

N-MIECHV Screenshot FamilyWise Manual

Purpose: The purpose of this manual is to provide N-MIECHV (Nebraska Maternal Infant Early Childhood Home Visiting) staff with proper placement of documentation in the FamilyWise case management system. To ensure quality and reliable data it is important there is consistency across all N-MIECHV sites. This manual is only for N-MIECHV staff and should not be distributed to any outside party.

This manual is divided into three sections the main purpose for each section is listed below.

Section A: This section provides the proper location of documentation for the benchmark elements for federal reporting purposes.

Section B: This section provides the proper location of documentation of the demographics for federal reporting purposes.

Section C: This section provides the Nebraska Benchmark Plan for your reference.

Table of Contents	
Section	Page Numbers
A: Construct Locations	1-28
B: Demographic Locations	29-34
C: Nebraska Benchmark Plan	35-37

Section A: Construct Locations in FamilyWise

Construct	FamilyWise Location	Page Number
<i>Priority Populations</i>	<i>Family Assessment</i>	<i>1</i>
Benchmark 1: Maternal and Newborn Health		
1: Preterm Birth	Child Demographics	10
2: Breastfeeding	Home Visiting Log Tab II	27
3: Depression Screening	Growth and Progress Family	17-18
4: Well Child Visits	Growth and Progress Child	11
5: Postpartum Care	Growth and Progress Family	21
6: Tobacco Cessation Referral	Referrals Tab	7-9
Benchmark 2: Child Injuries, Abuse, Neglect, and Maltreatment and Emergency Department		
7: Safe Sleep	Home Visiting Log Tab II	27
8: Child Injury	Incident Report	28
9: Child Maltreatment	N/A State Partners provide this	N/A
10: Parent Child Interaction	Growth and Progress Child	12
Benchmark 3: School Readiness and Achievement		
11: Early Language and Literacy Activities	Home Visiting Log Tab I	26
12: Developmental Screening	Growth and Progress Child	13-14
13: Behavioral Concerns	Home Visiting Log Tab I	26
Benchmark 4: Crime or Domestic Violence		
14: Intimate Partner Violence Screening	Family Assessment	2
Benchmark 5: Family Economic Self Sufficiency		
15: Primary Caregiver Education	Demographics Adult 1	5
16: Continuity of Insurance Coverage	Demographics Adult 1	5
Benchmark 6: Coordination and Referrals for Other Community Resources and Supports		
17: Completed Depression Referrals	Referrals Tab	19-20
18: Completed Developmental Referrals	Referrals Tab	15-16
19: Completed Intimate Partner Violence Referrals	Referrals Tab	3-4
UNCOPE Screening and Referrals		
*20: UNCOPE screening	Growth and Progress Family	22-23
*20b: Referral for positive UNCOPE	Referrals Tab	24-25

*-Supplemental to the benchmark plan

Priority Populations

Family Assessment Data

Family Number	310	CN	Assessment No.		
Adult 1 Score		Date			
		Date Received by Sup.			
Score	U	I	Assessment Place		
0	No	No	1. Parent's Childhood Experience		
			<input type="checkbox"/> Has history of being CAN OR have had interaction with (child)		
0	No	No	2. Lifestyle Behaviors and Mental Health		
			<input type="checkbox"/> Criminal History <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Mental Illness		
0	No	No	3. Parenting Experience		
			<input type="checkbox"/> Experience with Children <input type="checkbox"/> CPS		
0	No	No	4. Coping Skills and Support System		
			<input type="checkbox"/> Support System/Lifeline (family, friends)		
0	No	No	5. Stresses		
			<input type="checkbox"/> Relationship <input type="checkbox"/> Finances <input type="checkbox"/> Housing		
0	No	No	6. Anger Management		
			<input type="checkbox"/> Hurts People <input type="checkbox"/> Afraid <input type="checkbox"/> Police <input type="checkbox"/> IPV Why Not Done?		
			<input type="checkbox"/> Causes Fear <input type="checkbox"/> None <input type="checkbox"/> Refuse <input type="checkbox"/> EA Safety Plan:		
0	No	No	7. Expectations of Infants' Development Milestones and Behaviors		
			<input type="checkbox"/> Unreasonable development expectations <input type="checkbox"/> No information/concern <input type="checkbox"/> Crying baby		
0	No	No	8. Plan for Discipline		
			<input type="checkbox"/> Plan to use Physical Punishment		
0	No	No	9. Perception of New Infant		
			<input type="checkbox"/> No Positives Mentioned <input type="checkbox"/> Baby more difficult than other babies <input type="checkbox"/> Difficult behaviors is intentional		
Total	0	No	No	10. Bonding attachment	
				<input type="checkbox"/> Baby unwanted/Too overwhelming <input type="checkbox"/> Medical problems/Abnormalities	
	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>		
	<input type="checkbox"/> Safety - Carseat	<input type="checkbox"/> Safety - Fire	<input type="checkbox"/> Safety - Water	<input type="checkbox"/> Safety - Poison	<input type="checkbox"/> Safety - SID/Back to Sleep
	<input type="checkbox"/> Safety - Blunt force trauma	<input type="checkbox"/> Safety - Shaken Baby	<input type="checkbox"/> Safety - PPD	<input type="checkbox"/> Safety - Water Temperature	<input type="checkbox"/> Safety - Co-Sleeping

Federal Demographic:
Priority Population
Interactions with child
welfare services

Federal Demographic:
Priority Population
History of Substance
Abuse

Federal Demographic:
Interactions with child
welfare services

Family Assessment Data

Family Number 361 CN Assessment No. 1 FAW Amber Duque

Adult 1 Score			Date
			Date Received by Sup. _____ Date Reviewed by Sup. _____
Score	U	I	Assessment Place
0	No	No	1. Parent's Childhood Experience <input type="checkbox"/> Has history of being CAN OR have had interaction with child welfare (as a child)
0	No	No	2. Lifestyle Behaviors and Mental Health <input type="checkbox"/> Criminal History <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Mental Illness
0	No	No	3. Parenting Experience <input type="checkbox"/> Experience with Children <input type="checkbox"/> CPS
0	No	No	4. Coping Skills and Support System <input type="checkbox"/> Support System/Lifeline (family, friends)
0	No	No	5. Stresses <input type="checkbox"/> Relationship <input type="checkbox"/> Finances <input type="checkbox"/> Housing
0	No	No	6. Anger Management <input type="checkbox"/> Hurts People <input type="checkbox"/> Afraid <input type="checkbox"/> Police <input type="checkbox"/> IPV <input type="checkbox"/> Causes Fear <input type="checkbox"/> None <input type="checkbox"/> Refuse <input type="checkbox"/> EA
0	No	No	7. Expectations of Infants' Development Milestones and Behaviors <input type="checkbox"/> Unreasonable development expectations <input type="checkbox"/> No information/concern <input type="checkbox"/> Crying baby
0	No	No	8. Plan for Discipline <input type="checkbox"/> Plan to use Physical Punishment
0	No	No	9. Perception of New Infant <input type="checkbox"/> No Positives Mentioned <input type="checkbox"/> Baby more difficult than other babies <input type="checkbox"/> Difficult behaviors is intentional
Total	0	No	No
			10. Bonding attachment <input type="checkbox"/> Baby unwanted/Too overwhelming <input type="checkbox"/> Medical problems/Abnormalities
	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
	<input type="checkbox"/> Safety - Carseat	<input type="checkbox"/> Safety - Fire	<input type="checkbox"/> Safety - Water <input type="checkbox"/> Safety - Poison <input type="checkbox"/> Safety - SID/Back to Sleep
	<input type="checkbox"/> Safety - Blunt force trauma	<input type="checkbox"/> Safety - Shaken Baby	<input type="checkbox"/> Safety - PPD <input type="checkbox"/> Safety - Water Temperature <input type="checkbox"/> Safety - Co-Sleeping

Construct 14: IPV Screening
Note: If **positive** for any afraid, police, or IPV make a referral see next screenshot

Afraid

Considering your current partners or friends, or any past partners or friends, is there anyone who is making you feel unsafe now?

Police

In the past year, have the police ever been called to your home because of a fight or argument, no matter who was fighting or who was at fault?

IPV

Thinking back over the past year, on any occasion were you hit, slapped, kicked, raped, or otherwise physically hurt by someone you know or knew intimately, such as a spouse, partner, ex-spouse or partner, boyfriend, girlfriend, or date?

