item Instructions**

Item	Guidelines
<b>Name of Home Visitor</b>	The Home Visitor assigned to this family.
<b>Date Data Gathered</b>	Date that the questions on the form were asked of the Index Parent or date the data needed to answer the questions was gathered.
<b>In the past 6 months, have you (parent) taken your (index) child to the emergency department for an injury?</b>	<p>Has the child been to the emergency department in the past 6 months for an injury? Visits for Illnesses should NOT be noted here.</p> <p><i>Examples of Injury:</i></p> <ul style="list-style-type: none"> <li>Cut/wound</li> <li>Burn (includes scald)</li> <li>Immersion in water (Near drowning)</li> <li>Broken bone</li> <li>Concussion</li> <li>Motor vehicle traffic related injury</li> <li>Fall</li> <li>Suffocation</li> <li>Other injury related concern</li> </ul> <p>If the child has been to the Emergency Dept. for an Injury, indicate the Reason and Date of Visit.</p>
<b>Has child ever had any breast milk?</b>	Has the index child ever had any breast milk since they were born, even for a short period of time?
<b>If Yes, Does child continue to get breast milk?</b>	If index child has had any breast milk since birth, are they currently getting any breast milk?
<b>If No, Date child stopped getting breast milk</b>	<p>If child is completely weaned: after having no breast milk at all for <i>at least 2 weeks</i> – what was the date the child stopped getting breast milk? If exact date is not known or given, use these guidelines for different times of the month given (for example, parent says child stopped getting breast milk “the middle of last month”):</p> <ul style="list-style-type: none"> <li>Beginning of the month – Use month, 5<sup>th</sup> day and year</li> <li>Middle of the month – Use month, 15<sup>th</sup> day and year</li> <li>End of the month – Use month, 25<sup>th</sup> day and year</li> </ul> <p>MM/DD/20YY</p>
<b>Has your child had the following well-child visit?</b>	Did the child have the indicated recommended well-child visit based on the American Academy of Pediatrics (AAP) schedule?
<b>During a typical week, how many days do you (and/or a family member) read, tell stories and/or sing songs to your child?</b>	Indicate how many days in a typical week does the parent or other family member read, tell stories and/or sing songs to the child.

**M21**  
**ASQ Screening**  
*Index Child*

Name of Home Visitor: \_\_\_\_\_

Home Visiting Program:  Early Head Start  Healthy Families Oregon

Child ID #: \_\_\_\_\_

Name of Index Child: \_\_\_\_\_

Name of Index Parent: \_\_\_\_\_

1. ASQ Screening Completed?  Yes → Complete Questions 2, 3, 4 & Scores.  
 No → Complete Questions 5 & 6.

2. Date ASQ Screening scored and discussed with parent: \_\_\_\_ / \_\_\_\_ / 20\_\_

3. ASQ Screening scores indicate monitoring is needed or child is at risk for developmental delay?

Yes → Complete Form M21A-Referral Tracking & Follow-up.  No

4. Age level of ASQ Questionnaire used: \_\_\_\_ Months

DOMAIN	Screening Completed?	TOTAL Domain Score
Communication	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Gross Motor	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fine Motor	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Problem Solving	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Personal-Social	<input type="checkbox"/> Yes <input type="checkbox"/> No	

5. If No, reason why ASQ Screening was not completed (**Check all that apply**):

- Child is currently receiving Early Intervention (EI) services  
 Child is currently receiving other services → Please Specify: \_\_\_\_\_  
 Parent refused screening  
 No contact with client at this time  
 Other → Please Specify: \_\_\_\_\_

