

2022
MIECHV FORMS AND INSTRUCTIONS

M1-THEO
MIECHV ENROLLMENT
Index Parent

Enrollment Date: _____ / ____ / 20____

Name of Home Visitor: _____

Home Visiting Program: Early Head Start Healthy Families Oregon

Index Parent's ID #: _____

First, Middle, and Last Name of Index Parent:

First *Middle* *Last*

Parent Client Record/Demographics:

(Questions A-E will ONLY be entered on the New Client screen during the Application/Enrollment process in THEO – NOT in the M1 Survey)

A. Date of Birth: _____ / ____ / ____

B. Gender: Female Male X (Non-binary)

C. Primary Language: English Spanish Other language: _____

D. Ethnicity: Not-Hispanic or Not-Latino/a Hispanic or Latino/a Declined to self-identify Unknown

E. Race *(Check all that apply):*

- American Indian/Alaska Native White/Caucasian
 Asian Unknown
 Black or African American Declined to self-identify
 Native Hawaiian/Other Pacific Islander

Pregnancy:

F. Enter in M1 Survey: **Mother Pregnant at Enrollment?** Yes → Go to Question F1. No

F1. Enter during Client Application/Enrollment process: **If Pregnant, Expected Delivery Date:** _____ / ____ / 20____

Questions about Family:

1. Which members of your (index parent's) family are currently serving or formerly served in the military – active or reserve? (Check all that apply.)

- Index parent Father of child
 Index parent's spouse Mother of child
 Index parent's parent(s) None

2. Additional Children in Home? No → Go to Question 3. Yes:

(Birth – 18 yrs old; other than Index Child; living in the home) DOB _____ / ____ / ____

DOB _____ / ____ / ____

DOB _____ / ____ / ____

M1-THEO
MIECHV ENROLLMENT, continued
Index Parent ID# _____

Questions about Index Parent:

3. Marital Status:

- Single/Never Married Separated/Divorced/Widowed
 Married Not Married but living together with partner

4. Relationship to Index Child:

- Biological mother Biological father Other caregiver

5. Index Parent's Current Health Insurance status:

- Not insured State Children's Insurance Program (SCHIP)
 Private or employer's insurance TRICARE or other military health care
 OHP/Medicaid Other insurance: _____
 CAWEM/CAWEM Plus

6. Educational Attainment:

- Currently enrolled in middle school Some college/training
 Currently enrolled in high school Associate's degree
 Less than high school diploma Bachelor's degree or higher
 High school diploma/GED Other: _____
 Technical training or certification

7. Current Education/Training status:

- Enrolled student/trainee (full or part-time) Not enrolled

8. Current Employment status:

- Employed full time Employed part time Not employed

9. Does anyone living in the household have a history of substance abuse or need substance abuse treatment?

- Yes No Unknown

10. Does Index Parent currently use tobacco products? (Tobacco includes combustibles [cigarettes, cigars, pipes, hookahs, and bidis], non-combustibles [chew, dip, snuff, snus, and dissolvables], and ENDS)

- Yes → Go to Question 10a. No → Go to Question 11. Unknown → Go to Question 11.

10a. If yes, is parent currently receiving tobacco cessation services?

- Yes
 No
 Unknown
- } *To meet Tobacco Cessation Referral Measure: Record Date Referred to Tobacco Cessation Services within 3 months of Enrollment on M2B-MIECHV Referrals Tracking & Follow-up form.*

11. Does anyone else living in the household use tobacco products? Yes No Unknown

M1-THEO
MIECHV ENROLLMENT, continued
Index Parent ID# _____

12. Has anyone living in the household had a history of child abuse or neglect & involvement with child welfare services either as a child or as an adult?

- Yes No Unknown

13. Has a doctor or health professional ever told you (index parent) that your child/any of your children has any developmental delay or developmental disability?

- Yes No Unknown

14. Is there anyone in your household (including adults and children) who had/has a low student achievement level?

- Yes No

15. Last month, what was your (parent's/guardian's) gross TOTAL HOUSEHOLD income from employment and any benefits you receive? All information will be kept private and will not affect any services you (parent) are now getting.

Include all of these income sources:

Paycheck or money from a job

Benefits such as TANF or SSI

Money from a business, fees, dividends, or rental income

Child support or alimony

Social security, workers' compensation, disability, veteran benefits or pensions

Unemployment benefits

- \$250 or less
- \$251 - \$500
- \$501 - \$750
- \$751 - \$1,000
- \$1,001 - \$1,250
- \$1,251 - \$1,500
- \$1,501 - \$1,750
- \$1,751 - \$2,000
- \$2,001 - \$2,250
- \$2,251 - \$2,500
- \$2,501 - \$2,750
- \$2,751 - \$3,000
- \$3,001 or more
- Don't Know

15a. Number of adults in household: ___ Adults

15b. Number of children in household: ___ Children

16. Current Housing Status:

- You own or share your home, condominium or apartment
- You rent or share your home or apartment
- You live in public housing
- You live with a parent or family member
- You have a different living arrangement, but are not homeless
- You are homeless and sharing housing
- You are homeless and living in an emergency or transition shelter
- You are homeless and living in some other arrangement

Instructions for the MIECHV
M1-THEO ENROLLMENT FORM – INDEX PARENT

When to complete this form: At the time of Enrolling the Index Parent into the MIECHV program.

Item Instructions

Item	Guidelines
Enrollment Date	Date of enrollment into the MIECHV program. <i>MM/DD/20YY</i>
Name of Home Visitor	The Home Visitor assigned to this family.
Index Parent ID#	Your program’s Parent ID #.
Name of Index Parent	The Index Parent is the person who signed up to participate in the MIECHV Program. This can be a biological mother, biological father, female caregiver (e.g. adoptive mother, foster mother, grandmother) or male caregiver (e.g. stepfather, partner, etc.). Complete Parent or Guardian’s First, Middle and Last Legal names. If they do not have a middle name, leave it blank.
Questions to enter on the New Client screen during the Application/Enrollment process in THEO – NOT in the M1 Survey:	
Date of Birth	The Index Parent’s date of birth. <i>MM/DD/20YY</i>
Gender	Is the Index Parent Female or Male or X (Non-binary)?
Primary Language	Primary language is the one used in the home the majority of the time.
Ethnicity	The ethnicity with which the parent most closely identifies. Non-Hispanic or Non-Latino: the parent is not of Hispanic or Latino origin. Hispanic or Latino: the parent is of Hispanic or Latino origin. Hispanic is defined as “A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. Declined to self-identify
Race	The race with which the parent most closely identifies. Select all that apply. American Indian/Alaska Native: the parent is of American Indian or Alaska Native origin. Asian: the parent is of Asian origin. Black or African American: the parent is of African American origin. Native Hawaiian/Other Pacific Islander: the parent is of Native Hawaiian or Pacific Island origin. White/Caucasian: the parent is of Caucasian origin. Unknown: the parent does not know what their race is. Declined to self-identify
Pregnant at Enrollment?	<i>Enter in M1 Survey:</i> If Mother is Pregnant at Enrollment. If Mother is pregnant at Enrollment, then enter Expected Delivery Date during <i>Client Application/Enrollment</i> process.

Questions to enter in the M1 Survey:	
Which Members of your family are currently serving or formerly served in the Military – active or reserve? (Check all that apply)	<i>Based on self-report</i> , families that include individuals who are serving or formerly served in the Armed Forces.
Additional Children in Home?	Includes children and youth (parent’s children and others), ages Birth – 18 yrs old, who stay in the household at least 4 nights a week but are not the index child.
Marital Status	Self-reported by parent.
Relationship to Index Child	How the Index Parent is related to the Index Child.
Index Parent’s Current Health Insurance Status	<p>The parent’s health insurance coverage at the time of being enrolled into the MIECHV program.</p> <p>Enter all that apply.</p> <p>Not Insured: the parent does not have health insurance of any type.</p> <p>Private or Employer’s Insurance: the parent purchases their own private health care insurance directly from an insurance company or their health insurance is provided by an employer (their employer or another person’s).</p> <p>OHP/Medicaid: the Oregon Health Plan (OHP) or public insurance benefit package, based on a prioritized list of health services, and is available to eligible children and pregnant women.</p> <p>CAWEM (Citizen/Alien-Waived Emergency Medical benefit): the benefit package that covers emergent prenatal care, labor and delivery for undocumented women, and covers undocumented children for emergent care.</p> <p>State Children’s Health Insurance Program (SCHIP): A federal program that provides health insurance to cover uninsured children in families with incomes that are too high to qualify for Medicaid. The mother may have SCHIP if they are 18 or younger.</p> <p>TRICARE or other military health care: TRICARE, the health care program for uniformed service members and their families, or other military health care.</p> <p>Other insurance: write in the name of the health insurance the parent has if it is a different type than those listed above, such as Indian Health Services.</p>
Educational Attainment	Highest level of education that the parent has completed.
Current Education/Training status	<p>Enrolled student/trainee (full or part-time): the parent is currently enrolled at an institution, either full-time or part-time.</p> <p>Not enrolled: the parent is not currently enrolled in any type of educational or training program.</p>
Current Employment status	<p>Employed Full Time: the parent works for pay, outside the home, at least 30 hours per week, on average.</p> <p>Employed Part Time: the parent works for pay, outside the home, <i>less than</i> 30 hours per week, on average.</p>

