

# FILLING OUT THE FAMILY UPDATE FORM: A HOW TO GUIDE

January 2023

The Family Intake form is used to track the family's progress throughout the duration of services. The purpose of this form is to provide updated information about the family to the evaluation. This form should be completed by the home visitor every 6 months throughout the duration of their services.

## The Family Update Form, pages 1 & 2

### Top of the Form

- All these fields, including child name, are required for the evaluation to use the form
- Be sure that numbers and bubbles match

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

Family Update Type:	Child's Age in Months	Visitor ID	Child of Focus ID	Family County of Residence	Child's Date of Birth: Month Day Year
<input type="radio"/> 6-month <input type="radio"/> 12-month <input type="radio"/> 18-month <input type="radio"/> 24-month <input type="radio"/> 30-month <input type="radio"/> 36-month <input type="radio"/> 42-month <input type="radio"/> 48-month <input type="radio"/> 54-month <input type="radio"/> 60-month	<input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20 <input type="radio"/> 21 <input type="radio"/> 22 <input type="radio"/> 23 <input type="radio"/> 24 <input type="radio"/> 25 <input type="radio"/> 26 <input type="radio"/> 27 <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 31	2483	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20 <input type="radio"/> 21 <input type="radio"/> 22 <input type="radio"/> 23 <input type="radio"/> 24 <input type="radio"/> 25 <input type="radio"/> 26 <input type="radio"/> 27 <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 31	<input type="radio"/> Baker <input type="radio"/> Benton <input type="radio"/> Clatsop <input type="radio"/> Columbia <input type="radio"/> Coos <input type="radio"/> Crook <input type="radio"/> Deschutes <input type="radio"/> Douglas <input type="radio"/> Gilliam <input type="radio"/> Grant <input type="radio"/> Harney <input type="radio"/> Hood River <input type="radio"/> Jackson <input type="radio"/> Jefferson <input type="radio"/> Josephine <input type="radio"/> Klamath <input type="radio"/> Lake <input type="radio"/> Lincoln <input type="radio"/> Linn <input type="radio"/> Malheur <input type="radio"/> Marion <input type="radio"/> Multnomah <input type="radio"/> Polk <input type="radio"/> Sherman <input type="radio"/> Tillamook <input type="radio"/> Union <input type="radio"/> Wasco <input type="radio"/> Washington <input type="radio"/> Wheeler <input type="radio"/> Yamhill	Month: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 Day: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20 <input type="radio"/> 21 <input type="radio"/> 22 <input type="radio"/> 23 <input type="radio"/> 24 <input type="radio"/> 25 <input type="radio"/> 26 <input type="radio"/> 27 <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 31 Year: <input type="radio"/> 00 <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20 <input type="radio"/> 21 <input type="radio"/> 22 <input type="radio"/> 23

1a. Today's date: Month Day Year

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 (explain) \_\_\_\_\_

3. Primary caregiver's employment:  
 Employed full-time (35 hrs/week or more)  
 Employed part-time  
 Employed seasonally  
 Not employed, actively seeking work  
 Not employed, not seeking work  
 On maternity/paternity leave

4. Second parent figure's employment: (if no "second parent figure," go to #7)  
 Employed full-time (35 hrs/week or more)  
 Employed part-time  
 Employed seasonally  
 Not employed, actively seeking work  
 Not employed, not seeking work  
 On maternity/paternity leave

5. Has primary caregiver or spouse/partner served (or currently serving) in the Armed Forces?  
 Yes  No

6. 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

Income: \$1,500 - \$2,500  \$2,501 - \$3,000  \$3,001 or more  Don't Know

Age: 5  6  7  8  9 or more

Please turn over; additional questions are on the back.

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- The Family Update bubble form is a booklet-style form with four pages and is purple in color
- Confirm you are using the correct form by verifying that the upper right-hand corner reads: "Version 14.1, January 1, 2020"

### Current Family Status

- The second half of the first page includes the Current Family Status section
- This section asks about any changes in primary caregiver, income, employment, and housing since the last Family Update/Intake

Back of form

### Basic Services and Resources

- The back of the first page includes the Basic Services and Resources section
- This section tracks family need, referral offers, referral follow-ups, and service connection
- This section should reflect service needed and/or received for any member of the family since the last Family Update/Intake
- For referrals marked as having been offered/made/in progress, also indicate whether there was a follow up with the family on the referral

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 (include the name of the service 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 do not need to be marked).

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

	Did anyone need service?		Has referral been offered, made, or is one in progress?		
	Yes	No	Yes	No	
a. Dental services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	If "Yes," <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="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="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="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="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="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="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="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="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
j. TANF or other cash assistance (Disability, SSL, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	If "Yes," <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="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="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="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="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="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="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>

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## The Family Update Form, pages 3 & 4

### Health

- The front of the second page (page 3) includes the Health section
- This section includes info about immunizations, check-ups, ER use, insurance, and breastfeeding
- When possible, consult immunization records to report info on immunizations
- Question 24 is used to report subsequent births. If a subsequent birth occurred, you must obtain an ID number for the new child from NPC Research

If pages are separated, please do not staple. Write in Child ID here: \_\_\_\_\_

HEALTH

18. Are immunizations up-to-date?  
a. Immunizations, parent declines (e.g., for religious reasons)  
b. No immunizations, lack of parent follow-through  
Did you make a referral for immunizations?  
 Yes  No

19. Is the child linked to a primary health care provider?  Yes  No

20. Do all children under the age of 5 in the household have a primary health care provider?  Yes  No

21. Does the primary caregiver have a primary health care provider?  Yes  No

22a. When you completed the last intake or update, was mother breastfeeding at that time?  
If no, skip b and c.  Yes  No

22b. If yes, is mother currently breastfeeding?  Yes  No

22c. If not, how many months total did mom breastfeed child?

23. Is the mother currently pregnant?  
If "Yes," a. Was current pregnancy planned?  Yes  No  DK  
b. Did the mother receive early (1st trimester) and comprehensive (3 or more checkups) prenatal care?  Yes  No  DK  
c. Did you refer to prenatal services?  Yes  No  DK

24. Has mother given birth to a subsequent child since the last Family Update/Intake?  Yes  No  DK  
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)  
[Bubble grid for State ID#]

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

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Back of form



### Additional Family Items

- The back of the second page (page 4) includes the Additional Family Items sections
- This section includes info about possible Oregon Dept of Human Services (ODHS) and/or reports, as well as notable family life events
- Only document formal reports to the ODHS Child Welfare System, even if unfounded
- Do not include reports made for spousal abuse unless the child was present, and a report was made on behalf of the child

### Tips and Reminders!

- Use *only* blue or black ink, and no pencil please
- For bubbling errors, put an "X" through the incorrect bubble, then bubble the correct item (see example in 27 on this page)
- Please do not staple additional pages or notes to the bubble form. Paperclipped and/or sticky notes are fine