

Please do **NOT** skip this survey form.
Fill in as much information as possible
and return this form to NPC Research.

Healthy Families Oregon Family Update

Version 14.1
January 1, 2020

CHILD NAME _____

Complete Family Update at 6-month intervals (i.e., when the target child is 6, 12, 18, etc., months of age).
You should complete this form even if the family is on Creative Outreach.

FORM INSTRUCTIONS: Completely darken response circles like this ●. Clearly print numbers as shown:

0	1	2	3	4	5	6	7	8	9
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Family Update Type:	Child's Age in Months	Visitor ID	Child of Focus ID	Family County of Residence	Child's Date of Birth:																																																																																																																																																																																																																																																								
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CURRENT FAMILY STATUS

1a. Today's date:

Month		Day		Year	
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

1b. Is this family on Creative Outreach?

- Yes No

2. Is the child living with a new primary caregiver since the last Family Update/Intake?

- No
- Yes, primary caregiver is now the other parent
- Yes, primary caregiver is now another relative
- Yes, primary caregiver is now a foster parent
- Yes, other (explain) _____

3. Gross monthly family income:

- Under \$400 \$1,001 - \$1,500 \$2,501 - \$3,000
- \$400 - \$650 \$1,501 - \$2,000 \$3,001 or more
- \$651 - \$1000 \$2,001 - \$2,500 Don't Know

4. Size of family supported by income:

- 1 2 3 4 5 6 7 8 9 or more

5. Primary caregiver's employment:

- Employed full-time (35 hrs/week or more) Not employed, actively seeking work
- Employed part-time Not employed, not seeking work
- Employed seasonally On maternity/paternity leave

6. Second parent figure's employment:

- (If no "second parent figure," go to # 7)
- Employed full-time (35 hrs/week or more) Not employed, actively seeking work
- Employed part-time Not employed, not seeking work
- Employed seasonally On maternity/paternity leave

7. Has primary caregiver or spouse/partner served (or currently serving) in the Armed Forces?

- Yes No

8. What is primary caregiver's housing situation:

- Own/share ownership of their home
- Rent/share rent of their home
- Live in public housing
- Live with parent or family member
- Other arrangement (not homeless)
- Homeless - sharing housing
- Homeless - emergency or transitional shelter
- Homeless - other arrangement

Please turn over; additional questions are on the back. →

BASIC SERVICES AND RESOURCES

9. Since the last Family Update/Intake, if any member of this family needed and lacked this service, mark "Yes" in the first column. Mark "Yes" in the second column to show which services you made (or offered to make) a referral* for (including referrals in progress). In the third column, indicate if you were able to follow up with the family about the referral. Finally, in the last column, indicate if the family was connected to service (families that declined services should be marked as "no").

* Referral is defined as giving needed/requested information to the family about how to access resources/services, going with a family to help them apply for or access resources/services, supporting family to call and access resources/services and/or providing the family's information to a community partner.

	Did <u>anyone</u> need service?		Has referral* been offered, made, or is one in progress?			Was there follow up with the family on this referral?		Was family connected to service?	
	Yes	No	Yes	No		Yes	No	Yes	No
a. Dental services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	If "Yes," <input type="checkbox"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Substance abuse services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	If "Yes," <input type="checkbox"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Intimate partner violence assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	If "Yes," <input type="checkbox"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Education assistance (GED, ESL, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	If "Yes," <input type="checkbox"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Housing (Housing Assistance)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	If "Yes," <input type="checkbox"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Job training or employment services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	If "Yes," <input type="checkbox"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	If "Yes," <input type="checkbox"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Medicaid / OHP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	If "Yes," <input type="checkbox"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Public health nursing services (Babies First!, CaCoon, MCM)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	If "Yes," <input type="checkbox"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. TANF or other cash assistance (Disability, SSI, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	If "Yes," <input type="checkbox"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Food assistance (WIC, SNAP, food boxes, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	If "Yes," <input type="checkbox"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Child care/ Early childhood education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	If "Yes," <input type="checkbox"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Early Intervention/ Special Education Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	If "Yes," <input type="checkbox"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Cognitive disability of parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	If "Yes," <input type="checkbox"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	If "Yes," <input type="checkbox"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Social groups/ Community events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	If "Yes," <input type="checkbox"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HEALTH

10. Are the child's immunizations up-to-date?
 Yes
 Some, but not all are up-to-date
 No immunizations, parent declines (e.g., for religious reasons)
 No immunizations, lack of parent follow-through → **Did you make a referral for immunizations?**
 Yes No