	Not Employed: the parent is not currently working for pay (for example, students, homemakers and those actively seeking work but currently not employed).
Does anyone living in the household have a history of substance abuse or need substance abuse treatment?	<i>Based on self-report</i> , a household with members who have a history of substance abuse or who have been identified as needing substance abuse services through a substance abuse screening administered upon enrollment.
Does Index Parent use tobacco products?	<i>Based on self-report</i> , if the mother uses tobacco products or has been identified as using tobacco through a substance abuse screening administered during intake. Tobacco use is defined as combustibles (cigarettes, cigars, pipes, hookahs, bidis), non-combustibles (chew, dip, snuff, snus, and dissolvables), and electronic nicotine delivery systems (ENDS). If Yes, mother does use tobacco products, check Yes , if she is receiving tobacco cessation services, or check No , if she is not, or Unknown.
Does anyone else living in the household use tobacco products?	<i>Based on self-report</i> , a household with members who use tobacco products in the home or have been identified as using tobacco through a substance abuse screening administered during intake. Tobacco use is defined as combustibles (cigarettes, cigars, pipes, hookahs, bidis), non-combustibles (chew, dip, snuff, snus, and dissolvables), and electronic nicotine delivery systems (ENDS).
Has anyone living in the household had a history of child abuse or neglect & involvement with child welfare services either as a child or as an adult?	<i>Based on self-report</i> , a household with members who have a history of abuse or neglect and have had involvement with child welfare services either as a child or as an adult.
Has a doctor or health professional ever told you that your child/any of your children has any developmental delay or developmental disability?	<i>Based on self-report</i> or home visitor's observation, enrollees who have a child or children suspected of having a developmental delay or disability.
Is there anyone in your household (including adults and children) who had/has a low student achievement level?	<i>Based on self-report</i> , a household with members who have perceived themselves or their child(ren) as having low student achievement.
Last month, what was your (parent's) gross TOTAL HOUSEHOLD income from employment and any benefits you receive? All information will be kept private and will not affect any services you (parent) are now getting.	Reassure parent that income information will not be used to determine eligibility in any programs or affect any services they are now getting. <i>Based on self-report</i> , what was the total household income, before taxes, last month? <u>For 2-parent households, include both parents' income and benefits. If household income/benefit source includes someone other than parents, include that also.</u> Include all of these Income Sources: Paycheck or money from a job Benefits such as Temporary Assistance for Needy Families (TANF) or Supplemental Security Income (SSI) Money from a business, fees, dividends, or rental income Child support or alimony

	Social security, workers' compensation, disability, veteran benefits or pensions Unemployment benefits
Number of adults in household	Total number of adults living in household. Include any adults who stay in the household at least 4 nights a week.
Number of children in household	Total number of children living in household. Includes Index child and any other children, ages Birth – 18 yrs old, who stay in the household at least 4 nights a week.
Current Housing Status	<p>Owns or shares their home, condominium or apartment</p> <p>Rents or shares their home or apartment</p> <p>Lives in public housing</p> <p>Lives with a parent or family member</p> <p>You have a different living arrangement, but are not homeless</p> <p>Homeless and sharing housing: lacking a fixed, regular, and adequate nighttime residence and sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason.</p> <p>Homeless and living in an emergency or transitional shelter: lacking a fixed, regular, and adequate nighttime residence and living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement.</p> <p>Homeless and some other arrangement: living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; individuals who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; individuals who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.</p>

M2B

MIECHV REFERRALS TRACKING & FOLLOW-UP – INDEX PARENT

Please complete this form with Referral and/or Service Dates as updates occur and enter in THEO (EHS/HFA) or send to State (NFP)

Name of Home Visitor: _____

Home Visiting Program: Early Head Start Healthy Families Oregon Nurse-Family Partnership

Parent ID #: _____

Name of Index Parent: _____

To meet **Tobacco Cessation** Referral Measure: Client must receive a Referral for Tobacco Cessation Counseling or Services within 3 months of Enrollment in MIECHV. Only ONE Referral is required for MIECHV; the service does not have to be started or received.

Recommended referrals include those made for tobacco cessation counseling or services. These referrals may include:

- tobacco quit line,
- primary care provider,
- other tobacco cessation programs.

TYPE	REFERRAL Date Referred to Service	FOLLOW-UP Date Service Started/Received
Tobacco Cessation	_ / _ / 20	N/A

To meet **Depression** Referral Measure: Client must receive a Referral AND at least one Service. Only ONE Referral and ONE Receipt of Service is required for MIECHV.

Recommended referral services include:

- Internal referral to self or other staff member trained in Mothers and Babies intervention
- Internal referral to self or other staff member trained in Mental Health Intervention (for NFP programs)
- Licensed or licensed-eligible mental health provider (LMHC, LCSW, or LMFT) using cognitive behavioral therapy or another evidence-based treatment
- Medication therapy from a primary care provider, psychiatrist, or women's health provider

TYPE	REFERRAL Date Referred to Service	FOLLOW-UP Date Service Started/Received
Depression	_ / _ / 20	_ / _ / 20

Instructions for the MIECHV M2B-REFERRAL TRACKING & FOLLOW-UP FORM - INDEX PARENT

When to complete this form:

- **Tobacco Cessation**

- Client must receive a Referral for Tobacco Cessation Counseling or Services within 3 months of Enrollment in MIECHV.
- Only ONE Referral is required for MIECHV
 - Service *does not* have to be started or received.
- Recommended referrals include those made for tobacco cessation counseling or services. These referrals may include:
 - Tobacco quit line
 - Primary care provider
 - Other tobacco cessation programs

- **Depression**

- Client must receive a Referral AND at least one Service.
- Only ONE Referral and ONE Receipt of Service is required for MIECHV.
- Recommended referral services include:
 - Internal referral to self or other staff member trained in Mothers and Babies intervention
 - Licensed or licensed-eligible mental health provider (LMHC, LCSW, or LMFT) using cognitive behavioral therapy or another evidence-based treatment
 - Medication therapy from a primary care provider, psychiatrist, or women's health provider
- Following the initial referral for service, when the parent receives the service, record the date service is started or received. If the parent has not received the service, continue to follow up as appropriate encouraging the parent to access services for themselves when ready.

Referral Guidelines: A referral to services can be made directly by calling a community service agency and requesting services for the parent or by giving the parent a list of resources to call for assistance.

Item Instructions

Item	Guidelines
Name of Home Visitor	The Home Visitor assigned to this index parent.
Parent ID#	Your program's Parent ID #.
Name of Index Parent	Index Parent's name.
Initial Referral Section:	
Date Referred to Service	When a referral is made, date the referral to the service was made to the parent. <i>MM/DD/20YY</i>
DEPRESSION Follow-up Section:	
Date Service Started/Received	Date service started or was received. <i>MM/DD/20YY</i>

M3
MIECHV ENROLLMENT TOOL
Index Parent

To be completed within 6 months of parent's enrollment

Name of Home Visitor: _____

Home Visiting Program: Early Head Start Healthy Families Oregon

Parent ID #: _____

Name of Index Parent: _____

Part A: IPV Screening

IPV refers to physical violence, sexual violence, stalking, and psychological aggression (including coercive acts) by a current or former intimate partner.

*To meet the measure, **all clients must be screened for IPV** within 6 months of enrollment, regardless of relationship status or if IPV has been previously identified.*

1. Relationship Assessment Tool completed?

Yes, completed → **Date tool completed:** / / 20 → Go to Question 1a.

1a. If Yes, result of Relationship Assessment Tool:

Score of 20 or higher → Go to Part B: IPV Referral.

Score of 19 or lower

No, not completed → Complete IPV Screening at future visit before the client reaches 6-months post-enrollment, then complete another M3 form and update in THEO.

Part B: IPV Referral

*To meet the measure, **IPV Referral information must be given** if the client scores 20 or higher on the Relationship Assessment Tool during a MIECHV screening.*

2. If a Score of 20 or higher, did you give referral information? *See examples below

Yes

No → Clients who screen positive should be provided information on available referral services. The focus is on provision of information, **not** whether the client received IPV referral services, as a client may not be ready or able to safely access a referral service. Provide Referral Information at future visit and update M3 form in THEO: Q2. Change Selection to "Yes".

*Referral information can include:

- Domestic violence advocacy program, shelter or hotlines
- "Healthy Moms, Happy Babies" cards
- Housing options or emergency shelter services
- Legal advocacy and assistance
- Crisis assistance
- Support groups
- Counseling services to address related needs such as depression or substance use

Instructions for the MIECHV M3-ENROLLMENT TOOL FORM – INDEX PARENT

When to complete this form: Within 6 months of Enrolling the Index Parent into the MIECHV program.

- **IPV Screening information:**
 - IPV refers to physical violence, sexual violence, stalking, and psychological aggression (including coercive acts) by a current or former intimate partner.
 - To meet the measure, **all clients must be screened for IPV** within 6 months of enrollment, regardless of relationship status or if IPV has been previously identified.