Family	426
Referral	0
FAW	Ann King
FSW	
The Referral	<input type="radio"/> By FSW <input type="radio"/> By FAW <input type="radio"/> By Admin
Referral Date	<input type="text"/>
Supervisor Review	Please Select
Category	Please Select
Need	Please Select
Describe: (255 character limit)	Financial Food/Nutrition Housing IPV Services Legal Services Mental Health Other Support Needs
Referred To	<input type="text"/>
	<input type="checkbox"/> FGP

Construct 19: Completed Intimate Violence Referrals
Note: If client already is receiving services see next screenshot

	<input type="checkbox"/> Part of Transition Plan
Follow-up date	<input type="text"/>
Follow-up Memo	<div style="border: 1px solid #ccc; height: 100px;"></div>
Current Status	
Were services received? If not, why were services not received?	Please Select
Specify: (255 character limit)	<div style="border: 1px solid #ccc; height: 100px;"></div>

For Developmental Referrals

Date of Early Intervention Evaluation	<input type="text"/>
Date began Community Services	<input type="text"/>

Add

Family 426

Referral 0

FAW Ann King

FSW

The Referral By FSW By FAW By Admin

Referral Date

Supervisor Review Please Select

Category Please Select

Need

Describe: (255 character limit)

Referred To

FGP

Part of Transition Plan

Follow-up date

Follow-up Memo

Current Status

Were services received? If not, why were services not received?

Specify: (255 character limit)

For Developmental Referrals

Date of Early Intervention Evaluation

Date began Community Services

Create Cancel

- Please Select
- Financial
- Food/Nutrition
- Housing
- IPV Services
- Legal Services
- Mental Health
- Other Support Needs

- Please Select
- Please Select
- Service Not Available
- Unknown - Unable to followup
- Client Refused Referral
- Other
- On wait list
- Client already receiving service
- Unknown due to termination

Note: If client is receiving IPV services complete referral in screenshot above then mark client already receiving services under this dropdown

Family No 426

FSW

FAW

Funding Source

Adaptation

Current Family Level

Level Change Date

Deceased

First Name

Middle Name

Last Name

Address

City

Zip

Phone

Phone Type

Other Phone

Phone Type

County Family Resides

E-Mail

Gender

Relation to Target Child

Ethnicity

Race White African American Indian/Alaskan Asian
 Hawaiian/Pacific Other

Language Bilingual

National Origin

Social Security Number

Date of Birth

Employment Status

Employer

Position

Average Hours per Week

Average unpaid hours childcare

Receive Benefits

If client is using Child Welfare Protocol then select CWA under adaptation

Earnings

Education Level

Enrolled In School

Average Education hours per week

Marital Status

Primary Insurance

Secondary Insurance

In Jail

History of Incarceration

Current Parole/Probation

History of Parole/Probation

Current Dept Juvenile Justice Services

History of Dept Juvenile Justice Services

Construct 15: Primary Caregiver Education

Construct 16: Continuity of Insurance
Note: Make sure to update monthly

Ann King

FAW

FSW

Date: 5/20/2021

Family in Target Population: Family in Target Population

Primary Caretaker: Please Select

Family Planning: Please Select

Does family have provider: Please Select

Adult 1 History of Primary Care Provider:

Adult 2 History of Primary Care Provider:

Family is using WIC Vouchers:

Military:

Tobacco Use in home: Please Select

Does primary caregiver use tobacco or smoke? Please Select

Low Achievement: Please Select

Is target child participating in Part B Assistance for Education of All Children with Disabilities?: Please Select

Is target child participating in Part C Early intervention services?: Please Select

Non-target child with Dev. Delays: Please Select

Non-target child with Low Student Achievement: Please Select

% of Poverty Level: Please Select

Estimated Annual Income \$:

Weekly Court Ordered Child Support \$:

Current family income's situation: Please Select

Total children parent is responsible for:

Type of housing family lives in: Please Select

Specify:

Housing Stability: Please Select

Homeless Status: Please Select

Housing Status: Please Select

Transportation access: Please Select

Usual Source of Medical Care for Child: Please Select

Usual Source of Dental Care for Child: Please Select

Reliable: Not Reliable:








FOR MIEC FAMILIES ONLY
Specify amounts and/or check all that apply:

Child Support	\$0.00	<input type="checkbox"/>
Social Security	\$0.00	<input type="checkbox"/>
Unemployment	\$0.00	<input type="checkbox"/>
Earned Income/Wages	\$0.00	<input type="checkbox"/>
Formal In-Kind Support	\$0.00	<input type="checkbox"/>
Informal In-Kind Support	\$0.00	<input type="checkbox"/>
Other Support	\$0.00	<input type="checkbox"/>
Agricultural	\$0.00	<input type="checkbox"/>
Family or Friends Amount	\$0.00	<input type="checkbox"/>
Business Amount	\$0.00	<input type="checkbox"/>
Interest or Dividends	\$0.00	<input type="checkbox"/>
Rent from tenants or boarders	\$0.00	<input type="checkbox"/>
Food stamps	\$0.00	<input type="checkbox"/>

WIC	\$0.00	<input type="checkbox"/>
TANF	\$0.00	<input type="checkbox"/>
Supplemental Security Income (SSI)	\$0.00	<input type="checkbox"/>
Alimony	\$0.00	<input type="checkbox"/>
Worker's compensation benefits	\$0.00	<input type="checkbox"/>
Disability benefits	\$0.00	<input type="checkbox"/>
Veteran's benefits	\$0.00	<input type="checkbox"/>
Pension	\$0.00	<input type="checkbox"/>

Construct 6: Smoking Cessation Referral
Note: If marked Yes then make referral see next screenshot

Add

Family	426
Referral	0
FAW	Ann King
FSW	
The Referral	<input type="radio"/> By FSW <input type="radio"/> By FAW <input type="radio"/> By Admin
Referral Date	<input type="text"/> 
Supervisor Review	Please Select 
Category	Please Select 
Need	Please Select
Describe: (255 character limit)	Legal Services Mental Health Other Support Needs Primary Healthcare Safety Smoking Cessation Transportation
Referred To	<input type="text"/> 
	<input type="checkbox"/> FGP
	<input type="checkbox"/> Part of Transition Plan
Follow-up date	<input type="text"/> 
Follow-up Memo	<div style="border: 1px solid #ccc; height: 100px;"></div>
Current Status	<input type="text"/> 
Were services received? If not, why were services not received?	Please Select 
Specify: (255 character limit)	<div style="border: 1px solid #ccc; height: 100px;"></div>

For Developmental Referrals

Add

Family 426

Referral 0

FAW Ann King

FSW

The Referral By FSW By FAW By Admin

Referral Date

Supervisor Review Please Select

Category Please Select

Need Please Select

Describe: (255 character limit)

- Legal Services
- Mental Health
- Other Support Needs
- Primary Healthcare
- Safety
- Smoking Cessation
- Transportation

Referred To

FGP

Construct 6: Smoking Cessation Referrals

Part of Transition Plan

Follow-up date

Follow-up Memo

Current Status Please Select

Were services received? If not, why were services not received? Please Select

Specify: (255 character limit)

- Please Select
- Unknown - Unable to followup
- Client Refused Referral
- Other
- On wait list
- Client already receiving services
- Unknown due to termination

Specify: (255 character limit)

Note: If client is already receiving smoking cessation services complete referral in screenshot above then mark client already receiving services under this dropdown

For Developmental Referrals

Date of Early Intervention Evaluation

Date began Community Services

ADD

Pre/Postnatal

Prenatal Only

EDC (01/01/1900)

Does MOB have prenatal care?

Did MOB get regular checkup and PAP smears prior to getting pregnant?

Pre/Postnatal

Alcohol

a. Prior to Pregnancy No/limited use of alcohol

b. Prior to Pregnancy alcohol abuse (7 or more per week OR 3 or more in one occasion)

c. any alcohol after pregnancy known

Drugs

a. Prior to Pregnancy no drug use

b. any drug use during pregnancy

Data to be entered after baby is born

DOB

Was there a live birth? Weeks adjustment

SS#

First Name Last Name

Ethnicity Race

Gest. age Gender

Birth Weight (Pounds) Weight in grams

(Ounces)

Multi Number Multi Sequence

Active/Inactive Inactive Date Inactive Reason

Does child have regular health provider or clinic? Doctor's Name

Week Mother began prenatal care Smoking during this pregnancy

Were there any complications during pregnancy? Specify

Were there complications during labor/delivery/hospital stay for baby? Specify

Were there complications during labor/delivery/hospital stay for mother? Specify

Did the baby spend any time the Neonatal Intensive Care Unit (NICU)?