11. Primary source of immunization data:
 Immunization card or other health record
 Alert System
 Other: _____

12. Has the child received regular well-child checkups?
 Yes Some, but not all, regular checkups No, none

13. Specify the child's health insurance
 Private insurance
 Medicaid/OHP
 No insurance
 Other _____

14. Specify the primary caregiver's health insurance:
 Private insurance
 Medicaid/OHP
 CAWEM
 No insurance
 Other _____

15. How many times has this **focus child** been to the emergency room for any reason since the last Family Update/Intake?
 Enter total times:

16. How many times has this **primary caregiver** been to the emergency room for any reason since the last Family Update/Intake?
 Enter total times:

17. Has the child received medical care for an injury since the last Family Update/Intake?
 Yes No Don't know

18. Does the child receive passive smoke (tobacco or marijuana) exposure (is the child frequently exposed to smoke at home, outside or elsewhere)?
 Yes No Don't know

- | | Yes | No |
|--|-----------------------|-----------------------|
| 19. Is the child linked to a primary health care provider? | <input type="radio"/> | <input type="radio"/> |

- | | | |
|--|-----------------------|-----------------------|
| 20. Do all children under the age of 5 in the household have a primary health care provider? | <input type="radio"/> | <input type="radio"/> |
|--|-----------------------|-----------------------|

- | | | |
|---|-----------------------|-----------------------|
| 21. Does the primary caregiver have a primary health care provider? | <input type="radio"/> | <input type="radio"/> |
|---|-----------------------|-----------------------|

- | | | |
|--|-----------------------|-----------------------|
| 22a. When you completed the last intake or update, was mother breastfeeding at that time?
<i>If no, skip b and c.</i> | <input type="radio"/> | <input type="radio"/> |
|--|-----------------------|-----------------------|

- | | | |
|---|-----------------------|-----------------------|
| 22b. If yes, is mother currently breastfeeding? | <input type="radio"/> | <input type="radio"/> |
|---|-----------------------|-----------------------|

- | | | |
|--|----------------------|----------------------|
| 22c. If not, how many months total did mom breastfeed child? | <input type="text"/> | <input type="text"/> |
|--|----------------------|----------------------|

- | | Yes | No | DK |
|---------------------------------------|-----------------------|-----------------------|-----------------------|
| 23. Is the mother currently pregnant? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- If "Yes," a. Was current pregnancy planned? Yes No DK

- b. Did the mother receive early (1st trimester) and comprehensive (5 or more checkups) prenatal care? Yes No DK

- c. Did you refer to prenatal services? Yes No DK

- | | Yes | No | DK |
|---|-----------------------|-----------------------|-----------------------|
| 24. Has mother given birth to a subsequent child since the last Family Update/Intake? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

If "Yes," record State ID# for NEW child:

(Please remember you must enter the child in the State Database in order to obtain an ID)

0	0	0	0	0	0	0	0
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Please turn over; additional questions are on the back. →

Additional Family Items

25. To your knowledge does this family have any level of involvement with DHS Child Welfare/ICWA services (e.g. reports, services, child in foster care, etc.)? If yes, complete 26-32, if no, skip to question 33.

- Yes No Don't know

26. Is this child currently in foster care or out-of-home placement?

- Yes No Don't know

27. Since the last Family Update/Intake, did you make a DHS Child Welfare/ICWA report on this family?

- Yes No (If "No," skip to #29)

28. What was the reason for the report?

(Mark all that apply)

- Child neglect (e.g., unsupervised, unfed, poor living situation)
- Threat of harm (e.g., violence, drugs, illegal activity in the home, etc.)
- Physical abuse
- Sexual abuse
- Emotional/Psychological abuse
- Other _____

29. Since the last Family Update/Intake, has there been a DHS Child Welfare/ICWA investigation?

- Yes No Don't know

30. Was a DHS Child Welfare/ICWA case opened on the family since the last Family Update/Intake?

- Yes No Don't know

31. Were any children removed from the home?

- Yes No Don't know

32. Since the last Family Update/Intake, do you know of any other DHS Child Welfare/ICWA reports on this family?

- Yes No

33. Are any of the following events known to have occurred in the family since the last Family Update/Intake?

(Mark all that apply)

- Marriage
- New partner
- New job
- Completed GED, graduated HS or obtained other degree
- Off public assistance (TANF)
- Criminal activity
- Divorce, separation, or break-up with partner
- Death of a family member
- Medical crisis or major illness of family member
- Unplanned job loss or unstable employment
- On public assistance (TANF)
- Obtained housing
- Unstable housing

34. Is there anything you want to tell us about this family?