- **IPV Referral information:**
 - To meet the measure, **IPV Referral information must be given** if the client scores 20 or higher on the Relationship Assessment Tool during a MIECHV screening.
 - Referral information can include:
 - Domestic violence advocacy program, shelter or hotlines
 - “Healthy Moms, Happy Babies” cards
 - Housing options or emergency shelter services
 - Legal advocacy and assistance
 - Crisis assistance
 - Support groups
 - Counseling services to address related needs such as depression or substance use

Item Instructions

Item	Guidelines
Name of Home Visitor	The Home Visitor assigned to this family.
Parent ID#	Your program’s Parent ID #.
Name of Index Parent	Index Parent’s name.
Relationship Assessment Tool Completed?	Was the Relationship Assessment Tool completed to screen for Intimate Partner Violence? If it was: Enter the date that the tool was completed and continue to Question 1a. If it was not: Complete IPV Screening at future visit before the client reaches 6-months post-enrollment, then complete another M3 form and update in THEO. See Appendix A for Relationship Assessment Tool
If Yes, Result of Relationship Assessment Tool	If the Relationship Assessment Tool was completed, indicate if the score was either 20 or higher, or 19 or lower. If the score was 20 or higher, go to Part B-Question 2.
If a Score of 20 or higher, did you give referral information?	Was referral information provided? If No: Clients who screen positive should be provided <i>information</i> on available referral services. The focus is on provision of <i>information</i> , not whether the client received IPV referral services, as a client may not be ready or able to safely access a referral service. Provide Referral Information at future visit and update M3 form in THEO: Q2. Change Selection to “Yes”.

M4-THEO
MIECHV ENROLLMENT FORM
Index Child

INDEX CHILD'S Enrollment Date: / / 20

Name of Home Visitor: _____

Home Visiting Program: Early Head Start Healthy Families Oregon

Parent ID#: _____

Name of Index Parent: _____

INDEX CHILD ID #: _____

First, Middle, and Last Name of INDEX CHILD:

_____ _____ _____
First *Middle* *Last*

Child Client Record/Demographics:

(Questions A-E will ONLY be entered on the Client Intake screen during the Client Application/Enrollment process in THEO – NOT in the M4 Survey)

A. Date of Birth: / / 20

B. Gender: Female Male X (Non-binary)

C. Primary Language: English Spanish Other language: _____

D. Ethnicity: Not-Hispanic or Not-Latino/a Hispanic or Latino/a Declined to self-identify Unknown

E. Race *(Check all that apply):*

- American Indian/Alaska Native White/Caucasian
- Asian Unknown
- Black or African American Declined to self-identify
- Native Hawaiian/Other Pacific Islander

Questions about Index Child:

1. Completed weeks of gestation at birth: Weeks

2. Has child ever had any breast milk? Yes → Go to Question 2a. No → Go to Question 3.

2a. If Yes, does child continue to get any breast milk?

Yes → Go to Question 3. No → Go to Question 2b.

2b. If No, date child stopped getting breast milk: / / 20

3. Child's current health Insurance status:

- Not insured State Children's Insurance Program (SCHIP)
- Private or employer's Insurance TRICARE or other military health care
- OHP/Medicaid Other insurance: _____
- CAWEM/CAWEM Plus

M4-THEO
MIECHV ENROLLMENT FORM, continued
Index Child ID# _____

4. Has your child had the following well-child visit? 3-5 days after birth: Yes No

5. Where do you usually take your child for medical care?

- Doctor's/Nurse Practitioner's Office
- Hospital Emergency Room
- Hospital Outpatient
- Federally Qualified Health Center (FQHC)
- Retail Store or Minute Clinic
- Other: _____

6. Does your child have a usual source of dental care? Yes No

7. How often do you place your infant to sleep on their back?

- Always
- Sometimes
- Never

8. How often do you bed-share with your infant?

- Always
- Sometimes
- Never

9. How often does your infant sleep with soft bedding?

- Always
- Sometimes
- Never

10. During a typical week, how many days do you (and/or a family member) read, tell stories and/or sing songs to your child?

- 0 – Not at all 1 2 3 4 5 6 7 – Every day

Instructions for the MIECHV
M4-THEO ENROLLMENT FORM – INDEX CHILD

When to complete this form: At the time of Enrolling the Index Child into the MIECHV program.

Item Instructions

Item	Guidelines
Enrollment Date	Date Index Child was enrolled into the MIECHV program. <i>MM/DD/20YY</i>
Name of Home Visitor	The Home Visitor assigned to this family.
Index Child ID#	Your program’s Child ID #.
Name of Index Child	The Index Child is the target child in the household who is enrolled in the MIECHV program with an Index Parent. In the case of twins, triplets, etc., there may be more than one female or male index child in a given household. Complete Child’s First, Middle and Last Legal names. If they do not have a middle name, leave it blank.
Questions to enter on the Client Intake screen during the Client Application/Enrollment process in THEO – NOT in the M4 Survey:	
Date of Birth	The Index Child’s date of birth. <i>MM/DD/20YY</i>
Gender	Is the Index Child Female or Male?
Primary Language	Primary language is the one used in the home the majority of the time.
Ethnicity	The ethnicity with which the parent identifies the child. Non-Hispanic or Non-Latino: the child is not of Hispanic or Latino origin. Hispanic or Latino: the child is of Hispanic or Latino origin. Hispanic is defined as “A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. In the rare event when a parent refuses to answer this question, staff should make a best guess.
Race	The race with which the parent identifies the child. Select all that apply. American Indian/Alaska Native: the parent is of American Indian or Alaska Native origin. Asian: the child is of Asian origin. Black or African American: the child is of African American origin. Native Hawaiian/Other Pacific Islander: the child is of Native Hawaiian or Pacific Island origin. White/Caucasian: the child is of Caucasian origin. Unknown: the parent does not know what race their child is. Declined to self-identify
Questions to enter in the M4 Survey:	

Completed weeks of gestation at birth	What was child’s gestational age in weeks at birth?
Has child ever had any breast milk?	Has the index child ever had any breast milk since they were born, even for a short period of time?
If Yes, Does child continue to get breast milk?	If index child has had any breast milk since birth, are they currently getting any breast milk?
If No, Date child stopped getting breast milk	<p>If child is completely weaned: after having no breast milk at all for <i>at least</i> 2 weeks – what was the date the child stopped getting breast milk? If exact date is not known or given, use these guidelines for different times of the month given (for example, parent says child stopped getting breast milk “the middle of last month”):</p> <p>Beginning of the month – Use month, 5th day and year Middle of the month – Use month, 15th day and year End of the month – Use month, 25th day and year</p> <p><i>MM/DD/20YY</i></p>
Child’s Current Health Insurance Status	<p>The index child’s health insurance coverage at the time of being enrolled into the MIECHV program.</p> <p>Enter all that apply.</p> <p>Not Insured: the child does not have health insurance of any type.</p> <p>Private or Employer’s Insurance: the child has insurance that is purchased directly from a private health care insurance company or their health insurance is provided by a parent or guardian’s employer.</p> <p>OHP/Medicaid: the Oregon Health Plan (OHP) or public insurance benefit package, based on a prioritized list of health services, and is available to eligible children and pregnant women.</p> <p>CAWEM (Citizen/Alien-Waived Emergency Medical benefit): the benefit package that covers emergent prenatal care, labor and delivery for undocumented women, and covers undocumented children for emergent care.</p> <p>State Children’s Health Insurance Program (SCHIP): A federal program that provides health insurance to cover uninsured children in families with incomes that are too high to qualify for Medicaid.</p> <p>TRICARE or other military health care: TRICARE, the health care program for uniformed service members and their families, or other military health care.</p> <p>Other insurance: write in the name of the health insurance the child has if it is a different type than those listed above, such as Indian Health Services.</p>
Has your child had the following well-child visit?	Did the child have the indicated recommended well-child visit based on the American Academy of Pediatrics (AAP) schedule?
Where do you usually take your child for medical care?	The particular medical professional, doctor’s office, clinic, health center, or other place where the parent would take the child if he/she were sick or in need of advice about their health.

Does your child have a usual source of dental care?	Does the child have a dental home where the child's oral health care is delivered in a comprehensive, continuously accessible, coordinated and family-centered way by a licensed dentist?
How often do you place your infant to sleep on their back?	Indicate if the Parent places their infant to sleep on their back: Always, Sometimes or Never?
How often do you bed-share with your infant?	Indicate if the Parent shares a bed with their infant: Always, Sometimes or Never?
How often does your infant sleep with soft bedding?	Indicate if the infant sleeps with soft bedding: Always, Sometimes or Never?
During a typical week, how many days do you (and/or a family member) read, tell stories and/or sing songs to your child?	Indicate how many days in a typical week does the parent or other family member read, tell stories and/or sing songs to the child.

M5
MIECHV Child's Enrollment Tool
Index Parent

*To be completed within 90 days of enrollment (for those not enrolled prenatally)
OR within 90 days of infant birth (for those enrolled prenatally)*

Name of Home Visitor: _____

Home Visiting Program: Early Head Start Healthy Families Oregon

Parent ID #: _____

Name of Index Parent: _____

Part A: Depression Screening

*To meet the measure, **all clients must receive a PHQ-9 screening** within 90 days of enrollment or infant birth regardless of whether they are currently receiving or have previously received depression services.*

1. PHQ-9 completed?

Yes, completed → **Date tool completed:** ___ / ___ / 20___ → *Go to Question 1a.*

1a. If Yes, result of PHQ-9:

Score of 10 or higher → *Go to Part B: Depression Referral.*

Score of 9 or lower

No, not completed → *Complete Screening at future visit before the 90-day window closes, then complete another M5 form and update in THEO.*

Part B: Depression Referral

*To meet the measure, **client must receive a Referral AND at least one Service** if the client scores 10 or higher on the PHQ-9 during a MIECHV screening and is not currently receiving depression services.*

2. If a Score of 10 or higher, did you provide a referral? *See examples below

Yes → Complete M2B-MIECHV Referral Tracking & Follow-up Form.