6. Date completed: \_\_\_\_ / \_\_\_\_ / 20\_\_

**Instructions for the MIECHV  
M21-ASQ SCREENING FORM -- INDEX CHILD**

**When to complete this form:** When Index Child is between 28 months and 16 days – 31 months and 15 days old.

**Item Instructions**

<b>Item</b>	<b>Guidelines</b>
<b>Name of Home Visitor</b>	The Home Visitor assigned to this family.
<b>ASQ Screening Completed?</b>	If the ASQ Screening was completed, then complete questions 2, 3, 4 and scores in table. If the Screening was not completed, then skip to questions 5 and 6.
<b>Date ASQ Screening scored and discussed with parent</b>	Date ASQ screening was scored and discussed with parent. <i>MM/DD/20YY</i>
<b>ASQ Screening scores indicate monitoring is needed or child is at risk for developmental delay?</b>	The monitor zone are scores in the lightly shaded (or gray) area. The darkly shaded (or black) area indicates that development is “below the cutoff” and the child may be at risk for developmental delay. If the child needs monitoring or is at risk for developmental delay, complete Form M10A-Referral Tracking & Follow-up.
<b>Age level of ASQ Questionnaire used:</b>	Indicate what age level the ASQ questionnaire used was, in months.
<b>Screening Completed?</b>	Indicate which domains of the screening were completed by checking <b>Y</b> (Yes) if they were completed and <b>N</b> (No) if they were not completed.
<b>TOTAL Domain Score</b>	Write in Total Domain Score for each domain that was completed. Range: 0-60 for each domain.
<b>If No, reason why ASQ Screening was not completed</b>	Indicate reason why screening was not completed. If Child is currently receiving other services, please specify service. If Other reason, please specify reason.
<b>Date Completed</b>	If ASQ Screening was not completed, date the M21 ASQ screening form (Question 5 only) was completed.

See Appendix C for ASQ-3 Resources

**M21A**

**\*For Children who Screened at Risk for Developmental Delay\***

**MIECHV REFERRAL TRACKING & FOLLOW-UP – INDEX CHILD**

*Please send this form to the State MONTHLY with updates  
(due by the 15<sup>th</sup> of the following month)*

Name of Home Visitor: \_\_\_\_\_

Home Visiting Program:  Early Head Start  Healthy Families Oregon

Child ID #: \_\_\_\_\_ Name of Index Child: \_\_\_\_\_

Name of Index Parent: \_\_\_\_\_

Type of Service	INITIAL REFERRAL CONTACT	FOLLOW-UP		
	Date EI Referral Contacted	Date of EI Evaluation	If EI Evaluation NOT completed within 45 days of initial referral contact -- REASON:	Enrolled in EI?
1) Early Intervention Services	/ / 20	/ / 20	<input type="checkbox"/> Parent refused the EI referral or did not take action <input type="checkbox"/> Child is waiting for EI evaluation <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
1a) Early Intervention Services	/ / 20	/ / 20	<input type="checkbox"/> Parent refused the EI referral or did not take action <input type="checkbox"/> Child is waiting for EI Evaluation <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Type of Service	INITIAL REFERRAL CONTACT	FOLLOW-UP		
	Date Service Referral Contacted	Date Service Started/Received	If Service NOT received within 30 days of initial referral contact -- REASON:	
2) Another Community Service: Type: _____	/ / 20	/ / 20	<input type="checkbox"/> Parent refused the referral or did not take action <input type="checkbox"/> Child is waiting for service <input type="checkbox"/> Parent was unable to access service due to barriers (such as transportation, cost, time, child care, etc.) <input type="checkbox"/> Other: _____	
2a) Another Community Service: Type: _____	/ / 20	/ / 20	<input type="checkbox"/> Parent refused the referral or did not take action <input type="checkbox"/> Child is waiting for service <input type="checkbox"/> Parent was unable to access service due to barriers (such as transportation, cost, time, child care, etc.) <input type="checkbox"/> Other: _____	
3) Individualized developmental support from a home visitor	N/A	/ / 20		N/A
3a) Individualized developmental support from a home visitor	N/A	/ / 20		N/A

## Instructions for the MIECHV

### **M21A-*\*FOR CHILDREN WHO SCREENED AT RISK FOR DEVELOPMENTAL DELAY\**** **REFERRAL TRACKING & FOLLOW-UP FORM - INDEX CHILD**

#### **When to complete this form:**

**Initial Referral Contact Column:** If as a result of a MIECHV-required ASQ-3 Developmental Screening, the child is identified as in the monitoring zone (lightly shaded or gray area) or below the cutoff (darkly shaded or black area) as at risk of developmental delay, this form should be completed. The date referral contacts are made to needed services should be recorded ***any time they are made for the child***. This form should be sent to the state when any initial referral contact is made for the child.