Well Child visits prior to intake? Number Of Well Child Visits Date of last well child visit received

Number of Healthcare visits Number Of Health Care Visits Date of last Healthcare visit

Mother's Health History Child's Health History

Create Cancel

Construct 1: Make sure to enter child's DOB and Gestational age



Growth & Progress by Child

Family #	Child #	TGT DOB
432	1	06/01/2021

- ASQ3
- ASQSE
- ASQSE2
- CCI
- EPDS
- Health Habits
- Health Screen
- Immunization
- KIPS
- Kotelchuck
- Medical Appointment
- PICCOLO
- Postpartum Assessment
- Prenatal Assessment
- View GP Due
- Health Log Report

© 2021 - Datatude Inc.

Construct 4: Well Child Visit

Child Medical Appointment

Family Number 432 Child Number 0

Number 0 Date

Appointment Reason Well Child

Schedule AAP

Appointment Type

Comment

Weight Please Select (Pounds)

Please Select (Ounces)

Height Please Select (Feet) (Inches)

Create Cancel

AAP Well Child Visit Schedule

3-7 days	12-13 months
2-4 weeks	15-16 months
2-3 months	18-19 months
4-5 months	2-2.5 years
6-7 months	3-3.5 years
9-10 months	4-4.5 years

Growth & Progress by Child

Family #	Child #	Date
432	1	06/01/2021
432		

- ASQ3
- ASQSE
- ASQSE2
- CCI
- EPDS
- Health Habits
- Health Screen
- Immunization
- KIPS
- Kotelchuck
- Medical Appointment
- PICCOLO
- Postpartum Assessment
- Prenatal Assessment
- View GP Due
- Health Log Report

© 2021 - Datatude Inc.

CHEERS - Check-In

Family Number 432 FSW Please Select

Number/Test Month Date

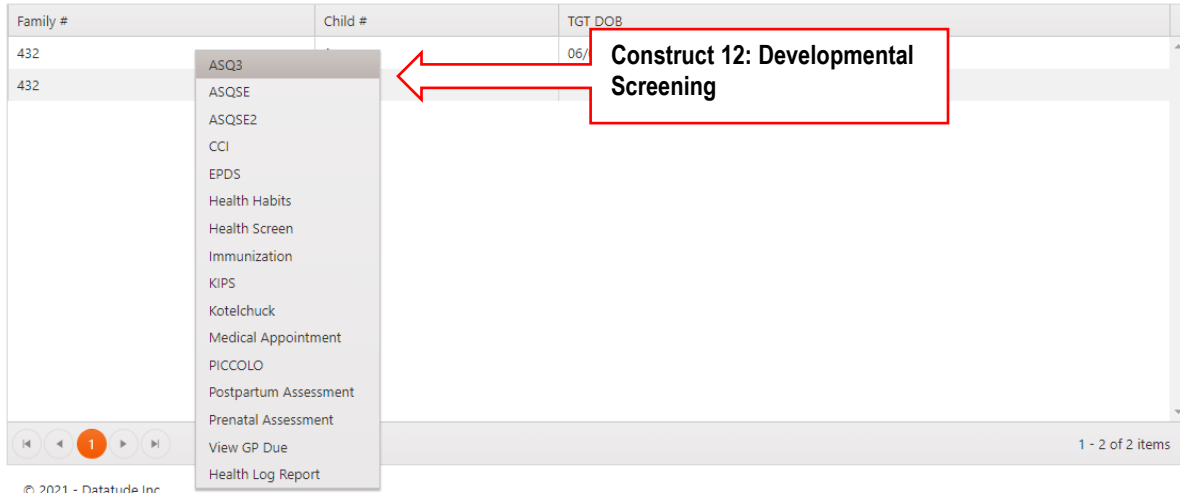
C1. Responds promptly	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
C2. Responds appropriately	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
HT1. Initiates physical contact	<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
HT2. Gentle holding/touching	<input type="radio"/> N/A <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
HT3. Shows physical affection	<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
EX1. Speaks to child	<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
EX2. Uses expression to engage	<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
EX3. Responds to vocalizations	<input type="radio"/> N/A <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
EM1. Responds promptly	<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
EM2. MResponds appropriately	<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
EM3. Expresses positivity	<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
RR1. Encourages exploration	<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
RR2. Follows child's lead	<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
S1. Shows pleasure	<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
S2. Warm tone	<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
S3. Positive affect	<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

Memo

Create

Once when child reaches between (4-12 months)
 Once when child reaches between (13-24 months)
 Once when child reaches between (25-36 months)

Growth & Progress by Child



Note: The following two tables are for informational purposes. These tables are not found in FamilyWise anywhere.

Table 1: Gives you the cutoff scores for each subscale for making a referral for the ASQ3.

Table 2: Gives you an overview of the ASQ3 valid test dates to determine which month to administer based on the child's age.

Table 1: ASQ 3 testing score cutoff's for developmental delay referrals (construct 18)

	Test Month	2	4	6	8	9	10	12
Subscale	Communication Cutoff	22.77	34.60	29.65	33.06	13.97	22.87	15.64
	Gross Motor Cutoff	41.84	38.41	22.25	30.61	17.82	30.07	21.49
	Fine Motor Cutoff	30.16	29.62	25.14	40.15	31.32	37.97	34.50
	Problem Solving Cutoff	24.62	34.98	27.72	36.17	28.72	32.51	27.32
	Personal-Social Cutoff	33.71	33.16	25.34	35.84	18.91	27.25	21.73
	Test Month	14	16	18	20	22	24	27
Subscale	Communication Cutoff	17.40	16.81	13.06	20.50	13.04	25.17	24.02
	Gross Motor Cutoff	25.80	37.91	37.38	39.89	27.75	38.07	28.01
	Fine Motor Cutoff	23.06	31.98	34.32	36.05	29.61	35.16	18.42
	Problem Solving Cutoff	22.56	30.51	25.74	28.84	29.30	29.78	27.62
	Personal-Social Cutoff	23.18	26.43	27.19	33.36	30.07	31.54	25.31
	Test Month	30	33	36	42	48	54	60
Subscale	Communication Cutoff	33.30	25.36	30.99	27.06	30.72	31.85	33.19
	Gross Motor Cutoff	36.14	34.80	36.99	36.27	32.78	35.18	31.28
	Fine Motor Cutoff	19.25	12.28	18.07	19.82	15.81	17.32	26.54
	Problem Solving Cutoff	27.08	26.92	30.29	28.11	31.30	28.12	29.99
	Personal-Social Cutoff	32.01	28.96	35.33	31.12	26.60	32.33	39.07

Note: Those in blue font are months specific to the benchmark plan

Table 2: Valid Testing Date for ASQ3

Test Month	Valid Timing	
	Start	End
2	1 month 0 days	2 months 30 days
4	3 months 0 days	4 months 30 days
6	5 months 0 days	6 months 30 days
8	7 months 0 days	8 months 30 days
9	9 months 0 days	9 months 30 days
10	9 months 0 days	10 months 30 days
12	11 months 0 days	12 months 30 days
14	13 months 0 days	14 months 30 days
16	15 months 0 days	16 months 30 days
18	17 months 0 days	18 months 30 days
20	19 months 0 days	20 months 30 days
22	21 months 0 days	22 months 30 days
24	23 months 0 days	25 months 15 days
27	25 months 16 days	28 months 15 days
30	28 months 16 days	31 months 15 days
33	31 months 16 days	34 months 15 days
36	34 months 16 days	38 months 30 days
42	39 months 0 days	44 months 30 days
48	45 months 0 days	50 months 30 days
54	51 months 0 days	56 months 30 days
60	57 months 0 days	66 months 0 days

Note: Those in blue font are months specific to the benchmark plan

Add

Family	432
Referral	0
FAW	Tammy Test
FSW	Amanda Drier
The Referral	<input type="radio"/> By FSW <input type="radio"/> By FAW <input type="radio"/> By Admin
Referral Date	<input type="text"/>
Supervisor Review	Please Select
Category	Please Select
Need	Please Select
Describe: (255 character limit)	<ul style="list-style-type: none"> Child Development Child Health Dental Care Developmental Delay Drug Abuse Education Emergency Assistance
Referred To	<input type="text"/>
	<input type="checkbox"/> FGP
	<input type="checkbox"/> Part of Transition Plan
Follow-up date	<input type="text"/>
Follow-up Memo	<input type="text"/>
Current Status	<input type="text"/>
Were services received? If not, why were services not received?	Please Select
Specify: (255 character limit)	<input type="text"/>

For Developmental Referrals

Date of Early Intervention Evaluation	<input type="text"/>
Date began Community Services	<input type="text"/>

Construct 18: Completed Developmental Referrals Refer to table on previous page for cutoffs

Note: The table below will help you to determine which type of referral for developmental delay should be documented in FamilyWise.