No, the client is currently receiving services (*Clients who are currently receiving depression services do not need to be referred*).

No, other reason → *Clients who screen positive should be offered and start/receive at least 1 referral service. Continue to follow up with client at future visits to track referral and follow-up on M2B-MIECHV Referral Tracking & Follow-up Form.*

*Recommended referral services include:

- Internal referral to self or other staff trained in Mothers and Babies intervention;
- Licensed or licensed-eligible mental health provider (LMHC, LCSW, or LMFT);
- Medication therapy from a primary care provider, psychiatrist, or women's health provider.

**Instructions for the MIECHV
M5-CHILD'S ENROLLMENT TOOL FORM -- INDEX PARENT**

When to complete this form: Within 90 days of Enrollment (for those not enrolled prenatally) OR within 90 days of infant birth (for those enrolled prenatally).

- **Depression Screening information:**
 - To meet the measure, **all clients must receive a PHQ-9 screening** within 90 days of enrollment or infant birth.
 - **Regardless of whether** they are currently receiving or have previously received depression services.

- **Depression Referral information:**
 - To meet the measure, **client must receive a Referral AND at least one Service** if the client scores 10 or higher on the PHQ-9 during a MIECHV screening and is not currently receiving depression services.
 - Recommended referral services include:
 - Internal referral to self or other staff trained in Mothers and Babies Intervention
 - Licensed or licensed-eligible mental health provider (LMHC, LCSW, or LMFT)
 - Medication therapy from a primary care provider, psychiatrist, or women's health provider

Item Instructions

Item	Guidelines
Name of Home Visitor	The Home Visitor assigned to this family.
Parent ID#	Your program's Parent ID #.
Name of Index Parent	Index Parent's Name.
PHQ-9 completed?	Was the PHQ-9 completed to screen parent for depression? If it was: Enter the date that the tool was completed and continue to Question 1a. If it was not: Complete PHQ-9 Screening at future visit before the 90 day window closes, then complete another M5 form and update in THEO. See Appendix B for PHQ-9 Tool and Scoring Guidelines
If Yes, Result of PHQ-9	If the PHQ-9 was completed, indicate if the score on the PHQ-9 was either 10 or higher, or 9 or lower. If the score was 10 or higher, go to Part B-Question 2.
If a Score of 10 or higher, did you provide a referral?	Was a referral provided? If Yes: Complete M2B-Referral Tracking & Follow-up Form. If No, because the client is currently receiving services: Clients who are currently receiving depression services do not need to be referred.

	<p>If No, because of other reason: Clients who screen positive should be offered and start/receive at least 1 referral service. Continue to follow up with client at future visits to track referral and follow-up on M2B-MIECHV Referral Tracking & Follow-up Form.</p>
--	--

M6C
MIECHV 3 Months Post Enrollment
Index Parent
*For Mother Enrolled with Child**
If child was 30 days or younger at enrollment

Name of Home Visitor: _____

Home Visiting Program: Early Head Start Healthy Families Oregon

Parent ID #: _____

Name of Index Parent: _____

Date data gathered: ____ / ____ / 20____

1. Did you receive a postpartum visit with a healthcare provider within 8 weeks of delivery?

Yes → **Date of visit:** ____ / ____ / 20____

No

**Instructions for the MIECHV
M6C-3 MONTHS POST ENROLLMENT FORM -- INDEX PARENT**

When to complete this form: *IF child was enrolled at the same time as parent AND child was 30 days or younger at enrollment, after child is 8 weeks old and within 3 months of enrollment.*

Item Instructions

Item	Guidelines
Name of Home Visitor	The Home Visitor assigned to this family.
Parent ID#	Your program's Parent ID #.
Name of Index Parent	Index Parent's Name.
Date Data Gathered	Date that the questions on the form were asked of the Index Parent or date the data needed to answer the questions was gathered.
Did you receive a postpartum visit with a healthcare provider within 8 weeks of delivery?	Did the mom have a postpartum visit with a healthcare provider within 8 weeks of delivery? If yes, indicate date of visit.

M6P
MIECHV Baby's Age 3 Months
Index Parent
For Mother Enrolled Prenatally

Name of Home Visitor: _____

Home Visiting Program: Early Head Start Healthy Families Oregon

Parent ID #: _____

Name of Index Parent: _____

Date data gathered: / / 20

1. Did you receive a postpartum visit with a healthcare provider within 8 weeks of delivery?

Yes → **Date of visit:** / / 20

No

2. In the past 6 months, were there any days when you were not covered by health insurance?

Yes

No

**Instructions for the MIECHV
M6P-BABY'S AGE 3 MONTHS FORM -- INDEX PARENT**

When to complete this form: *IF mom was enrolled prenatally* and when Index Child is between 2 - 4 months old.

Item Instructions

Item	Guidelines
Name of Home Visitor	The Home Visitor assigned to this family.
Parent ID#	Your program's Parent ID #.
Name of Index Parent	Index Parent's Name.
Date Data Gathered	Date that the questions on the form were asked of the Index Parent or date the data needed to answer the questions was gathered.
Did you receive a postpartum visit with a healthcare provider within 8 weeks of delivery?	Did the mom have a postpartum visit with a healthcare provider within 8 weeks of delivery? If yes, indicate date of visit.
In the past 6 months, were there any days when you were not covered by health insurance?	Were there any days in the past 6 months that the parent did not have continuous health insurance coverage?

M7A
MIECHV Baby's Age 3 Months
Index Parent

Name of Home Visitor: _____

Home Visiting Program: Early Head Start Healthy Families Oregon

Parent ID #: _____

Name of Index Parent: _____

Date data gathered: ___ / ___ / 20___

1. What are the 2 most recent dates that a validated Parent-Child Interaction Tool (PICCOLO for EHS; CHEERS for HFA) was done with the Parent and Home Visitor?

a. Date of PCI: ___ / ___ / 20___

b. Date of PCI: ___ / ___ / 20___ (if completed)

Instructions for the MIECHV
M7A-BABY'S AGE 3 MONTHS FORM – INDEX Parent

When to complete this form: When Index Child is between 2 - 4 months old.

Item Instructions

Item	Guidelines
Name of Home Visitor	The Home Visitor assigned to this family.
Parent ID#	Your program's Child ID #.
Date Data Gathered	Date that the questions on the form were asked of the Index Parent or date the data needed to answer the questions was gathered.
What are the 2 most recent dates that a validated Parent-Child Interaction Tool (PICCOLO for EHS; CHEERS for HFA) was done with the Parent and Home Visitor?	Enter the 2 most recent dates that either PICCOLO, for EHS agencies or CHEERS, for HFA agencies were done with the Parent and Home Visitor. If only 1 PCI was completed, leave other date blank.

M7
MIECHV Baby's Age 3 Months
Index Child

Name of Home Visitor: _____

Home Visiting Program: Early Head Start Healthy Families Oregon

Child ID #: _____

Name of Index Child: _____

Name of Index Parent: _____

Date data gathered: ___ / ___ / 20___

1. Has your child had the following well-child visits?

By 1 month: Yes No

2 months: Yes No

2. How often do you place your infant to sleep on their back?

Always

Sometimes

Never

3. How often do you bed-share with your infant?

Always

Sometimes

Never

4. How often does your infant sleep with soft bedding?

Always

Sometimes

Never

5. During a typical week, how many days do you (and/or a family member) read, tell stories and/or sing songs to your child?

0 – Not at all 1 2 3 4 5 6 7 – Every day

**Instructions for the MIECHV
M7-BABY'S AGE 3 MONTHS FORM – INDEX CHILD**

When to complete this form: When Index Child is between 2 - 4 months old.

Item Instructions

Item	Guidelines
Name of Home Visitor	The Home Visitor assigned to this family.
Child ID#	Your program's Child ID #.
Date Data Gathered	Date that the questions on the form were asked of the Index Parent or date the data needed to answer the questions was gathered.
Has your child had the following well-child visits?	Did the child have the indicated recommended well-child visits based on the American Academy of Pediatrics (AAP) schedule?
How often do you place your infant to sleep on their back?	Indicate if the Parent places their infant to sleep on their back: Always, Sometimes or Never?
How often do you bed-share with your infant?	Indicate if the Parent shares a bed with their infant: Always, Sometimes or Never?
How often does your infant sleep with soft bedding?	Indicate if the infant sleeps with soft bedding: Always, Sometimes or Never?
During a typical week, how many days do you (and/or a family member) read, tell stories and/or sing songs to your child?	Indicate how many days in a typical week does the parent or other family member read, tell stories and/or sing songs to the child.