**Follow-up Columns:** Following the initial contact with a referral service, when the child receives the Early Intervention (EI) Evaluation or other service, record the date that service is started or received. If the child has not received the service, continue to follow up as appropriate by encouraging the parent to access services for the child when ready or by checking on the referral. During this time of follow up with the parent, send the referral tracking form monthly to the state when updates are made. A reminder email will be sent monthly to your program from the state requesting the updated form.

**Referral Guidelines:** A referral to services can be made directly by calling Early Intervention or a community service agency and requesting services for the parent or by giving the parent a list of resources to call for assistance related to enhancing the child's development.

#### **Referral Definitions:**

##### **1) Early Intervention Services:**

Referrals made to Early Intervention (EI) Services for further evaluation and services. Benchmark will measure the percent of children who receive an EI evaluation within 45 calendar days of the referral. The 45 days begins when contact is made with EI services.

##### **1a) Additional Referrals to Early Intervention Services:**

If there is more than one referral for EI services over time, the second referral can be recorded here.

##### **2) Another Community Service:**

Referrals include those made to a different community service, other than Early Intervention, that provide support to enhance a child's development. Examples may include referrals to health or mental health services, speech, occupational or physical therapy services, parent-child groups, parent classes or early literacy supports. Benchmark will measure the

percent of children who receive services within 30 calendar days of the referral. The 30 days begins when contact is made with the community service.

**2a) Additional Referrals to Another Community Service:**

If there are more than one referral for other community services, the second referral can be recorded here.

**3) Individualized developmental support from a home visitor:**

For when the home visitor provides individualized developmental support directly to the child. This would include follow up activities to work on developmental skills identified in the monitoring zones, including additional screening. This should be done for any child who screens in the monitoring or at-risk zone for an ASQ domain.

**3a) Additional Individualized developmental support from a home visitor:**

If the child receives this service more than once, the second occurrence can be recorded here.

**Item Instructions**

<b>Item</b>	<b>Guidelines</b>
<b>Name of Home Visitor</b>	The Home Visitor assigned to this index parent.
<b>Child ID#</b>	Your program’s Child ID #. (For HFO & some EHS sites, this will be the same as the parent’s; for other EHS sites, this will be different than the parent’s.)
<b>Initial Referral Contact Column: Early Intervention Services</b>	
<b>Date EI Referral Contacted</b>	When a referral to EI is made, date the referral contact was made. <i>MM/DD/20YY</i>
<b>Follow-up Columns:</b>	
<b>Date of EI Evaluation</b>	Date of Early Intervention Evaluation. <i>MM/DD/20YY</i>
<b>If EI Evaluation not completed within 45 days of initial referral contact —REASON:</b>	If the child did not receive the EI Evaluation within 45 calendar days of referral contact, the reason they did not. Write in Other reason, if applicable.
<b>Enrolled in EI?</b>	Was child enrolled in EI as a result of the evaluation? Check Yes or No.
<b>Initial Referral Contact Column: Another Community Service</b>	
<b>Another Community Service</b>	If referral was made to another community service, other than EI, list type of Community Service.
<b>Date Service Referral Contacted</b>	When a referral to another community service is made, date the referral contact was made. <i>MM/DD/20YY</i>
<b>Follow-up Columns:</b>	
<b>Date Service Started/Received</b>	Date service started or was received. <i>MM/DD/20YY</i>
<b>If service was not received within 30 days of initial referral contact —REASON:</b>	If the child did not receive the other community service within 30 calendar days of referral contact, the reason they did not. Write in Other reason, if applicable.