Early Intervention- This includes EDN (Early Development Network)
Community Service Provider- This would include medical providers, internal referrals for rescreening and/or activities to help with child development as deemed appropriate per agency policy.

Add

Family 432

Referral 0

FAW Tammy Test

FSW Amanda Drier

The Referral By FSW By FAW By Admin

Referral Date

Supervisor Review Please Select

Category Please Select

Need Please Select

Describe: (255 character limit)

Referred To

FGP

Part of Transition Plan

Follow-up date

Follow-up Memo

Current Status Please Select

Were services received? If not, why were services not received? Please Select

Specify: (255 character limit)

For Developmental Referrals

Date of Early Intervention Evaluation

Date began Community Services

Create Cancel

- Please Select
- Child Development
- Child Health
- Dental Care
- Developmental Delay
- Drug Abuse
- Education
- Emergency Assistance

- Please Select
- Service Not Available
- Unknown - Unable to followup
- Client Refused Referral
- Other
- On wait list
- Client already receiving services
- Unknown due to termination

Note: If child is already receiving developmental delay services complete referral in screenshot above then mark client already receiving services under this dropdown

Growth & Progress by Family

Family #	TGT DOB
432	06/01/2021

- AAP
- AAPI
- ACE
- CESD**
- CLS
- COVID Impact Tracker
- DLC
- Electronic Consent
- EPDS
- Family Functioning
- Family Health Behavior
- Family Strengths
- Food Security
- GAD
- HFPI
- HITS
- Home
- Home Safety
- Home Safety 2
- LSP
- LSP - FP
- LSP - T and E
- Medical Appointment
- NCIPV
- PEIS
- PFS
- PFS2
- PHQ
- UNCOPE
- WEB
- Well Being Screener
- Parent Survey
- Print GP Due

© 2021 - Datatude Inc.
Build: 2021-08-02

1 - 1 of 1 items

Theme

Construct 3: Depression Screening
Note: A score of 16 or higher requires a referral on pg 19

Center for Epidemiologic Studies Depression Scale

Family Number 432	FSW Please Select
Test Month Intake	Date
Why not done? Please Select	Client is currently receiving depression services

<p>1. Bothered by things</p> <p><input type="radio"/> Rarely or none as of the time(<1 day)</p> <p><input type="radio"/> Some or a little of the time (1-2 days)</p> <p><input type="radio"/> Occasionally or a moderate amount of the time (3-4 days)</p> <p><input type="radio"/> Most or all of the time (5-7 days)</p>	<p>11. Restless sleep</p> <p><input type="radio"/> Rarely or none as of the time(<1 day)</p> <p><input type="radio"/> Some or a little of the time (1-2 days)</p> <p><input type="radio"/> Occasionally or a moderate amount of the time (3-4 days)</p> <p><input type="radio"/> Most or all of the time (5-7 days)</p>
<p>2. Poor appetite</p> <p><input type="radio"/> Rarely or none as of the time(<1 day)</p> <p><input type="radio"/> Some or a little of the time (1-2 days)</p> <p><input type="radio"/> Occasionally or a moderate amount of the time (3-4 days)</p> <p><input type="radio"/> Most or all of the time (5-7 days)</p>	<p>12. Happy</p> <p><input type="radio"/> Rarely or none as of the time(<1 day)</p> <p><input type="radio"/> Some or a little of the time (1-2 days)</p> <p><input type="radio"/> Occasionally or a moderate amount of the time (3-4 days)</p> <p><input type="radio"/> Most or all of the time (5-7 days)</p>
<p>3. Shake off the blues</p> <p><input type="radio"/> Rarely or none as of the time(<1 day)</p> <p><input type="radio"/> Some or a little of the time (1-2 days)</p> <p><input type="radio"/> Occasionally or a moderate amount of the time (3-4 days)</p> <p><input type="radio"/> Most or all of the time (5-7 days)</p>	<p>13. Talk less</p> <p><input type="radio"/> Rarely or none as of the time(<1 day)</p> <p><input type="radio"/> Some or a little of the time (1-2 days)</p> <p><input type="radio"/> Occasionally or a moderate amount of the time (3-4 days)</p> <p><input type="radio"/> Most or all of the time (5-7 days)</p>
<p>4. Good as other people</p> <p><input type="radio"/> Rarely or none as of the time(<1 day)</p> <p><input type="radio"/> Some or a little of the time (1-2 days)</p> <p><input type="radio"/> Occasionally or a moderate amount of the time (3-4 days)</p> <p><input type="radio"/> Most or all of the time (5-7 days)</p>	<p>14. Lonely</p> <p><input type="radio"/> Rarely or none as of the time(<1 day)</p> <p><input type="radio"/> Some or a little of the time (1-2 days)</p> <p><input type="radio"/> Occasionally or a moderate amount of the time (3-4 days)</p> <p><input type="radio"/> Most or all of the time (5-7 days)</p>
<p>5. Keeping mind</p> <p><input type="radio"/> Rarely or none as of the time(<1 day)</p> <p><input type="radio"/> Some or a little of the time (1-2 days)</p> <p><input type="radio"/> Occasionally or a moderate amount of the time (3-4 days)</p> <p><input type="radio"/> Most or all of the time (5-7 days)</p>	<p>15. People unfriendly</p> <p><input type="radio"/> Rarely or none as of the time(<1 day)</p> <p><input type="radio"/> Some or a little of the time (1-2 days)</p> <p><input type="radio"/> Occasionally or a moderate amount of the time (3-4 days)</p> <p><input type="radio"/> Most or all of the time (5-7 days)</p>
<p>6. Depressed</p> <p><input type="radio"/> Rarely or none as of the time(<1 day)</p> <p><input type="radio"/> Some or a little of the time (1-2 days)</p> <p><input type="radio"/> Occasionally or a moderate amount of the time (3-4 days)</p> <p><input type="radio"/> Most or all of the time (5-7 days)</p>	<p>16. Enjoyed life</p> <p><input type="radio"/> Rarely or none as of the time(<1 day)</p> <p><input type="radio"/> Some or a little of the time (1-2 days)</p> <p><input type="radio"/> Occasionally or a moderate amount of the time (3-4 days)</p> <p><input type="radio"/> Most or all of the time (5-7 days)</p>
<p>7. Effort</p> <p><input type="radio"/> Rarely or none as of the time(<1 day)</p> <p><input type="radio"/> Some or a little of the time (1-2 days)</p> <p><input type="radio"/> Occasionally or a moderate amount of the time (3-4 days)</p> <p><input type="radio"/> Most or all of the time (5-7 days)</p>	<p>17. Crying spells</p> <p><input type="radio"/> Rarely or none as of the time(<1 day)</p> <p><input type="radio"/> Some or a little of the time (1-2 days)</p> <p><input type="radio"/> Occasionally or a moderate amount of the time (3-4 days)</p> <p><input type="radio"/> Most or all of the time (5-7 days)</p>
<p>8. Hopeful about future</p> <p><input type="radio"/> Rarely or none as of the time(<1 day)</p> <p><input type="radio"/> Some or a little of the time (1-2 days)</p> <p><input type="radio"/> Occasionally or a moderate amount of the time (3-4 days)</p> <p><input type="radio"/> Most or all of the time (5-7 days)</p>	<p>18. Sad</p> <p><input type="radio"/> Rarely or none as of the time(<1 day)</p> <p><input type="radio"/> Some or a little of the time (1-2 days)</p> <p><input type="radio"/> Occasionally or a moderate amount of the time (3-4 days)</p> <p><input type="radio"/> Most or all of the time (5-7 days)</p>
<p>9. Failure</p> <p><input type="radio"/> Rarely or none as of the time(<1 day)</p> <p><input type="radio"/> Some or a little of the time (1-2 days)</p> <p><input type="radio"/> Occasionally or a moderate amount of the time (3-4 days)</p> <p><input type="radio"/> Most or all of the time (5-7 days)</p>	<p>19. People Dislike</p> <p><input type="radio"/> Rarely or none as of the time(<1 day)</p> <p><input type="radio"/> Some or a little of the time (1-2 days)</p> <p><input type="radio"/> Occasionally or a moderate amount of the time (3-4 days)</p> <p><input type="radio"/> Most or all of the time (5-7 days)</p>
<p>10. Fearful</p> <p><input type="radio"/> Rarely or none as of the time(<1 day)</p> <p><input type="radio"/> Some or a little of the time (1-2 days)</p> <p><input type="radio"/> Occasionally or a moderate amount of the time (3-4 days)</p> <p><input type="radio"/> Most or all of the time (5-7 days)</p>	<p>20. Get going</p> <p><input type="radio"/> Rarely or none as of the time(<1 day)</p> <p><input type="radio"/> Some or a little of the time (1-2 days)</p> <p><input type="radio"/> Occasionally or a moderate amount of the time (3-4 days)</p> <p><input type="radio"/> Most or all of the time (5-7 days)</p>

