

FAMILY UPDATE FORM

Home visitors should complete a Family Update every 6 months throughout the duration of services to track family progress. It should be completed even if the family is on Creative Outreach.

The Family Update is a single page, front and back, and is purple in color. Please confirm you are using the correct form by verifying that the upper right hand corner reads “Version 14.1 January 1, 2020”.

Please complete these required pieces of information:

- Child Name
- Family Update Type (6-month, 12-month, etc.)
- Child’s Age (in months)
- Home Visitor ID
- Child of Focus ID
- Family County of Residence
- Child’s Date of Birth
- Today’s Date

If any of these fields are not filled out, the data cannot be reliably linked to other evaluation data and will be returned to the program.

Important things to note regarding use of the Family Update form:

- The Family Update form is divided into 4 sections: (1) current family status, (2) basic services and resources, (3) health, and (4) additional family items.
- There are only *two items* on the Family Update that are “mark all that apply”: question 28 – reason(s) for Child Welfare (CW)/Indian Child Welfare Act (ICWA) report on family, and question 33 – family events occurring since the last Family Update. This means that for all other questions you may only select one response per question. Even if two options seem to fit, please choose the response that best reflects the answer. If more than one response is bubbled in the question will be considered unanswered/missing data by the scanning software.
- Please enter the Child ID at the top of the second page (page 3) where indicated. This way, if the pages of the form are separated, we can connect the correct pages to each family.
- If pages are separated, please *do not staple* them. You may leave them loose or paper clip them. Tears in the paper resulting from staple removal may prevent the form from being scannable.

Below is a summary of questions in the Current Family Status section (questions 1 through 8):

1. Question 1a asks for the date the Family Update form was completed. If you filled out the survey over multiple visits, indicate the last date you worked on this form.
2. Question 1b asks whether the family is currently on Creative Outreach. If that is the case, you should complete as much of the form as possible, based on what you knew about the family prior to them going on Creative Outreach.
3. Question 2 will capture whether there have been any changes in primary caregiver since intake or the last Family Update. Since the Family Update form provides updated information from the last completed form, it is important to note if the primary caregiver has changed (as differences in responses may be due to the change in caregiver).
4. Answers to questions 3 and 4 allow us to determine whether a family is below, at or above the federal poverty level which helps the state determine Medicaid eligibility.
5. When answering questions 5 and 6 regarding employment, please note that if the caregiver is not employed due to being in school, receiving disability/SSI, or due to a physical or mental health issue that prevents them from working, each of these scenarios should be coded as “Not employed, not seeking work”.
6. Questions 7 and 8 – whether the parent is serving in the armed forces and/or has stable housing – are required reporting for Healthy Families America (HFA).

Below is a summary of the Basic Services and Resource section (questions 9a through 9p):

The purpose of this section is to document the family’s service needs and the extent to which Healthy Families is offering referrals to meet those needs, when available. This section should reflect any service needed or received *for any member of the family* since the last Family Update or Intake. PLEASE NOTE: If the family had a need for a service at intake, you should use the 6-Month Family Update to show the status of that need by the time of the update. When doing so, if it is determined the service need at intake is no longer needed, you may mark “No”, but be sure to include answers to the remaining items as to whether Healthy Families helped to connect them (or not) to the service since the time of intake.

As you review each answer option for questions 9a-p (in items 1 through 5 below), please note that your answers should be based on *your best judgment* of the family’s current needs at the time of the update, even if the family does not recognize the need at that time.

1. For the first question – *Did anyone need service?* – mark “Yes” next to every service that someone in the family had a need for, and “No” next to the services that no one in the family needed.
2. For the question – *Has referral been offered, made, or is one in progress?* – mark “Yes” next to every service that a referral was given, and “No” next to needed services that were *not* given a referral.