<b><i>Follow-up Column: Individualized developmental support from a home visitor</i></b>	
<b>Date Service Started/Received</b>	Date that the home visitor provided support to child. <i>MM/DD/20YY</i>

**M22**  
**MIECHV Baby's Age 36 Months**  
*Index Parent*

Name of Home Visitor: \_\_\_\_\_

Home Visiting Program:  Early Head Start  Healthy Families Oregon

Parent ID #: \_\_\_\_\_

Name of Index Parent: \_\_\_\_\_

Date data gathered: \_\_\_ / \_\_\_ / 20\_\_\_

**Questions about Family:**

1. Which members of your (index parent's) family are currently serving or formerly served in the military – active or reserve? (Check all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> Index parent             | <input type="checkbox"/> Index parent's spouse |
| <input type="checkbox"/> Index parent's parent(s) | <input type="checkbox"/> Father of child       |
| <input type="checkbox"/> Mother of child          | <input type="checkbox"/> None                  |

**Questions about Index Parent:**

2. Index Parent's Additional Children?      DOB    \_\_\_ / \_\_\_ / 20\_\_\_  
(Born after Parent's Enrollment &      DOB    \_\_\_ / \_\_\_ / 20\_\_\_  
not previously recorded)

3. Marital Status:

- |   |   |
|---|---|
| <input type="checkbox"/> Single/Never Married | <input type="checkbox"/> Separated/Divorced/Widowed                   |
| <input type="checkbox"/> Married              | <input type="checkbox"/> Not Married but living together with partner |

4. Mother Currently Pregnant?  Yes → Go to Question 4a.     No → Go to Question 5.     Unknown

4a. If Pregnant, Expected Delivery Date:    \_\_\_ / \_\_\_ / 20\_\_\_

5. Index Parent's Current Health Insurance status:

- |  |   |
|--|---|
| <input type="checkbox"/> Not insured                     | <input type="checkbox"/> OHP/Medicaid                               |
| <input type="checkbox"/> Private or employer's insurance | <input type="checkbox"/> State Children's Insurance Program (SCHIP) |
| <input type="checkbox"/> CAWEM/CAWEM Plus                | <input type="checkbox"/> TRICARE or other military health care      |
| <input type="checkbox"/> Other insurance: _____          |   |

6. In the past 6 months, were there any days when you were not covered by health insurance?

- Yes                                       No

**M22**  
**MIECHV Baby's Age 36 Months, continued**  
Index Parent ID# \_\_\_\_\_

**7. Educational Attainment:**

- |  |  |
|--|--|
| <input type="checkbox"/> Currently enrolled in high school | <input type="checkbox"/> High school diploma/GED             |
| <input type="checkbox"/> Less than high school diploma     | <input type="checkbox"/> Technical training or certification |
| <input type="checkbox"/> Some college/training             | <input type="checkbox"/> Associate's degree                  |
| <input type="checkbox"/> Bachelor's degree or higher       | <input type="checkbox"/> Other: _____                        |

**8. Current Education/Training status:**

- Enrolled student/trainee (full or part-time)       Not enrolled

**9. Current Employment status**

- Employed full time       Employed part time       Not employed

**10. Does Index Parent have a history of substance abuse or need substance abuse treatment?**

- Yes       No       Unknown

**11. Does Index Parent use tobacco products?**

- Yes       No       Unknown

**12. Has Index Parent had a history of child abuse or neglect & involvement with child welfare services either as a child or as an adult?**

- Yes       No       Unknown

**13. Has a doctor or health professional ever told you (index parent) that your child/any of your children has any developmental delay or developmental disability?**

- Yes       No       Unknown

**14. When you think about your (index parent's) most recent experience in school or classes, how would you rate your own learning and achievement level?**

- High       Average       Low       Unknown

*If applicable, ask for each child of Index Parent not previously recorded:*

**14a. When you think about your child's most recent experience in school or classes, how would you rate their learning and achievement level?**

- High       Average       Low       Unknown

**14b. When you think about your child's most recent experience in school or classes, how would you rate their learning and achievement level?**

- High       Average       Low       Unknown

**14c. When you think about your child's most recent experience in school or classes, how would you rate their learning and achievement level?**

- High       Average       Low       Unknown

**M22**  
**MIECHV Baby's Age 36 Months, continued**  
Index Parent ID# \_\_\_\_\_

**15. Current Housing Status:**

- You own or share your home, condominium or apartment
- You rent or share your home or apartment
- You live in public housing
- You live with a parent or family member
- You have a different living arrangement, but are not homeless
- You are homeless and sharing housing
- You are homeless and living in an emergency or transition shelter
- You are homeless and living in some other arrangement