Create
Cancel

Add X

Family	386
Referral	0
FAW	Laura
FSW	Laura
The Referral	<input type="radio"/> By FSW <input type="radio"/> By FAW <input type="radio"/> By Admin
Referral Date	<input type="text"/>
Supervisor Review	Please Select
Category	Please Select
Need	Please Select
Describe: (255 character limit)	<ul style="list-style-type: none"> Housing IPV Services Legal Services Mental Health Other Support Needs Primary Healthcare Safety
Referred To	<input type="text"/>
	<input type="checkbox"/> FGP
	<input type="checkbox"/> Part of Transition Plan
Follow-up date	<input type="text"/>
Follow-up Memo	<div style="border: 1px solid #ccc; height: 100px;"></div>
Current Status	<input type="text"/>
Were services received? If not, why were services not received?	Please Select
Specify: (255 character limit)	<div style="border: 1px solid #ccc; height: 100px;"></div>
For Developmental Referrals	
Date of Early Intervention Evaluation	<input type="text"/>
Date began Community Services	<input type="text"/>

Construct 17: Completed Depression Referrals
 Note: If client is already receiving services see next screenshot

Create
Cancel

Add

Family	386
Referral	0
FAW	Laura
FSW	Laura
The Referral	<input type="radio"/> By FSW <input type="radio"/> By FAW <input type="radio"/> By Admin
Referral Date	<input type="text"/>
Supervisor Review	Please Select
Category	Please Select
Need	Please Select
Describe: (255 character limit)	<ul style="list-style-type: none"> Housing IPV Services Legal Services Mental Health Other Support Needs Primary Healthcare Safety
Referred To	<input type="text"/>
	<input type="checkbox"/> FGP
	<input type="checkbox"/> Part of Transition Plan
Follow-up date	<input type="text"/>
Follow-up Memo	<input type="text"/>
Current Status	Please Select
Were services received? If not, why were services not received?	Please Select
Specify: (255 character limit)	<ul style="list-style-type: none"> Please Select Unknown - Unable to followup Client Refused Referral Other On wait list Client already receiving services Unknown due to termination
For Developmental Referrals	
Date of Early Intervention Evaluation	<input type="text"/>
Date began Community Services	<input type="text"/>
<input type="button" value="Create"/> <input type="button" value="Cancel"/>	

Growth & Progress by Family

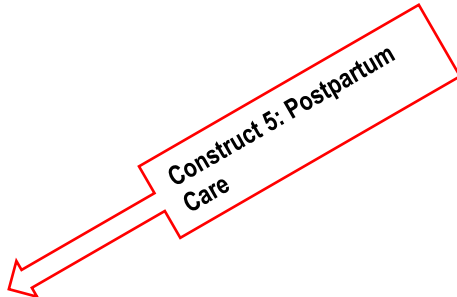
Family #	TGT DOB
434	

- AAP
- AAPI
- ACE
- CESD
- CLS
- COVID Impact Tracker
- DLC
- Electronic Consent
- EPDS
- Family Functioning
- Family Health Behavior
- Family Strengths
- Food Security
- GAD
- HFP1
- HITS
- Home
- Home Safety
- Home Safety 2
- LSP
- LSP - FP
- LSP - T and E
- Medical Appointment**
- NCIPV
- PEIS
- PFS
- PFS2
- PHQ
- UNCOPE
- WEB
- Well Being Screener
- Parent Survey
- Print GP Due

© 2021 - Datau
Build: 2021-08-0

Theme


1 - 1 of 1 items



Add

Adult Medical Appointment

Family Number 434 Number 0

Date  Which Adult

Appointment Reason

Appointment Type

Outcome

- Illness
- Injury not ER
- Medication related
- Mental Health
- Nutrition
- Post-partum checkup**
- Prenatal
- Preventative

Growth & Progress by Family

Family #	TGT DOB
434	

- AAP
- AAPI
- ACE
- CESD
- CLS
- COVID Impact Tracker
- DLC
- Electronic Consent
- EPDS
- Family Functioning
- Family Health Behavior
- Family Strengths
- Food Security
- GAD
- HFPI
- HITS
- Home
- Home Safety
- Home Safety 2
- LSP
- LSP - FP
- LSP - T and E
- Medical Appointment
- NCIPV
- PEIS
- PFS
- PFS2
- PHQ
- UNCOPE**
- WEB
- Well Being Screener
- Parent Survey
- Print GP Due

© 2021 - Datatonic
Build: 2021-08-02

Theme Select Theme ▾

1 - 1 of 1 items

UNCOPE Screener
Note: A score of 2 or higher requires a referral on pg. 22

Add ✕

UNCOPE

Family Number 434

FSW Please Select ▾

Test Month Intake ▾ Date 📅

1. U	Please Select ▾
2. N	Please Select ▾
3. C	Please Select ▾
4. O	Please Select ▾
5. P	Please Select ▾
6. E	Please Select ▾

If positive, which drugs were used?

Heroin Heroin Cocaine Cocaine Meth Meth Marijuana Marijuana Crack Crack

LSD Ecstasy Ecstasy Opium Opium

Mushrooms Mushrooms PCP Alcohol Alcohol

Create Cancel

UNCOPE Questions

In the past year have you

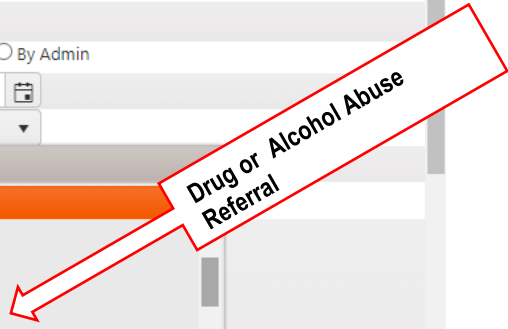
	Yes	No
(U) ...Spent more time drinking or using than you intended to?	<input type="checkbox"/>	<input type="checkbox"/>
(N) ...Neglected some of your usual responsibilities because of using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
(C) ...Felt you wanted or needed to cut down on your drinking or drug use in the last year?	<input type="checkbox"/>	<input type="checkbox"/>
(O) ...Family, a friend, or anyone else ever told you they objected to your alcohol or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
(P) ... Found yourself thinking a lot about drinking or using?	<input type="checkbox"/>	<input type="checkbox"/>
(E) ...Used alcohol or drugs to relieve emotional discomfort, such as sadness, anger or boredom?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes to items 1,2,3,4 and 6 please indicate what you have been using. Check all that apply:

<input type="checkbox"/> alcohol,	<input type="checkbox"/> meth,	<input type="checkbox"/> LSD,	<input type="checkbox"/> mushrooms,
<input type="checkbox"/> heroin,	<input type="checkbox"/> marijuana,	<input type="checkbox"/> ecstasy,	<input type="checkbox"/> PCP)
<input type="checkbox"/> cocaine,	<input type="checkbox"/> crack,	<input type="checkbox"/> opium,	