3. For the question – *Was there follow-up with the family on this referral?* – mark “Yes” next to every service that a referral was given *with* follow-up, and “No” next to referrals that were given but no follow-up has (yet) occurred.
4. For the question – *Was family connected to service?* – if you connected any member of the family with a needed service (even if other services are still needed by this or another family member), mark "Yes" next to each service you connected a family member with, and mark "No" next to needed services that you did *not* connect a family member with.
5. Below are important points regarding the services in this section:
 - *9a--Dental services* should include any services related to dental health/hygiene.
 - *9b--Substance abuse services* refers to those who need or use services for substance abuse issues, including further assessment if a drug/alcohol problem is suspected. This also includes AA/NA group attendance.
 - *9c--Intimate partner violence assistance* refers to those who need or utilize services related to intimate partner violence issues in the family (e.g., shelter, anger management).
 - *9d--Education assistance (GED, ESL, etc.)* includes those obtaining a GED, attending college, receiving tutoring and/or literacy support, etc.
 - *9e--Housing (Housing Assistance)* refers to any assistance in finding, paying for, and/or maintaining housing.
 - *9f--Job training or employments services* refers to any assistance or support in maintaining, improving, and/or finding employment.
 - *9g--Mental health services* refers to any family member who needs or uses mental health services, including counseling or assessment if mental health issues are suspected.
 - *9h--Medicaid/OHP* refers to assistance in obtaining, qualifying, working with, or maintaining Medicaid or Oregon Health Plan (or other publicly funded insurance).
 - *9i--Public health nursing services (Babies First!, CaCoon, MCM)* refers to any additional nursing services needed by the family for the focus child or other children in the family.
 - *9j--TANF or other cash assistance (Disability, SSI, etc.)* includes families who need assistance obtaining, working with, or maintaining TANF or other forms of cash assistance (e.g., disability payments).
 - *9k--Food Assistance (WIC, SNAP, food boxes, etc.)* refers to any assistance with obtaining food support and/or food services.
 - *9l--Child care/Early childhood education* includes any assistance the family needs providing care or early education for their child.
 - *9m--Early Intervention/Special Education Services* includes any services the family may be receiving due to their child’s developmental or educational needs.
 - *9n--Cognitive disability of parent* includes any services you may be helping the family with on behalf of one of the parents.

- *9o--Transportation* includes any transportation issues you may be helping the family with.
- *9p--Social groups/Community events* includes any groups/events you may be helping connect the family to (not just those provided by Healthy Families).

To illustrate filling out this section further, here is an example:

- If, at intake, a family needed “Dental Services” and you made a referral to dental services (or one was in progress), indicate “Yes” to the first question (“Did anyone need service?”), and indicate “Yes” for the next question of whether the referral had been offered, made, or is in progress. For those referrals to dental services that were offered, made, or in progress, you would also indicate whether there was follow up with the family on the specific referral (“Yes” or “No”).
- If a family needed dental services and Healthy Families had *not* offered a referral, you would indicate “Yes” to whether anyone needed the service, and “No” to whether Healthy Families offered or made a referral.
- Finally, in the last column you should indicate whether the family was connected to the dental service needed (“Yes” or “No”). Families that declined dental service should be marked “No”.

Below is a summary of the Health section (questions 10 through 24):

1. For questions 10 and 11, please choose the best description for the child’s current immunization status, preferably based on a review of the immunization record. If you marked “No immunizations, lack of parent follow through,” then mark “Yes” or “No” to the question asking whether you made a referral for immunizations.
2. Question 12 asks whether the child has received all, or even just *some*, regular well-child checkups.
3. Questions 13 through 16 are intended to report the current health insurance status for both child and primary caregiver, and whether the child or caregiver had been to the emergency room for any reason since the last Family Update/Intake. Question 17 captures whether or not the child has received medical care for an injury since the last Update/Intake.
4. Question 18 is intended to record whether the child receives any regular passive smoke exposure from sources at home, *including* outside or elsewhere such as homes of friends or other care providers.
5. Questions 19-21 capture information regarding whether children (focus child and others in the household) and mother have a primary health care provider.
6. Questions 22 and 23 capture mother’s breastfeeding and/or pregnancy status. Please remember to fill in how many total months the mother breastfed, if she is no longer breastfeeding.
7. Last, if indicating mother has given birth to a subsequent child since the last Family Update/Intake (“Yes” to question 24), enter an ID number for the child if you have one. If you do not have an ID for the subsequent birth, leave this field blank.

Below is a summary of the Additional Family Items (questions 25 through 33)

1. As you know, Oregon Department of Human Services (ODHS)/ICWA services may be voluntary or involuntary for parenting or to support the safety of the child. In this section, only document formal reports to the ODHS Child Welfare System/ICWA (e.g., calls to the hotline), even if they are not to be founded. Do not include reports made for spousal abuse unless the child was present, and the report was made on behalf of the child.
2. For question 31, document whether the child was removed from a home, even temporarily, by ODHS Child Welfare.
3. For question 33, indicate any new life events that occurred in the family since the last Family Update/Intake.