**Tool to Complete at 36 Months**

**16. Relationship Assessment Tool completed (with *mother*)?**

- Yes, completed → **Date tool completed:**    /    / 20    → *Go to Question 16a.*

**16a. If Yes, result of Relationship Assessment Tool:**

- Score of 20 or higher → *Go to Question 16b.*
- Score of 19 or lower

**16b. If a Score of 20 or higher, did you give referral information?**

- Yes
- No, client refused a referral and/or services
- No, an earlier referral is still in process
- No, the client is not ready for a referral
- No, a referral is not needed at this time
- No, other reason

- No, not completed → *Go to Question 16c.*

**16c. If No, reason why Relationship Assessment Tool not completed:**

- Concern previously identified
- Client not currently in a relationship
- Other

**Instructions for the MIECHV  
M22-BABY'S AGE 36 MONTHS FORM -- INDEX PARENT**

**When to complete this form:** When the Index Child is between 35 – 37 months old.

**Item Instructions**

Item	Guidelines
<b>Name of Home Visitor</b>	The Home Visitor assigned to this family.
<b>Date Data Gathered</b>	Date that the questions on the form were asked of the Index Parent or date the data needed to answer the questions was gathered.
<b>Which Members of your family are currently serving or formerly served in the Military – active or reserve? (Check all that apply)</b>	(HRSA now requires annual reporting of updates to this data point. Select current status; if same as previously recorded, mark accordingly) <i>Based on self-report</i> , families that include individuals who are serving or formerly served in the Armed Forces.
<b>Index Parent's Additional Children?</b>	If the parent has given birth to any additional children since she was initially enrolled in MIECHV, <i>and they were not previously recorded</i> at Enrollment or in a previous Parent Form, indicate their date of birth here. <i>MM/DD/20YY</i>
<b>Marital Status</b>	<i>Based on self-report</i> by parent. If the status is the same as it was when previously recorded, still record the current status again.
<b>Mother Currently Pregnant?</b>	Is the <i>Mother</i> pregnant at this time? If pregnancy has not been medically confirmed, check "Unknown". If she is pregnant, answer next question of Expected Delivery Date.
<b>If Pregnant, Expected Delivery Date</b>	The date that the mother's current pregnancy's baby is estimated to be delivered on. <i>MM/DD/20YY</i>
<b>Index Parent's Current Health Insurance Status</b>	The parent's current health insurance. If the status is the same as it was when previously recorded, still record the current status again. Enter all that apply. <b>Not Insured:</b> the parent does not have health insurance of any type. <b>Private or Employer's Insurance:</b> the parent purchases their own private health care insurance directly from an insurance company or their health insurance is provided by an employer (their employer or another person's). <b>CAWEM (Citizen/Alien-Waived Emergency Medical benefit):</b> the benefit package that covers emergent prenatal care, labor and delivery for undocumented women, and covers undocumented children for emergent care. <b>OHP/Medicaid:</b> the Oregon Health Plan (OHP) or public insurance benefit package, based on a prioritized list of health services, and is available to eligible children and pregnant women. <b>State Children's Health Insurance Program (SCHIP):</b> A federal program that provides health insurance to cover uninsured children in families with incomes that are too high to qualify for Medicaid. The mother may have SCHIP if they are 18 or younger.