M8
MIECHV Baby's Age 6 Months
Index Parent

Name of Home Visitor: _____

Home Visiting Program: Early Head Start Healthy Families Oregon

Parent ID #: _____

Name of Index Parent: _____

Date data gathered: ___ / ___ / 20___

1. Educational Attainment:

- | | |
|--|--|
| <input type="checkbox"/> Currently enrolled in middle school | <input type="checkbox"/> Some college/training |
| <input type="checkbox"/> Currently enrolled in high school | <input type="checkbox"/> Associate's degree |
| <input type="checkbox"/> Less than high school diploma | <input type="checkbox"/> Bachelor's degree or higher |
| <input type="checkbox"/> High school diploma/GED | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Technical training or certification | |

2. In the past 6 months, were there any days when you were not covered by health insurance?

- Yes No

3. What are the 2 most recent dates that a validated Parent-Child Interaction Tool (PICCOLO for EHS; CHEERS for HFA) was done with the Parent and Home Visitor?

a. Date of PCI: ___ / ___ / 20___

b. Date of PCI: ___ / ___ / 20___ (if completed)

**Instructions for the MIECHV
M8-BABY'S AGE 6 MONTHS FORM -- INDEX PARENT**

When to complete this form: When Index Child is between 5 - 7 months old.

Item Instructions

Item	Guidelines
Name of Home Visitor	The Home Visitor assigned to this family.
Date Data Gathered	Date that the questions on the form were asked of the Index Parent or date the data needed to answer the questions was gathered.
Educational Attainment	Highest level of education that the parent has completed.
In the past 6 months, were there any days when you were not covered by health insurance?	Were there any days in the past 6 months that the parent did not have continuous health insurance coverage?
What are the 2 most recent dates that a validated Parent-Child Interaction Tool (PICCOLO for EHS; CHEERS for HFA) was done with the Parent and Home Visitor	Enter the 2 most recent dates that either PICCOLO, for EHS agencies or CHEERS, for HFA agencies were done with the Parent and Home Visitor. If only 1 PCI was completed, leave other date blank.

M9
MIECHV Baby's Age 6 Months
Index Child

Name of Home Visitor: _____

Home Visiting Program: Early Head Start Healthy Families Oregon

Child ID #: _____

Name of Index Child: _____

Name of Index Parent: _____

Date data gathered: ____ / ____ / 20____

1. In the past 6 months, have you (parent) *taken* your (index) child to the emergency department for an injury?

Yes (If yes, please note the reason and date) No

NOTE: ER visits for illness should not be noted

Reason: _____ Date: ____ / ____ / ____ (month/day/year)

Reason: _____ Date: ____ / ____ / ____ (month/day/year)

Reason: _____ Date: ____ / ____ / ____ (month/day/year)

2. Has child ever had any breast milk? Yes → Go to Question 2a. No → Go to Question 3.

2a. If Yes, does child continue to get any breast milk?

Yes → Go to Question 3. No → Go to Question 2b.

2b. If No, date child stopped getting breast milk: ____ / ____ / 20____

3. Has your child had the following well-child visit?

4 months: Yes No

4. How often do you place your infant to sleep on their back?

- Always
- Sometimes
- Never

5. How often do you bed-share with your infant?

- Always
- Sometimes
- Never

M9
MIECHV Baby's Age 6 Months, continued
Index Child ID# _____

6. How often does your infant sleep with soft bedding?

- Always
- Sometimes
- Never

7. During a typical week, how many days do you (and/or a family member) read, tell stories and/or sing songs to your child?

- 0 – Not at all 1 2 3 4 5 6 7 – Every day

SAMPLE

**Instructions for the MIECHV
M9-BABY'S AGE 6 MONTHS FORM -- INDEX CHILD**

When to complete this form: When Index Child is between 5 - 7 months old.

Item Instructions

Item	Guidelines
Name of Home Visitor	The Home Visitor assigned to this family.
Date Data Gathered	Date that the questions on the form were asked of the Index Parent or date the data needed to answer the questions was gathered.
In the past 6 months, have you (parent) taken your (index) child to the emergency department for an injury?	<p>Has the child been to the emergency department in the past 6 months for an injury? Visits for Illnesses should NOT be noted here.</p> <p><i>Examples of Injury:</i> Cut/wound Burn (includes scald) Immersion in water (Near drowning) Broken bone Concussion Motor vehicle traffic related injury Fall Suffocation Other injury related concern</p> <p>If the child has been to the Emergency Dept. for an Injury, indicate the Reason and Date of Visit.</p>
Has child ever had any breast milk?	Has the index child ever had any breast milk since they were born, even for a short period of time?
If Yes, Does child continue to get breast milk?	If index child has had any breast milk since birth, are they currently getting any breast milk?
If No, Date child stopped getting breast milk	<p>If child is completely weaned: after having no breast milk at all for <i>at least 2 weeks</i> – what was the date the child stopped getting breast milk? If exact date is not known or given, use these guidelines for different times of the month given (for example, parent says child stopped getting breast milk “the middle of last month”):</p> <p>Beginning of the month – Use month, 5th day and year Middle of the month – Use month, 15th day and year End of the month – Use month, 25th day and year</p> <p><i>MM/DD/20YY</i></p>
Has your child had the following well-child visit?	Did the child have the indicated recommended well-child visit based on the American Academy of Pediatrics (AAP) schedule?
How often do you place your infant to sleep on their back?	Indicate if the Parent places their infant to sleep on their back: Always, Sometimes or Never?
How often do you bed-share with your infant?	Indicate if the Parent shares a bed with their infant: Always, Sometimes or Never?
How often does your infant sleep with soft bedding?	Indicate if the infant sleeps with soft bedding: Always, Sometimes or Never?

During a typical week, how many days do you (and/or a family member) read, tell stories and/or sing songs to your child?

Indicate how many days in a typical week does the parent or other family member read, tell stories and/or sing songs to the child.

ASQ Screening

For 9 or 10, 18, 24 & 30 Months of Age

Index Child

Complete this form along with an age appropriate screen during each of the following intervals:
 between child's age of 9 months 0 days through 10 months 30 days;
 between child's age of 17 months 0 days through 18 months 30 days;
 between child's age of 23 months 0 days through 24 months 30 days;
 between child's age of 29 months 0 days through 30 months 30 days.

Name of Home Visitor: _____

Home Visiting Program: Early Head Start Healthy Families Oregon

Child ID #: _____

Name of Index Child: _____

Name of Index Parent: _____

Part A: Developmental Screening

To meet Developmental Screening Measure: Child must receive an age-appropriate, on-time ASQ Screening, unless child has a previously identified developmental delay (prior to enrollment or prior to reaching this age-recommended screening).

1. ASQ Screening Completed?

Yes, completed → Date ASQ Screening scored and discussed with parent: ____ / ____ / 20 → Complete Questions 2-4.

No, not completed → Complete Questions 1a&b.

1a. If No, reason why ASQ Screening was not completed:

Child has a previously identified developmental delay (an ASQ screening is not required).

No, other reason → If possible, complete Screening at future visit before the window closes, then complete another ASQ Screening form and update in THEO.

1b. If ASQ Screening not completed, date Question 1a completed: ____ / ____ / 20

2. Age level of ASQ Questionnaire used: ____ Months.

3. Scoring:

DOMAIN	Screening Completed?	TOTAL Domain Score
Communication	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Gross Motor	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fine Motor	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Problem Solving	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Personal-Social	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part B: Developmental Referrals

4. Do ASQ Screening scores indicate child is at risk for developmental delay? Child is at risk if they score 2 or more domains in gray (monitoring), or 1 or more domains in black (at-risk), or a combination of these.

Yes → A referral is required: Complete ASQ-Referral Tracking & Follow-up Form.

No

Instructions for the MIECHV

ASQ SCREENING FOR 9 OR 10, 18, 24 AND 30 MONTHS OF AGE -- INDEX CHILD

When to complete this form:

- between child's age of 9 months 0 days through 10 months 30 days;
- between child's age of 17 months 0 days through 18 months 30 days;
- between child's age of 23 months 0 days through 24 months 30 days;
- between child's age of 29 months 0 days through 30 months 30 days.

To meet Developmental Screening Measure: Child must receive an age-appropriate, on-time ASQ Screening, unless child has a previously identified developmental delay (prior to enrollment or prior to reaching this age-recommended screening).

- If the child is born 3 or more weeks premature, adjust the baby's age according to the ASQ instructions for appropriate age calculations for the 9 or 10, 18 and 24 months of age screenings (not the 30 months of age).

Example: A 6-month old baby is being screened and was born 2 months prematurely. The appropriate ASQ interval to administer is the 4-month questionnaire.

Source: ASQ-3 Quick Start Guide

Item Instructions

Item	Guidelines
Name of Home Visitor	The Home Visitor assigned to this family.
ASQ Screening Completed?	If the ASQ Screening was completed, enter Date ASQ screening was scored and discussed with the parent, then complete questions 2, 3, 4. If the Screening was not completed, then complete questions 1a and 1b.
If No, reason why ASQ Screening was not completed:	Indicate reason(s) why screening was not completed. Child has a previously identified developmental delay (an ASQ screening is not required) <i>Other reason -- If possible, complete Screening at future visit before the window closes, then complete another ASQ Screening form and update in THEO.</i>
If ASQ Screening not completed, date Question 1a completed	If ASQ Screening was not completed, date the ASQ screening form (Question 1a only) was completed.
Age level of ASQ Questionnaire used:	Indicate what age level the ASQ questionnaire used was, in months.
Screening Completed?	Indicate which domains of the screening were completed by checking Y (Yes) if they were completed and N (No) if they were not completed.
TOTAL Domain Score	Write in Total Domain Score for each domain that was completed. Range: 0-60 for each domain.