Add
✕

Family	431
Referral	0
FAW	tammy test
FSW	Tammy Test
The Referral	<input type="radio"/> By FSW <input type="radio"/> By FAW <input type="radio"/> By Admin
Referral Date	<input type="text"/> <small>Calendar icon</small>
Supervisor Review	Please Select
Category	Please Select
Need	<div style="border: 1px solid #ccc; padding: 5px;"> <div style="background-color: #f08080; padding: 2px;">Please Select</div> <div style="background-color: #ffff00; padding: 2px;">Alcohol Abuse</div> <div style="padding: 2px;">Child Care</div> <div style="padding: 2px;">Child Development</div> <div style="padding: 2px;">Child Health</div> <div style="padding: 2px;">Dental Care</div> <div style="padding: 2px;">Developmental Delay</div> <div style="background-color: #ffff00; padding: 2px;">Drug Abuse</div> </div>
Describe: (255 character limit)	
Referred To	<input type="text"/> <small>Dropdown arrow</small>
	<input type="checkbox"/> FGP
	<input type="checkbox"/> Part of Transition Plan
Follow-up date	<input type="text"/> <small>Calendar icon</small>
Follow-up Memo	<div style="border: 1px solid #ccc; height: 100px;"></div>
Current Status	<input type="text"/> <small>Dropdown arrow</small>
Were services received? If not, why were services not received?	Please Select
Specify: (255 character limit)	<div style="border: 1px solid #ccc; height: 100px;"></div>
For Developmental Referrals	
Date of Early Intervention Evaluation	<input type="text"/> <small>Calendar icon</small>
Date began Community Services	<input type="text"/> <small>Calendar icon</small>
<input type="button" value="Create"/> <input type="button" value="Cancel"/>	



Add

Family 431

Referral 0

FAW tammy test

FSW Tammy Test

The Referral By FSW By FAW By Admin

Referral Date

Supervisor Review Please Select

Category Please Select

Need **Please Select**

Describe: (255 character limit) Alcohol Abuse

Child Care

Child Development

Child Health

Dental Care

Developmental Delay

Drug Abuse

Referred To

FGP

Add

Part of Transition Plan

Follow-up date

Follow-up Memo

Current Status Please Select

Were services received? If not, why were services not received? Specify: (255 character limit)

Please Select

Unknown - Unable to followup

Client Refused Referral

Other

On wait list

Client already receiving services

Unknown due to termination

For Developmental Referrals

Date of Early Intervention Evaluation

Date began Community Services

Create Cancel

Note: If client is already receiving drug or alcohol abuse services complete referral already receiving services under this dropdown

Home Visit

Home Visit I
Family No 434
FSW Tammy Pick

Supervisor Review
Please Select

Adult 1 Name Sams, Jamie

CHEERS Completed

Date month/day/year

Visit Type Please Select

Visit Location Please Select

Begin Time 12:00 AM

Conclude Time 12:00 AM

Travel Time Please Select

Visit was split

Second HV Date

Second Begin Time

Second Conclude Time

In a typical week, how many days does someone read, tell stories or sing to your child?

Are there any concerns regarding the child's development, behavior, or learning?

Construct 11: Early Language and Literacy

Construct 13: Behavioral Concerns
Note : Please remember to ask this at every home visit after baby is born

Who was present:

Adult 1 Adult 2 Grandmother Grandfather Older Sibling Younger Sibling Friend Other

Condition of the home:

Safety concern (behavioral and environmental) Age appropriate toys and education materials available

Clean Cluttered Dirty

Rodents/Bugs Reading materials available Visible drug paraphernalia Illegal activity

Status of parent:

Sleepy Appears healthy Sick Quiet/withdrawn Alert Clean

Talkative Quiet Angry Sad/tearful Appears under influence of alcohol

Appears under influence of drugs Stressed Unkempt Friendly Upset Injured/bruised

Other

Nursing Assessment

Systolic Diastolic Respiration

Temperature Weight lbs. Heart Rate bpm

Fetal Heart Tones bpm

If applicable (if NA leave blank):

Fully Vaccinated for COVID-19 Adult 1 Adult 2 Other Eligible Household Members

Did you ask the COVID-19 screening questions? Please Select

Did family PASS the COVID-19 screen? Please Select

If you met in person, did you meet using the minimum social distance recommended? Please Select

Family No 434

Visit Number 1

Status of baby:

- Sick Alert Active Inactive Quiet Smiley Playful
- Asleep Clean Needs Bath Appears Healthy Sleepy
- Dressed Appropriately Fussy Unkempt Child Not There

Other

CHEERS

Cues Holding Expression
Empathy Rhythm Smile

Breastfeeding

Are you still breastfeeding or feeding pumped milk?

If yes, are you supplementing breast milk?

If not, what is the date you discontinued breastfeeding?

What is the reason you discontinued?

Contraindication

Other reason you discontinued

Construct 2: Breastfeeding

Safe Sleep

Is the baby put to sleep on back?

Is the baby bed sharing?

Is there soft bedding?

**Construct 7: Safe Sleep
Note: Make sure you answer
all 3 questions**

Nursing Assessment

Respiration Weight lbs. oz.

Temperature Heart Rate bpm

Head Circumference in. Height in.

- Finder Navigate ▾
- Demographics
- Family Goal Plan
- GP by Child
- GP by Family
- Home Visits
- Household
- Incident Report
- Referral
- Secondary Activities

Construct 8: Child Injury

Family No	434
FSW	Tammy Pick
FAW	Tammy Pick
	<input type="radio"/> FSW <input type="radio"/> FAW <input type="radio"/> Admin
Incident Date	<input type="text"/>
Report Date	<input type="text"/>
Supervisor Review	Please Select ▾
Supervisor Review Date	<input type="text"/>
Type	<input type="checkbox"/> CAN report by HF <input type="checkbox"/> CAN report by Other <input type="checkbox"/> Death <input checked="" type="checkbox"/> ER Visit <input type="checkbox"/> Urgent Care <input type="checkbox"/> Self Injury * <input type="checkbox"/> Child Injury with Med Treatment <input type="checkbox"/> Domestic/Adult Violence * <input type="checkbox"/> Suicidal Behavior/Threat * <input type="checkbox"/> Homicidal Threat * <input type="checkbox"/> Substantiated Abuse/Neglect
ER/UC Visit Due to	accident/injury ▾
Source Of Information	<input type="checkbox"/> Participant <input type="checkbox"/> Target Child <input type="checkbox"/> Other Family Child <input type="checkbox"/> Other Family Member <input type="checkbox"/> Media <input type="checkbox"/> DCS <input type="checkbox"/> Worker (witness) <input type="checkbox"/> Nursing Staff <input type="checkbox"/> Other Agency
Who was involved?	<input checked="" type="checkbox"/> Target 1 <input type="checkbox"/> Target 2 <input type="checkbox"/> Target 3 <input type="checkbox"/> Other Children <input type="checkbox"/> Adult 1 <input type="checkbox"/> Adult 2 <input type="checkbox"/> Other Household Member <input type="checkbox"/> Partner <input type="checkbox"/> Others Outside of Household <input type="checkbox"/> FOB if not Adult 2
Referral Made	Please Select ▾
Narrative	<div style="border: 1px solid gray; height: 100px;"></div>

Section B: Demographic Information Locations in FamilyWise

Demographics	Page Numbers
Adult 1	29-30
Child	31
Household	32-33
Poverty Level Information	34

Note: At a minimum the demographics listed below should be updated for all participants in the program including Adult 1, Child and Household yearly before **September 25th** for federal reporting purposes. It may be necessary to update more frequently if a change occurs in the families demographics.