	<p><b>TRICARE or other military health care:</b> TRICARE, the health care program for uniformed service members and their families, or other military health care.</p> <p><b>Other insurance:</b> write in the name of the health insurance the parent has if it is a different type than those listed above, such as Indian Health Services.</p>
<b>In the past 6 months, were there any days when you were not covered by health insurance?</b>	Were there any days in the past 6 months that the parent did not have continuous health insurance coverage?
<b>Educational Attainment</b>	Highest level of education that the parent has completed. If the status is the same as it was when previously recorded, still record the current status again.
<b>Current Education/Training status</b>	<p><b>Enrolled student/trainee (full or part-time):</b> the parent is currently enrolled at an institution, either full-time or part-time.</p> <p><b>Not enrolled:</b> the parent is not currently enrolled in any type of educational or training program.</p>
<b>Current Employment status</b>	<p><b>Employed Full Time:</b> the parent works for pay, outside the home, at least 30 hours per week, on average.</p> <p><b>Employed Part Time:</b> the parent works for pay, outside the home, <i>less than</i> 30 hours per week, on average.</p> <p><b>Not Employed:</b> the parent is not currently working for pay (for example, students, homemakers and those actively seeking work but currently not employed).</p>
<b>Does Index Parent have a history of substance abuse or need substance abuse treatment?</b>	<p>(HRSA now requires annual reporting of updates to this data point. Select current status; if same as previously recorded, mark accordingly)</p> <p><i>Based on self-report</i>, an index parent who has a history of substance abuse or who has been identified as needing substance abuse services through a substance abuse screening administered upon enrollment.</p>
<b>Does Index Parent use tobacco products?</b>	<p>(HRSA now requires annual reporting of updates to this data point. Select current status; if same as previously recorded, mark accordingly)</p> <p><i>Based on self-report</i>, enrollees who currently use tobacco products in the home or who have been identified as using tobacco through a substance abuse screening administered during intake. Include use of smokeless tobacco and electronic cigarettes.</p>
<b>Has Index Parent had a history of child abuse or neglect &amp; involvement with child welfare services either as a child or as an adult?</b>	<p>(HRSA now requires annual reporting of updates to this data point. Select current status; if same as previously recorded, mark accordingly)</p> <p><i>Based on self-report</i>, an index parent who has a history of abuse or neglect and/or has had involvement with child welfare services either as a child or as an adult.</p>
<b>Has a doctor or health professional ever told you that your child/any of your children has any developmental delay or developmental disability?</b>	<p>(HRSA now requires annual reporting of updates to this data point. Select current status; if same as previously recorded, mark accordingly)</p>

	<p><i>Based on self-report or home visitor's observation, enrollees who have a child or children suspected of having a developmental delay or disability.</i></p>
<p><b>When you think about your most recent experience in school or classes, how would you rate your own learning and achievement level?</b></p>	<p>(HRSA now requires annual reporting of updates to this data point. Select current status; if same as previously recorded, mark accordingly)  <i>Based on self-report, enrollees self-perception of their achievement level during their <b>most recent experience</b> in school or classes.</i></p>
<p><b>If Applicable –ask for each <u>school-aged child</u> of Index Parent: When you think about your child's most recent experience in school or classes, how would you rate their learning and achievement level?</b></p>	<p>(HRSA now requires annual reporting of updates to this data point. Select current status; if same as previously recorded, mark accordingly)  <i>Ask same question about each <u>school-aged child</u> of Index Parent. Based on self-report, enrollees perception of their school-aged children's achievement level during their most recent experience in school or classes. If parent has more than three school-aged children, please note additional items 14d, 14e, 14f, etc. on bottom of form with answer: High or Average or Low.</i></p>
<p><b>Current Housing Status</b></p>	<p><b>Owns or shares their home, condominium or apartment</b>  <b>Rents or shares their home or apartment</b>  <b>Lives in public housing</b>  <b>Lives with a parent or family member</b>  <b>You have a different living arrangement, but are not homeless</b>  <b>Homeless and sharing housing:</b> lacking a fixed, regular, and adequate nighttime residence and sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason.  <b>Homeless and living in an emergency or transitional shelter:</b> lacking a fixed, regular, and adequate nighttime residence and living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement.  <b>Homeless and some other arrangement:</b> living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; individuals who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; individuals who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.</p>
<p><b>Relationship Assessment Tool Completed (with <i>mother</i>)?</b></p>	<p><i>Only ask this question of Index Mothers. Was the Relationship Assessment Tool completed to screen for Domestic Violence? If it was, enter the date that the tool was completed. If it was completed, go to Question 10a. DO NOT send the Relationship Assessment Tool to the state.</i></p> <p><b>See Appendix A for Relationship Assessment Tool</b></p>
<p><b>If Yes, Result of Relationship Assessment Tool</b></p>	<p>If the Relationship Assessment Tool was completed, indicate if the score was either 20 or higher or 19 or lower. If the score was 20 or higher, go to Question 10b.</p>

<b>If a Score of 20 or higher, did you give referral information?</b>	Was a referral made? If not, indicate the reason why.
<b>If No, reason why Relationship Assessment Tool not completed</b>	If the Relationship Assessment Tool was not completed, indicate if the reason was either because Concern previously identified, Client not currently in a relationship, or any Other reason.