Do ASQ Screening scores indicate child is at risk for developmental delay?	<i>Child is at risk if they score 2 or more domains in gray (monitoring), or 1 or more domains in black (at-risk), or a combination of these.</i> If Yes, a referral is required; ASQ-Referral Tracking & Follow-up form.
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See Appendix C for ASQ-3 Resources

ASQ REFERRAL TRACKING & FOLLOW-UP – INDEX CHILD
For Children who Screened at Risk for Developmental Delay
 Please complete this form with Referral and/or Service Dates as updates occur and enter in THEO (EHS/HFA) or send to State (NFP)

Name of Home Visitor: _____

Home Visiting Program: Early Head Start Healthy Families Oregon Nurse Family Partnership

Name of Child & ID #: _____

Name of Parent & ID #: _____

To count towards the Developmental Referral performance measure: Children screened positive for being at risk must receive at least one of the supports/services below (according to timelines found in Follow-Up information).

	FOLLOW-UP	INFORMATION
Type of Service	Date Provided	About Individualized Developmental Support
1) Individualized Developmental Support	/ / 20	Individualized Developmental Support can be done at any time by a home visitor and counts as a completed referral regardless of whether the client is also referred to Early Intervention or another community service. Examples of this include activities by model curriculum, ASQ activities, and CDC materials to target the developmental skill or domain for which there was a concern or positive screen.

	INITIAL REFERRAL CONTACT	FOLLOW-UP	INFORMATION
Type of Service	Date Service Referral Contacted	Date Service Started/Received	About Another Community Service
2) Another Community Service: <i>Type:</i> _____	/ / 20	/ / 20	A community services must be started or received within 30 days of initial contact to count towards the measure. Examples may include referrals to health or mental health services, speech, occupational or physical therapy services, parent-child groups, parent classes or early literacy supports.

	INITIAL REFERRAL CONTACT	FOLLOW-UP	INFORMATION
Type of Service	Date EI Referral Contacted	Date of EI Evaluation	About Early Intervention Services
3) Early Intervention Services	/ / 20	/ / 20	An EI evaluation must occur within 45 days of initial contact to count towards the measure.

Instructions for the MIECHV
ASQ REFERRAL TRACKING & FOLLOW-UP - INDEX CHILD
FOR CHILDREN WHO SCREENED AT RISK FOR DEVELOPMENTAL DELAY

When to complete this form: As a result of a MIECHV-required ASQ-3 Developmental Screening: this form should be completed whenever the screening results show *Child is at risk: 2 or more domains in Gray* (monitoring) OR **1 or more domains in Black** (at-risk) OR a **combination of Gray and Black**.

To count towards the Developmental Referral performance measure: Children screened positive for being at risk must receive at least one of the supports/services below:

1) Individualized Developmental Support (from a home visitor):

Individualized Developmental Support can be done at any time by a home visitor and counts as a completed referral regardless of whether the client is also referred to Early Intervention or another community service. Examples of this include activities by model curriculum, ASQ activities, and CDC materials to target the developmental skill or domain for which there was a concern or positive screen. **To meet the measure, enter date Home Visitor provided individualized developmental support.**

2) Another Community Service:

Referrals include those made to a different community service, other than Early Intervention, that provide support to enhance a child's development. Examples may include referrals to health or mental health services, speech, occupational or physical therapy services, parent-child groups, parent classes or early literacy supports. A Community Service must be started or received within 30 days of initial contact to count towards the measure.

3) Early Intervention Services:

Referrals made to Early Intervention (EI) Services for further evaluation and services. An EI evaluation must occur within 45 days of initial contact to count towards the measure.

Referral Guidelines: A referral to services can be made directly by calling a community service agency or Early Intervention and requesting services for the parent, or by giving the parent a list of resources to call for assistance related to enhancing the child's development.

- ***Initial Referral Contact Column:*** The date referral contacts are made to needed services should be recorded.
- ***Follow-up Columns:*** Following the initial contact with a referral service, when the child receives the Community Service or Early Intervention (EI) Evaluation, record the date that service is started or received. If the child has not received the service, continue to follow up as appropriate by encouraging the parent to access services for the child when ready or by checking on the referral.

Item Instructions

Item	Guidelines
Name of Home Visitor	The Home Visitor assigned to this index parent.
Child ID#	Your program's Child ID #.
<i>Individualized Developmental Support</i>	
Date Service Started/Received	Date that the home visitor provided support to parent and/or child. <i>MM/DD/20YY</i>
<i>Another Community Service</i>	
Type:	If referral was made to another community service (other than EI), list type of Community Service.
Date Service Referral Contacted	When a referral to another community service is made, date the referral contact was made. <i>MM/DD/20YY</i>
Date Service Started/Received	Date service started or was received. <i>MM/DD/20YY</i>
<i>Early Intervention Services</i>	
Date EI Referral Contacted	When a referral to EI is made, date the referral contact was made. <i>MM/DD/20YY</i>
Date of EI Evaluation	Date of Early Intervention Evaluation. <i>MM/DD/20YY</i>

M11-THEO
MIECHV Baby's Age 12 Months
Index Parent

Name of Home Visitor: _____

Home Visiting Program: Early Head Start Healthy Families Oregon

Parent ID #: _____

Name of Index Parent: _____

Date data gathered: ___ / ___ / 20___

Pregnancy:

A. Enter in M11 Survey: **Mother Currently Pregnant?** Yes → Go to Question A1. No

A1. Enter in THEO Pregnancy Module: **If Pregnant, Expected Delivery Date:** ___ / ___ / 20___

Questions about Family:

1. Which members of your (index parent's) family are currently serving or formerly served in the military – active or reserve? (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Index parent | <input type="checkbox"/> Father of child |
| <input type="checkbox"/> Index parent's spouse | <input type="checkbox"/> Mother of child |
| <input type="checkbox"/> Index parent's parent(s) | <input type="checkbox"/> None |

Questions about Index Parent:

2. Index Parent's Additional Children? DOB ___ / ___ / 20___
(Born after Parent's Enrollment & DOB ___ / ___ / 20___
not previously recorded)

3. Marital Status:

- | | |
|---|---|
| <input type="checkbox"/> Single/Never Married | <input type="checkbox"/> Separated/Divorced/Widowed |
| <input type="checkbox"/> Married | <input type="checkbox"/> Not Married but living together with partner |

4. Index Parent's Current Health Insurance status:

- | | |
|--|---|
| <input type="checkbox"/> Not insured | <input type="checkbox"/> State Children's Insurance Program (SCHIP) |
| <input type="checkbox"/> Private or employer's insurance | <input type="checkbox"/> TRICARE or other military health care |
| <input type="checkbox"/> OHP/Medicaid | <input type="checkbox"/> Other insurance: _____ |
| <input type="checkbox"/> CAWEM/CAWEM Plus | |

5. In the past 6 months, were there any days when you were not covered by health insurance?

- Yes No

M11-THEO
MIECHV Baby's Age 12 Months, continued
Index Parent ID# _____

6. Educational Attainment:

- | | |
|--|--|
| <input type="checkbox"/> Currently enrolled in middle school | <input type="checkbox"/> Some college/training |
| <input type="checkbox"/> Currently enrolled in high school | <input type="checkbox"/> Associate's degree |
| <input type="checkbox"/> Less than high school diploma | <input type="checkbox"/> Bachelor's degree or higher |
| <input type="checkbox"/> High school diploma/GED | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Technical training or certification | |

7. Current Education/Training status:

- Enrolled student/trainee (full or part-time) Not enrolled

8. Current Employment status

- Employed full time Employed part time Not employed

9. Does anyone living in the household have a history of substance abuse or need substance abuse treatment?

- Yes No Unknown

10. Does anyone living in the household use tobacco products?

- Yes No Unknown

11. Has anyone living in the household had a history of child abuse or neglect & involvement with child welfare services either as a child or as an adult?

- Yes No Unknown

12. Has a doctor or health professional ever told you (index parent) that your child/any of your children has any developmental delay or developmental disability?

- Yes No Unknown

13. Is there anyone in your household (including adults and children) who had/has a low student achievement level?

- Yes No

M11-THEO
MIECHV Baby's Age 12 Months, continued
Index Parent ID# _____

14. Last month, what was your (parent's/guardian's) gross TOTAL HOUSEHOLD income from employment and any benefits you receive? All information will be kept private and will not affect any services you (parent) are now getting.

Include all of these income sources:

Paycheck or money from a job

Benefits such as TANF or SSI

Money from a business, fees, dividends, or rental income

Child support or alimony

Social security, workers' compensation, disability, veteran benefits or pensions

Unemployment benefits

- \$250 or less
- \$251 - \$500
- \$501 - \$750
- \$751 - \$1,000
- \$1,001 - \$1,250
- \$1,251 - \$1,500
- \$1,501 - \$1,750
- \$1,751 - \$2,000
- \$2,001 - \$2,250
- \$2,251 - \$2,500
- \$2,501 - \$2,750
- \$2,751 - \$3,000
- \$3,001 or more
- Don't Know

14a. Number of adults in household: ___ Adults

14b. Number of children in household: ___ Children

15. Current Housing Status:

- You own or share your home, condominium or apartment
- You rent or share your home or apartment
- You live in public housing
- You live with a parent or family member
- You have a different living arrangement, but are not homeless
- You are homeless and sharing housing
- You are homeless and living in an emergency or transition shelter
- You are homeless and living in some other arrangement

M11-THEO
MIECHV Baby's Age 12 Months, continued
Index Parent ID# _____

16. What are the 2 most recent dates that a validated Parent-Child Interaction Tool (PICCOLO for EHS; CHEERS for HFA) was done with the Parent and Home Visitor?

a. Date of PCI: ____ / ____ / 20 ____

b. Date of PCI: ____ / ____ / 20 ____

Tool to Complete at 12 Months

17. Relationship Assessment Tool completed (with *mother*)?

Yes, completed → Date tool completed: ____ / ____ / 20 ____ → Go to Question 16a.