- Child Usual Source of Dental Care
- Child Usual Source of Medical Care
- Educational Level/Attainment
- Employment Status
- Federal Poverty %
- Homeless Status
- Housing Status
- Insurance
- Low student achievement
- Marital Status
- Military Status
- Non-target child with developmental delays
- Non-target child with low student achievement
- Primary Language Spoke in Home
- School Enrollment /Educational Status
- Tobacco Use in the home
- Zip Code

Adult 1 Demographics

Adult 1	Family No	439
Adult 2		
Child Data	FSW	Add/Edit
Intake	FAW	null
Screen Data	Funding Source	Please Select
	Adaptation	NA
	Current Family Level	Add/Edit Terminate
	Level Change Date	
	Deceased	Please Select
	First Name	Amy
	Middle Name	null
	Last Name	Jones
	Address	null Add/Edit
	City	null
	Zip	null
	Phone	null
	Phone Type	null
	Other Phone	

Adult 1	Phone Type	
Adult 2	County Family Resides	
Child Data	E-Mail	
Intake	Gender	Please Select
Screen Data	Relation to Target Child	Please Select
	Ethnicity	Please Select
	Race	<input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific <input type="checkbox"/> Other
	Language	Please Select <input type="checkbox"/> Bilingual
	National Origin	Please Select
	Social Security Number	
	Date of Birth	month/day/year <input type="text"/>
	Employment Status	
	Employer	
	Position	
	Average Hours per Week	
	Average unpaid hours childcare	
	Receive Benefits	<input type="checkbox"/>

Federal Demographic: Gender

Federal Demographic: Primary Language Spoke in Home

Federal Demographic: Race and Ethnicity

Federal Demographic: Age of Participant

Federal Demographic: Employment Status

Intake	Earnings
Screen Data	Education Level <input type="button" value="Add/Edit"/>
	Enrolled In School
	Average Education hours per week
	Marital Status null <input type="button" value="Edit"/>
	Primary Insurance
	Secondary Insurance <input type="button" value="Add/Edit"/>
	In Jail <input type="button" value="Add/Edit"/>
	History of Incarceration
	Current Parole/Probation
	History of Parole/Probation
	Current Dept Juvenile Justice Services
	History of Dept Juvenile Justice Services
	<input type="button" value="Update"/> <input type="button" value="Cancel"/>

Federal Demographic: Education Level

Federal Demographic: Marital Status

Federal Demographic: Insurance

Child Demographics

Pre/Postnatal

Prenatal Only

EDC (01/01/1900) 9/13/2021

Does MOB have prenatal care? Please Select

Did MOB get regular checkup and PAP smears prior to getting pregnant?

Pre/Postnatal

Alcohol

a. Prior to Pregnancy No/limited use of alcohol Please Select

b. Prior to Pregnancy alcohol abuse (7 or more per week OR 3 or more in one occasion) Please Select

c. any alcohol after pregnancy known Please Select

d. any drug use during pregnancy Please Select

e. any drug use during pregnancy Please Select

Federal Demographic: Age of Index Child

Federal Demographic: Ethnicity

Federal Demographic: Race

Federal Demographic: Gender of Index Child

Federal Demographic: Insurance

Data to be entered after baby is born

DOB 9/2/2021 Was there a live birth? Yes

SS#

First Name Sara Middle Name Last Name Jones

Ethnicity Race

- White
- African American
- Indian/Alaskan
- Asian
- Hawaiian/Pacific
- Other

Gest. age Please Select Gender Please Select

Birth Weight Please Select (Pounds) Weight in grams 0

Please Select (Ounces)

Multi Number 1

Active Inactive Reason

Does child have regular health provider or clinic? Please Select

Primary Insurance null

Secondary Insurance null

Add/Edit

Week Mother began prenatal care Please Select Smoking during this pregnancy Please Select

Were there any complications during pregnancy? Please Select Specify

Were there complications during labor/delivery/hospital stay for baby? Please Select Specify

Were there complications during labor/delivery/hospital stay for mother? Please Select Specify

Did the baby spend any time the Neonatal Intensive Care Unit (NICU)? Please Select

Well Child visits prior to intake? Please Select Number Of Well Child Visits Date of last well child visit received

Number of Healthcare visits Please Select Number Of Health Care Visits Date of last Healthcare visit

Mother's Health History Child's Health History

Household Demographics

FAW	lammy test
FSW	
Date	10/6/2021
Family In Target Population	<input type="checkbox"/> Family In Target Population
Primary Caretaker	Please Select
Family Planning	Please Select
Does family have a Primary Care Provider?	Please Select
Adult 1 History of Primary Care Provider	
Adult 2 History of Primary Care Provider	
<input type="checkbox"/> Family is using WIC Vouchers	Please Select
Military	Please Select
Tobacco-Use-in-home	Please Select
Does primary caregiver use tobacco or smoke?	Please Select
Low Achievement	Please Select
Is target child participating in Part B Assistance for Education of All Children with Disabilities?	Please Select
Is target child participating in Part C Early Intervention services?	Please Select
Non-target child with developmental delays	Please Select
Non-target child with Low Student Achievement	Please Select
% of Poverty Level	Please Select
Estimated Annual Income \$	
Weekly Court Ordered Child Support \$	
Family's current income situation	Please Select
Total children parent is responsible for	

Priority populations
Highlighted in yellow

Federal Demographic:
Federal Poverty %

Type of housing family lives in	Please Select
Specify	<input type="text"/>
Housing Stability	Please Select
Homeless Status	Please Select
Housing Status	Please Select
Transportation access	Please Select <input type="radio"/> Reliable <input checked="" type="radio"/> Not Reliable
Usual Source of Medical Care for Child	Please Select
Usual Source of Dental Care for Child	Please Select

**Federal Demographic:
Housing and
Homeless Status**

**Federal Demographic:
Child Usual Source of
Dental and Medical
Care**

FOR MIEC FAMILIES ONLY
Specify amounts and/or check all that apply:

Child Support	\$0.00	<input type="checkbox"/>
Social Security	\$0.00	<input type="checkbox"/>
Unemployment	\$0.00	<input type="checkbox"/>
Earned Income/Wages	\$0.00	<input type="checkbox"/>
Formal In-Kind Support	\$0.00	<input type="checkbox"/>
Informal In-Kind Support	\$0.00	<input type="checkbox"/>
Other Support	\$0.00	<input type="checkbox"/>
Agricultural	\$0.00	<input type="checkbox"/>
Family or Friends Amount	\$0.00	<input type="checkbox"/>
Business Amount	\$0.00	<input type="checkbox"/>
Interest or Dividends	\$0.00	<input type="checkbox"/>
Rent from tenants or boarders	\$0.00	<input type="checkbox"/>
Rent from tenants or boarders	\$0.00	<input type="checkbox"/>
Food stamps	\$0.00	<input type="checkbox"/>
WIC	\$0.00	<input type="checkbox"/>
TANF	\$0.00	<input type="checkbox"/>
Supplemental Security Income (SSI)	\$0.00	<input type="checkbox"/>
Alimony	\$0.00	<input type="checkbox"/>
Worker's compensation benefits	\$0.00	<input type="checkbox"/>
Disability benefits	\$0.00	<input type="checkbox"/>
Veteran's benefits	\$0.00	<input type="checkbox"/>
Pension	\$0.00	<input type="checkbox"/>

2020 Poverty Level Guidelines Updated Annually

48 Contiguous States

# of Persons in Household	2021 Federal Poverty Level for the 48 Contiguous States (Annual Income)						
	100%	133%	138%	150%	200%	300%	400%
1	\$12,880	\$17,130	\$17,774	\$19,320	\$25,760	\$38,640	\$51,520
2	\$17,420	\$23,169	\$24,040	\$26,130	\$34,840	\$52,260	\$69,680
3	\$21,960	\$29,207	\$30,305	\$32,940	\$43,920	\$65,880	\$87,840
4	\$26,500	\$35,245	\$36,570	\$39,750	\$53,000	\$79,500	\$106,000
5	\$31,040	\$41,283	\$42,835	\$46,560	\$62,080	\$93,120	\$124,160
6	\$35,580	\$47,321	\$49,100	\$53,370	\$71,160	\$106,740	\$142,320
7	\$40,120	\$53,360	\$55,366	\$60,180	\$80,240	\$120,360	\$160,480
8	\$44,660	\$59,398	\$61,631	\$66,990	\$89,320	\$133,980	\$178,640
Add \$4,540 for each person in household over 8 persons							