**M23**  
**MIECHV Baby's Age 36 Months**  
*Index Child*

Name of Home Visitor: \_\_\_\_\_

Home Visiting Program:  Early Head Start  Healthy Families Oregon

Child ID #: \_\_\_\_\_

Name of Index Child: \_\_\_\_\_

Name of Index Parent: \_\_\_\_\_

Date data gathered: \_\_\_ / \_\_\_ / 20\_\_\_

1. In the past 6 months, have you (parent) *taken* your (index) child to the emergency department for an injury?

Yes (If yes, please note the reason and date)  No

**NOTE: ER visits for illness should not be noted**

Reason: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_ (month/day/year)

Reason: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_ (month/day/year)

Reason: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_ (month/day/year)

2. Has child ever had any breast milk?  Yes → Go to Question 2a.  No → Go to Question 3.

2a. If Yes, does child continue to get any breast milk?

Yes → Go to Question 3.  No → Go to Question 2b.

2b. If No, date child stopped getting breast milk: \_\_\_ / \_\_\_ / 20\_\_\_

3. Child's current health insurance status:

- Not insured  OHP/Medicaid  
 Private or employer's Insurance  State Children's Insurance Program (SCHIP)  
 CAWEM/CAWEM Plus  TRICARE or other military health care  
 Other insurance: \_\_\_\_\_

4. Has your child had the following well-child visit? 30 months:  Yes  No

5. Where do you usually take your child for medical care?

- Doctor's/Nurse Practitioner's Office  
 Hospital Emergency Room  
 Hospital Outpatient  
 Federally Qualified Health Center (FQHC)  
 Retail Store or Minute Clinic  
 Other: \_\_\_\_\_

6. Does your child have a usual source of dental care?  Yes  No

7. During a typical week, how many days do you (and/or a family member) read, tell stories and/or sing songs to your child?

0 – Not at all  1  2  3  4  5  6  7 – Every day

**Instructions for the MIECHV  
M23-BABY'S AGE 36 MONTHS FORM -- INDEX CHILD**

**When to complete this form:** When the Index Child is between 35 – 37 months old.

**Item Instructions**

Item	Guidelines
Name of Home Visitor	The Home Visitor assigned to this family.
Date Data Gathered	Date that the questions on the form were asked of the Index Parent or date the data needed to answer the questions was gathered.
In the past 6 months, have you (parent) taken your (index) child to the emergency department for an injury?	<p>Has the child been to the emergency department in the past 6 months for an injury? Visits for Illnesses should NOT be noted here.</p> <p><i>Examples of Injury:</i></p> <ul style="list-style-type: none"> <li>Cut/wound</li> <li>Burn (includes scald)</li> <li>Immersion in water (Near drowning)</li> <li>Broken bone</li> <li>Concussion</li> <li>Motor vehicle traffic related injury</li> <li>Fall</li> <li>Suffocation</li> <li>Other injury related concern</li> </ul> <p>If the child has been to the Emergency Dept. for an Injury, indicate the Reason and Date of Visit.</p>
Has child ever had any breast milk?	Has the index child ever had any breast milk since they were born, even for a short period of time?
If Yes, Does child continue to get breast milk?	If index child has had any breast milk since birth, are they currently getting any breast milk?
If No, Date child stopped getting breast milk	<p>If child is completely weaned: after having no breast milk at all for <i>at least 2 weeks</i> – what was the date the child stopped getting breast milk? If exact date is not known or given, use these guidelines for different times of the month given (for example, parent says child stopped getting breast milk “the middle of last month”):</p> <ul style="list-style-type: none"> <li>Beginning of the month – Use month, 5<sup>th</sup> day and year</li> <li>Middle of the month – Use month, 15<sup>th</sup> day and year</li> <li>End of the month – Use month, 25<sup>th</sup> day and year</li> </ul> <p><i>MM/DD/20YY</i></p>
Child's Current Health Insurance Status	<p>The child's current health insurance. If the status is the same as it was when previously recorded, still record the current status again.</p> <p>Enter all that apply.</p> <p><b>Not Insured:</b> the child does not have health insurance of any type.</p> <p><b>Private or Employer's Insurance:</b> the child has insurance that is purchased directly from a private health care insurance company or their health insurance is provided by a parent or guardian's employer.</p>