16a. If Yes, result of Relationship Assessment Tool:

Score of 20 or higher → Go to Question 16b.

Score of 19 or lower

16b. If a Score of 20 or higher, did you give referral information?

Yes

No, client declined or is not ready for a referral and/or services

No, an earlier referral is still in process or the client is currently receiving services

No, other reason

No, not completed → Go to Question 16c.

16c. If No, reason why Relationship Assessment Tool not completed:

Concern previously identified

Other

Instructions for the MIECHV
M11-THEO BABY'S AGE 12 MONTHS - INDEX PARENT

When to complete this form: When the Index Child is between 11 - 13 months old.

Item Instructions

Item	Guidelines
Name of Home Visitor	The Home Visitor assigned to this family.
Date Data Gathered	Date that the questions on the form were asked of the Index Parent or date the data needed to answer the questions was gathered.
Mother Currently Pregnant?	Is the Mother pregnant at this time? If she is pregnant, enter in survey and answer next question of Expected Delivery Date.
If Pregnant, Expected Delivery Date	<i>Enter in THEO Pregnancy Module:</i> The date that the mother's current pregnancy's baby is estimated to be delivered on. <i>MM/DD/20YY</i>
Which Members of your family are currently serving or formerly served in the Military – active or reserve? (Check all that apply)	(HRSA requires annual reporting of updates to this data point. Select current status; if same as previously recorded, mark accordingly) <i>Based on self-report</i> , families that include individuals who are serving or formerly served in the Armed Forces.
Index Parent's Additional Children?	If the parent has given birth to any additional children since she was initially enrolled in MIECHV, <i>and they were not previously recorded</i> at Enrollment or in a previous Parent Form, indicate their date of birth here. <i>MM/DD/20YY</i>
Marital Status	<i>Based on self-report</i> by parent. If the status is the same as it was when previously recorded, still record the current status again.
Index Parent's Current Health Insurance Status	<p>The parent's current health insurance. If the status is the same as it was when previously recorded, still record the current status again. Enter all that apply.</p> <p>Not Insured: the parent does not have health insurance of any type.</p> <p>Private or Employer's Insurance: the parent purchases their own private health care insurance directly from an insurance company or their health insurance is provided by an employer (their employer or another person's).</p> <p>OHP/Medicaid: the Oregon Health Plan (OHP) or public insurance benefit package, based on a prioritized list of health services, and is available to eligible children and pregnant women.</p> <p>CAWEM (Citizen/Alien-Waived Emergency Medical benefit): the benefit package that covers emergent prenatal care, labor and delivery for undocumented women, and covers undocumented children for emergent care.</p> <p>State Children's Health Insurance Program (SCHIP): A federal program that provides health insurance to cover uninsured children in families with incomes that are too high to qualify for Medicaid. The mother may have SCHIP if they are 18 or younger.</p> <p>TRICARE or other military health care: TRICARE, the health care program for uniformed service members and their families, or other military health care.</p>

	Other insurance: write in the name of the health insurance the parent has if it is a different type than those listed above, such as Indian Health Services.
In the past 6 months, were there any days when you were not covered by health insurance?	Were there any days in the past 6 months that the parent did not have continuous health insurance coverage?
Educational Attainment	Highest level of education that the parent has completed. If the status is the same as it was when previously recorded, still record the current status again.
Current Education/Training status	Enrolled student/trainee (full or part-time): the parent is currently enrolled at an institution, either full-time or part-time. Not enrolled: the parent is not currently enrolled in any type of educational or training program.
Current Employment status	Employed Full Time: the parent works for pay, outside the home, at least 30 hours per week, on average. Employed Part Time: the parent works for pay, outside the home, <i>less than</i> 30 hours per week, on average. Not Employed: the parent is not currently working for pay (for example, students, homemakers and those actively seeking work but currently not employed).
Does anyone living in the household have a history of substance abuse or need substance abuse treatment?	<i>Based on self-report</i> , a household with members who have a history of substance abuse or who have been identified as needing substance abuse services through a substance abuse screening administered upon enrollment.
Does anyone living in the household use tobacco products?	<i>Based on self-report</i> , a household with members who use tobacco products in the home or have been identified as using tobacco through a substance abuse screening administered during intake. Tobacco use is defined as combustibles (cigarettes, cigars, pipes, hookahs, bidis), non-combustibles (chew, dip, snuff, snus, and dissolvables), and electronic nicotine delivery systems (ENDS).
Has anyone living in the household had a history of child abuse or neglect & involvement with child welfare services either as a child or as an adult?	<i>Based on self-report</i> , a household with members who have a history of abuse or neglect and have had involvement with child welfare services either as a child or as an adult.
Has a doctor or health professional ever told you that your child/any of your children has any developmental delay or developmental disability?	(HRSA requires annual reporting of updates to this data point. Select current status; if same as previously recorded, mark accordingly) <i>Based on self-report</i> or home visitor's observation, enrollees who have a child or children suspected of having a developmental delay or disability.
Is there anyone in your household (including adults and children) who had/has a low student achievement level?	<i>Based on self-report</i> , a household with members who have perceived themselves or their child(ren) as having low student achievement.
Last month, what was your (parent's/guardian's) gross TOTAL HOUSEHOLD income from employment and any benefits you	Reassure parent that income information will not be used to determine eligibility in any programs or affect any services they are now getting. <i>Based on self-report</i> , what was the total household income, before taxes, last month? <u>For 2-parent households, include</u>

<p>receive? All information will be kept private and will not affect any services you (parent) are now getting.</p>	<p><u>both parents' income and benefits. If household income/benefit source includes someone other than parents, include that also.</u></p> <p>Include all of these Income Sources: Paycheck or money from a job Benefits such as Temporary Assistance for Needy Families (TANF) or Supplemental Security Income (SSI) Money from a business, fees, dividends, or rental income Child support or alimony Social security, workers' compensation, disability, veteran benefits or pensions Unemployment benefits</p>
<p>Number of adults in household</p>	<p>Total number of adults living in household. Include any adults who stay in the household at least 4 nights a week.</p>
<p>Number of children in household</p>	<p>Total number of children living in household. Includes Index child and any other children, ages Birth – 18 yrs old, who stay in the household at least 4 nights a week.</p>
<p>Current Housing Status</p>	<p>Owns or shares their home, condominium or apartment Rents or shares their home or apartment Lives in public housing Lives with a parent or family member You have a different living arrangement, but are not homeless Homeless and sharing housing: lacking a fixed, regular, and adequate nighttime residence and sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason. Homeless and living in an emergency or transitional shelter: lacking a fixed, regular, and adequate nighttime residence and living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement. Homeless and some other arrangement: living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; individuals who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; individuals who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.</p>
<p>What are the 2 most recent dates that a validated Parent-Child Interaction Tool (PICCOLO for EHS; CHEERS for HFA) was done with the Parent and Home Visitor?</p>	<p>Enter the 2 most recent dates that either PICCOLO, for EHS agencies or CHEERS, for HFA agencies were done with the Parent and Home Visitor.</p>
<p>Relationship Assessment Tool Completed (with mother)?</p>	<p><i>Only ask this question of Index Mothers.</i> Was the Relationship Assessment Tool completed to screen for Intimate Partner Violence? If it was, enter the date that the tool was completed and continue to Question 16a. If it was not completed, go to Question 16c. See Appendix A for Relationship Assessment Tool</p>

If Yes, Result of Relationship Assessment Tool	If the Relationship Assessment Tool was completed, indicate if the score was either 20 or higher or 19 or lower. If the score was 20 or higher, go to Question 16b.
If a Score of 20 or higher, did you give referral information?	Was referral information provided? If not, indicate the reason why. Write in Other reason, if applicable.
If No, reason why Relationship Assessment Tool not completed	If the Relationship Assessment Tool was not completed, indicate if the reason was either because Concern previously identified or any Other reason.

M12
MIECHV Baby's Age 12 Months
Index Child

Name of Home Visitor: _____

Home Visiting Program: Early Head Start Healthy Families Oregon

Child ID #: _____

Name of Index Child: _____

Name of Index Parent: _____

Date data gathered: ___ / ___ / 20___

1. In the past 6 months, have you (parent) **taken** your (index) child to the emergency department for an injury?

Yes (If yes, please note the reason and date) No

NOTE: ER visits for illness should not be noted

Reason: _____ Date: ___ / ___ / ___ (month/day/year)

Reason: _____ Date: ___ / ___ / ___ (month/day/year)

Reason: _____ Date: ___ / ___ / ___ (month/day/year)

2. Has child ever had any breast milk? Yes → Go to Question 2a. No → Go to Question 3.

2a. If Yes, does child continue to get any breast milk?