Section C: Nebraska Benchmark Plan

Nebraska MIECHV- Constructs and Measures

Benchmark I. Maternal and Newborn Health

Construct	Measurement Tool	Indicator	Population Assessed	Numerator	Denominator	Timing of Data Collection
1. Preterm Birth	N/A	(Systems Outcome) Percent of infants (among mothers who enrolled prenatally before the 37 th week) who are born preterm following program enrollment.	Target women enrolled prenatally before the 37 th week of gestation.	Number of live births among mothers who enrolled prenatally before the 37 th week) born before 37 completed weeks of gestation and after enrollment	Number of live births after enrollment who were born to mothers enrolled in home visiting prenatally before the 37 th week.	At Birth
2. Breastfeeding	N/A	(Systems Outcome) Percent of infants (among mothers who enrolled in HV prenatally) who were breastfed any amount at 6 months of age	All target children enrolled prenatally	Number of infants aged 6-12 months whose mother enrolled prenatally who were breastfed any amount at 6 months of age.	Number of infants aged 6-12 months whose mothers enrolled prenatally and have been enrolled for at least 6 months	Home Visit after baby turns 6 months
3. Depression Screening	Center for Epidemiological Studies Depression scale (CES-D)	Percent of primary caregivers who are screened for depression using a validated tool within 3 months of enrollment (for those enrolled prenatally) or within 3 months of delivery (for those enrolled postpartum)	All Primary Caregivers	For those enrolled <u>postpartum</u> , number of primary caregivers enrolled who are screened for depression within the first three months since enrollment ; for those enrolled <u>prenatally</u> , the number of primary caregivers screened for depression within 3 months of delivery.	For those enrolled <u>postpartum</u> the number of primary caregivers enrolled for at least 3 months; for those enrolled <u>prenatally</u> , the number of primary caregivers enrolled for at least three months post-delivery.	3 months postpartum for those enrolled <u>prenatally</u> 3 months post enrollment for those enrolled <u>postpartum</u>
4. Well Child Visit	N/A	Percent of children who received the last recommended well child visit based on the American Academy of Pediatrics (AAP) schedule.	All target children	Number of children who received the last recommended well child visit based on the following AAP schedule. 3-7 Days, 2-4 Weeks 2-3 Months, 4-5 Months 6-7 Months, 9-10 Months, 12-13 months, 15-16 months, 18-19 months, 2-2.5 years, 3-3.5 years, 4-4.5 years	Number of children enrolled.	Point in time 3-7 Days, 2-4 Weeks 2-3 Months, 4-5 Months 6-7 Months, 9-10 Months ,12-13 months, 15-16 months, 18-19 months, 2-2.5 years, 3-3.5 years, 4-4.5 years
5. Postpartum Care	N/A	Percent of mothers enrolled prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery.	All target women	Number of mothers enrolled prenatally or within 30 after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery.	Number of mothers who enrolled prenatally or within 30 days after delivery and remained enrolled for at least 8 weeks (56 days) after delivery	8 weeks post-partum

6. Tobacco Cessation Referrals	N/A	Percent of primary caregivers who reported using tobacco or cigarettes at enrollment and were referred to tobacco cessation counseling or services within 3 months of enrollment.	All Primary Caregivers	Number of primary caregivers who reported using tobacco or cigarettes at enrollment and were referred to tobacco cessation counseling or services within 3 months.	Number of primary caregivers who reported using tobacco or cigarettes at enrollment and were enrolled for at least 3 months.	3 months post-enrollment
Benchmark II. Child Injuries, Abuse, Neglect, and Maltreatment and Emergency Department Visits						
7. Safe Sleep	N/A	Percent of infants that are always placed to sleep on their backs, without bed-sharing or soft-bedding	All target children up to a year.	Number of infants aged less than 1 year whose primary caregiver report that they are always placed to sleep on their backs, without bed-sharing or soft-bedding	Number of infants who were aged less than 1 year during the reporting period.	Annually between birth and 12 months.
8. Child Injury	N/A	(Systems Outcome) Rate of injury-related visits to the Emergency Department (ED) among children.	All target children	Number of parent-reported nonfatal injury-related visits to the ED.	Number of children enrolled.	Ongoing
9. Child Maltreatment	N/A	(Systems Outcome) Percent of children with at least 1 investigated case of maltreatment within the reporting period.	All target children	Number of children with at least 1 investigated case of maltreatment.	Number of children enrolled	Ongoing
Benchmark III. School Readiness and Achievement						
10. Parent-Child Interaction	CHEERS Check in Tool (CCI)	Percent of primary caregivers who receive an observation of caregiver child interaction by the home visitor using a validated tool.	All Primary Caregivers	Number of primary caregivers who receive an observation of caregiver-child interaction by the home visitor using a validated tool.	Number of primary caregivers with children reaching the target age range.	(child reaches) 4-12 months (child reaches) 13-24 months (child reaches) 25-36 months
11. Early Language and Literacy Activities	N/A	Percent of children with a family member who reported that during a typical week s/he read, told stories, and/or sang songs with their child daily every day.	All target children	Number of children with a family member who reported that during a typical week s/he read, told stories, and/or sang songs with their child daily every day.	Number of children enrolled	Monthly after birth.
12. Developmental Screening	Ages & Stages 3 (ASQ-3)	Percent of children with a timely screen for developmental delays using a validated parent-completed tool.	Target children aged 9-30 months.	Number of children with at least one screening within the AAP-defined age groups during the reporting period.	Number of children reaching the specified time frame during the reporting period.	9 months, 18 months, and 24 or 30 months
13 Behavioral Concerns	N/A	Percent of home visits where primary caregivers were asked if they have any concerns regarding their child's development, behavior, or learning.	All target children	Number of postnatal Home Visits primary caregivers were asked if they have any concerns regarding their child's development, behavior, or learning	Total number of postnatal home visits during the reporting period.	Every postnatal home visit
Benchmark IV. Crime or Domestic Violence						

14. IPV Screening	3 question tool	Percent of primary caregivers enrolled who are screened for IPV within 3 months of enrollment using a validated tool.	All primary caregivers	Number of primary caregivers who are screened for IPV using a validated tool within 3 months of enrollment	Number of primary caregivers enrolled for at least 6 months	3 months post-enrollment
<i>Benchmark V. Family Economic Self Sufficiency</i>						
15. Primary Caregiver Education	N/A	(Systems Outcome) Percent of primary caregivers who enrolled without a high school (HS) degree or equivalent who subsequently enrolled in, maintained continuous enrollment in , or completed HS or equivalent during their participation	All primary caregivers	Number of primary caregivers who enrolled in, maintained continuous enrollment in, or completed a high school degree or equivalent after enrollment into HV (and met the conditions specified in the denominator)	Number of primary caregivers without a high school degree or equivalent at enrollment	At enrollment and annually.
16. Continuity of Insurance Coverage	N/A	(Systems Outcome) Percent of primary caregivers who had continuous health insurance coverage for at least 6 consecutive months	All primary caregivers	Number of primary caregivers who reported having continuous health insurance coverage for at least 6 consecutive months during the reporting period.	Number of primary caregivers enrolled for at least 6-months	Monthly
<i>Benchmark VI Coordination and Referrals for other community resources and supports</i>						
17. Completed Depression Referrals	N/A	Percent of primary caregivers referred to services for a positive screen for depression measure 3 who receive one or more service contacts.	All primary caregivers	Number of primary caregivers who screened positive for depression in measure 3 who received a referral.	Number of primary caregivers who screened positive for depression in measure 3.	90 Days after screening positive
18. Completed Developmental Referrals	N/A	Percent of children with positive screens for developmental delays measure 12.	All target children	Number of children who screened positive for developmental delay in measure 12 who received a referral.	Number of children who screened positive for developmental delay in measure 12.	30 Days-Community Services 45 Days-Early Intervention Services
19. Intimate Partner Violence Referrals	N/A	Percent of primary caregivers with positive screens for IPV measure 14 who receive referral information to IPV resources	All primary caregivers	Number of primary caregivers who screened positive for IPV in measure 14 who received a referral.	Number of primary caregivers who screened positive for IPV in measure 14.	90 Days after screening positive
<i>Supplemental to the benchmark plan</i>						
20. Substance Abuse Screening	UNCOPE	Percent of primary caregivers with positive UNCOPE	All primary caregivers	Number of primary caregivers who are screened with the UNCOPE within 3 months of enrollment	Number of primary caregivers enrolled.	3 months after enrollment
20b. Substance Abuse Referral	N/A	Percent of primary caregivers with positive UNCOPE in measure 20 who receive a referral for substance abuse	All primary caregivers	Number of primary caregivers who screened positive for substance abuse	Number of primary caregivers who screen positive for substance abuse in measure 20	90 days after a positive UNCOPE screener