	<p><b>CAWEM (Citizen/Alien-Waived Emergency Medical benefit):</b> the benefit package that covers emergent prenatal care, labor and delivery for undocumented women, and covers undocumented children for emergent care.</p> <p><b>OHP/Medicaid:</b> the Oregon Health Plan (OHP) or public insurance benefit package, based on a prioritized list of health services, and is available to eligible children and pregnant women.</p> <p><b>State Children’s Health Insurance Program (SCHIP):</b> A federal program that provides health insurance to cover uninsured children in families with incomes that are too high to qualify for Medicaid.</p> <p><b>TRICARE or other military health care:</b> TRICARE, the health care program for uniformed service members and their families, or other military health care.</p> <p><b>Other insurance:</b> write in the name of the health insurance the child has if it is a different type than those listed above, such as Indian Health Services.</p>
<p><b>Has your child had the following well-child visit?</b></p>	<p>Did the child have the indicated recommended well-child visit based on the American Academy of Pediatrics (AAP) schedule?</p>
<p><b>Where do you usually take your child for medical care?</b></p>	<p>The particular medical professional, doctor’s office, clinic, health center, or other place where the parent would take the child if he/she were sick or in need of advice about their health.</p>
<p><b>Does your child have a usual source of dental care?</b></p>	<p>Does the child have a dental home where the child’s oral health care is delivered in a comprehensive, continuously accessible, coordinated and family-centered way by a licensed dentist?</p>
<p><b>During a typical week, how many days do you (and/or a family member) read, tell stories and/or sing songs to your child?</b></p>	<p>Indicate how many days in a typical week does the parent or other family member read, tell stories and/or sing songs to the child.</p>

**M47**  
**MIECHV PROGRAM EXIT**  
*Index Parent & Index Child*

Name of Home Visitor: \_\_\_\_\_

Home Visiting Program:  Early Head Start  Healthy Families Oregon

Parent ID #: \_\_\_\_\_

Name of Index Parent: \_\_\_\_\_

Name of Index Child: \_\_\_\_\_

1. Date of Program Exit: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_

**2. Reason for Program Exit:**

- Successfully completed program
- Terminated services → Go to Question 2a.

**2a. If Terminated services, Reason:**

- Client returned to work or school
- Client received what they need from the program
- Client is receiving services from another program
- Moved out of service area
- Unable to locate or contact
- Excessive missed appointments/attempted visits
- Refused new Home Visitor
- Dissatisfied with program
- Pressure from family
- Home Visitor resigned and no room in remaining Home Visitors' caseload
- Concern for safety of Home Visitor
- Unable to serve client due to language
- Unable to accommodate client's requested schedule
- Miscarried/fetal death
- Child no longer in family's custody
- Client incarcerated
- Client no longer interested in program
- Client feels visit schedule is too much
- Other Reason: \_\_\_\_\_

**Instructions for the MIECHV**  
**M47-PROGRAM EXIT FORM -- INDEX PARENT & INDEX CHILD**

**When to complete this form:** At the time that the Index Parent and Child leave the MIECHV program, for any reason.

**Item Instructions**

<b>Item</b>	<b>Guidelines</b>
<b>Name of Home Visitor</b>	The Home Visitor assigned to this family.
<b>Parent ID#</b>	Your program's Parent ID #. (For HFO & some EHS sites, this will be the same as the child's; for other EHS sites, this will be different than the child's.)
<b>Name of Index Parent</b>	Index Parent's Name.
<b>Name of Index Child</b>	Index Child's Name.
<b>Date of Program Exit</b>	The date the index parent and child leave MIECHV program. <i>MM/DD/20YY</i>
<b>Reason for Program Exit</b>	Indicate the reason the index parent and child are leaving the MIECHV program. If the client Terminated services, select the reason from the list in 2a. If reason isn't given, then use write in option, "Other Reason".