

Healthy Families Oregon Family Intake

Version 14
January 1, 2020

CHILD NAME _____

This initial information about the child and family should be completed by the home visitor only after the baby is born.

Visitor ID	Child of Focus ID	Family County of Residence	Today's Date:	Child's Date of Birth:
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Baker <input type="radio"/> Harney <input type="radio"/> Morrow <input type="radio"/> Benton <input type="radio"/> Hood River <input type="radio"/> Multnomah <input type="radio"/> Clackamas <input type="radio"/> Jackson <input type="radio"/> Polk <input type="radio"/> Clatsop <input type="radio"/> Jefferson <input type="radio"/> Sherman <input type="radio"/> Columbia <input type="radio"/> Josephine <input type="radio"/> Tillamook <input type="radio"/> Coos <input type="radio"/> Klamath <input type="radio"/> Umatilla <input type="radio"/> Crook <input type="radio"/> Lake <input type="radio"/> Union <input type="radio"/> Curry <input type="radio"/> Lane <input type="radio"/> Wallowa <input type="radio"/> Deschutes <input type="radio"/> Lincoln <input type="radio"/> Wasco <input type="radio"/> Douglas <input type="radio"/> Linn <input type="radio"/> Washington <input type="radio"/> Gilliam <input type="radio"/> Malheur <input type="radio"/> Wheeler <input type="radio"/> Grant <input type="radio"/> Marion <input type="radio"/> Yamhill	Month Day Year <input type="text"/> <input type="text"/>	Month Day Year <input type="text"/> <input type="text"/>
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Current Family Status

1. Who is baby's primary caregiver? (Mark only one)

- Mother
- Father
- Grandparent
- Foster parent
- Other _____

2. Specify second primary caregiver / second parent figure.

- Father
- Mother
- Grandparent
- Other _____

3. Gross monthly family income:

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

4. Size of family supported by income:

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

5. Has parent or spouse/partner served (or currently serving) in the Armed Forces?

- Yes No

6. Was primary caregiver incarcerated at time of enrollment?

- Yes No

7. Was secondary caregiver incarcerated at time of enrollment?

- Yes No N/A

8. Parent has observed or diagnosed developmental delay.

- Yes No

9. 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

10. In the past 60 days, primary caregiver has been living in stable housing that the caregiver owns, rents, or lives in as part of a household.

- Yes No

11. Number of children living in the household under age 5:

12. Number of children living in the household under age 18 (includes those children reported in Question #11):

Please turn over

Current Family Status, Cont.

13. Was baby premature (born before 37 weeks)?

- Yes No DK

14. Was baby born at low birth weight (less than 2500 grams or 5lbs 8oz)?

- Yes No DK

15. What prenatal care did the mother receive?

- Early, comprehensive prenatal care
Criteria: a). Five or more total checkups and
 b). Care beginning at or before 3rd month/14 weeks gestation
 Limited prenatal care
Criteria: a). Less than 5 checkups and/or
 b). Care beginning at or after 3rd month/14 weeks gestation
 No prenatal care
 Unknown

16. If served prenatally, did family receive first home visit prior to 31 weeks gestation?

- Yes No N/A-Not served prenatally

Additional Family Items

17. Specify the primary caregiver's health insurance:

- Private insurance
 Medicaid/OHP
 CAWEM
 No insurance
 Other _____

18. Specify the child's health insurance

- Private insurance
 Medicaid/OHP
 No insurance
 Other _____

19. Is this family receiving services from DHS Child Welfare/ICWA?

- Yes No DK

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

- Yes No DK

21. Have you made any DHS Child Welfare/ICWA reports on this family?

- Yes No

	Yes	No	DK
22. At this time, are there any other DHS Child Welfare/ICWA reports on this family?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Did the mother smoke (tobacco or marijuana) during pregnancy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Does the mother currently smoke (tobacco or marijuana)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Does anyone else currently living in the household smoke (tobacco or marijuana)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Does the baby have a primary health care provider?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Does the primary caregiver have a primary health care provider?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Is mother breast-feeding the baby (either totally or part-time)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>