Yes → Go to Question 3. No → Go to Question 2b.

2b. If No, date child stopped getting breast milk: ___ / ___ / 20___

3. Child's current health insurance status:

- | | |
|--|---|
| <input type="checkbox"/> Not insured | <input type="checkbox"/> State Children's Insurance Program (SCHIP) |
| <input type="checkbox"/> Private or employer's insurance | <input type="checkbox"/> TRICARE or other military health care |
| <input type="checkbox"/> OHP/Medicaid | <input type="checkbox"/> Other insurance: _____ |
| <input type="checkbox"/> CAWEM/CAWEM Plus | |

4. Has your child had the following well-child visits?

6 months: Yes No

9 months: Yes No

5. Where do you usually take your child for medical care?

- Doctor's/Nurse Practitioner's Office
- Hospital Emergency Room
- Hospital Outpatient
- Federally Qualified Health Center (FQHC)
- Retail Store or Minute Clinic
- Other: _____

M12
MIECHV Baby's Age 12 Months, continued
Index Child ID# _____

6. Does your child have a usual source of dental care? Yes No
7. How often do you place your infant to sleep on their back?
 Always
 Sometimes
 Never
8. How often do you bed-share with your infant?
 Always
 Sometimes
 Never
9. How often does your infant sleep with soft bedding?
 Always
 Sometimes
 Never
10. During a typical week, how many days do you (and/or a family member) read, tell stories and/or sing songs to your child?
 0 – Not at all 1 2 3 4 5 6 7 – Every day

**Instructions for the MIECHV
M12-BABY'S AGE 12 MONTHS FORM -- INDEX CHILD**

When to complete this form: When the Index Child is between 11 - 13 months old.

Item Instructions

Item	Guidelines
Name of Home Visitor	The Home Visitor assigned to this family.
Date Data Gathered	Date that the questions on the form were asked of the Index Parent or date the data needed to answer the questions was gathered.
In the past 6 months, have you (parent) taken your (index) child to the emergency department for an injury?	<p>Has the child been to the emergency department in the past 6 months for an injury? Visits for Illnesses should NOT be noted here.</p> <p><i>Examples of Injury:</i> Cut/wound Burn (includes scald) Immersion in water (Near drowning) Broken bone Concussion Motor vehicle traffic related injury Fall Suffocation Other injury related concern</p> <p>If the child has been to the Emergency Dept. for an Injury, indicate the Reason and Date of Visit.</p>
Has child ever had any breast milk?	Has the index child ever had any breast milk since they were born, even for a short period of time?
If Yes, Does child continue to get breast milk?	If index child has had any breast milk since birth, are they currently getting any breast milk?
If No, Date child stopped getting breast milk	<p>If child is completely weaned: after having no breast milk at all for <i>at least 2 weeks</i> – what was the date the child stopped getting breast milk? If exact date is not known or given, use these guidelines for different times of the month given (for example, parent says child stopped getting breast milk “the middle of last month”):</p> <p>Beginning of the month – Use month, 5th day and year Middle of the month – Use month, 15th day and year End of the month – Use month, 25th day and year</p> <p><i>MM/DD/20YY</i></p>
Child's Current Health Insurance Status	<p>The child's current health insurance. If the status is the same as it was when previously recorded, still record the current status again.</p> <p>Enter all that apply.</p> <p>Not Insured: the child does not have health insurance of any type.</p> <p>Private or Employer's Insurance: the child has insurance that is purchased directly from a private health care insurance company or</p>

	<p>their health insurance is provided by a parent or guardian’s employer.</p> <p>OHP/Medicaid: the Oregon Health Plan (OHP) or public insurance benefit package, based on a prioritized list of health services, and is available to eligible children and pregnant women.</p> <p>CAWEM (Citizen/Alien-Waived Emergency Medical benefit): the benefit package that covers emergent prenatal care, labor and delivery for undocumented women, and covers undocumented children for emergent care.</p> <p>State Children’s Health Insurance Program (SCHIP): A federal program that provides health insurance to cover uninsured children in families with incomes that are too high to qualify for Medicaid.</p> <p>TRICARE or other military health care: TRICARE, the health care program for uniformed service members and their families, or other military health care.</p> <p>Other insurance: write in the name of the health insurance the child has if it is a different type than those listed above, such as Indian Health Services.</p>
Has your child had the following well-child visits?	Did the child have the indicated recommended well-child visits based on the American Academy of Pediatrics (AAP) schedule?
Where do you usually take your child for medical care?	The particular medical professional, doctor’s office, clinic, health center, or other place where the parent would take the child if he/she were sick or in need of advice about their health.
Does your child have a usual source of dental care?	Does the child have a dental home where the child’s oral health care is delivered in a comprehensive, continuously accessible, coordinated and family-centered way by a licensed dentist?
How often do you place your infant to sleep on their back?	Indicate if the Parent places their infant to sleep on their back: Always, Sometimes or Never?
How often do you bed-share with your infant?	Indicate if the Parent shares a bed with their infant: Always, Sometimes or Never?
How often does your infant sleep with soft bedding?	Indicate if the infant sleeps with soft bedding: Always, Sometimes or Never?
During a typical week, how many days do you (and/or a family member) read, tell stories and/or sing songs to your child?	Indicate how many days in a typical week does the parent or other family member read, tell stories and/or sing songs to the child.

M13-THEO
MIECHV Baby's Age 18 Months
Index Parent

Name of Home Visitor: _____

Home Visiting Program: Early Head Start Healthy Families Oregon

Parent ID #: _____

Name of Index Parent: _____

Date data gathered: ___ / ___ / 20___

Pregnancy:

A. Enter in M13 Survey: **Mother Currently Pregnant?** Yes → Go to Question A1. No

A1. Enter in THEO Pregnancy Module: **If Pregnant, Expected Delivery Date:** ___ / ___ / 20___

1. Educational Attainment:

- | | |
|--|--|
| <input type="checkbox"/> Currently enrolled in middle school | <input type="checkbox"/> Some college/training |
| <input type="checkbox"/> Currently enrolled in high school | <input type="checkbox"/> Associate's degree |
| <input type="checkbox"/> Less than high school diploma | <input type="checkbox"/> Bachelor's degree or higher |
| <input type="checkbox"/> High school diploma/GED | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Technical training or certification | |

2. In the past 6 months, were there any days when you were not covered by health insurance?

- Yes No

3. What are the 2 most recent dates that a validated Parent-Child Interaction Tool (PICCOLO for EHS; CHEERS for HFA) was done with the Parent and Home Visitor?

a. Date of PCI: ___ / ___ / 20___

b. Date of PCI: ___ / ___ / 20___

Instructions for the MIECHV
M13-THEO BABY'S AGE 18 MONTHS FORM -- INDEX PARENT

When to complete this form: When the Index Child is between 17 - 19 months old.

Item Instructions

Item	Guidelines
Name of Home Visitor	The Home Visitor assigned to this family.
Date Data Gathered	Date that the questions on the form were asked of the Index Parent or date the data needed to answer the questions was gathered.
Mother Currently Pregnant?	Is the Mother pregnant at this time? If she is pregnant, enter in survey and answer next question of Expected Delivery Date.
If Pregnant, Expected Delivery Date	<i>Enter in THEO Pregnancy Module:</i> The date that the mother's current pregnancy's baby is estimated to be delivered on. <i>MM/DD/20YY</i>
Educational Attainment	Highest level of education that the parent has completed. If the status is the same as it was when previously recorded, still record the current status again.
In the past 6 months, were there any days when you were not covered by health insurance?	Were there any days in the past 6 months that the parent did not have continuous health insurance coverage?
What are the 2 most recent dates that a validated Parent-Child Interaction Tool (PICCOLO for EHS; CHEERS for HFA) was done with the Parent and Home Visitor?	Enter the 2 most recent dates that either PICCOLO, for EHS agencies or CHEERS, for HFA agencies were done with the Parent and Home Visitor.

M14
MIECHV Baby's Age 18 Months
Index Child

Name of Home Visitor: _____

Home Visiting Program: Early Head Start Healthy Families Oregon

Child ID #: _____

Name of Index Child: _____

Name of Index Parent: _____

Date data gathered: ____ / ____ / 20____

1. In the past 6 months, have you (parent) *taken* your (index) child to the emergency department for an injury?

Yes (If yes, please note the reason and date) No

NOTE: ER visits for illness should not be noted

Reason: _____ Date: ____ / ____ / ____ (month/day/year)

Reason: _____ Date: ____ / ____ / ____ (month/day/year)

Reason: _____ Date: ____ / ____ / ____ (month/day/year)

2. Has child ever had any breast milk? Yes → Go to Question 2a. No → Go to Question 3.

2a. If Yes, does child continue to get any breast milk?

Yes → Go to Question 3. No → Go to Question 2b.

2b. If No, date child stopped getting breast milk: ____ / ____ / 20____

3. Has your child had the following well-child visits?

12 months: Yes No

15 months: Yes No

4. During a typical week, how many days do you (and/or a family member) read, tell stories and/or sing songs to your child?

0 – Not at all 1 2 3 4 5 6 7 – Every day

**Instructions for the MIECHV
M14-BABY'S AGE 18 MONTHS FORM -- INDEX CHILD**

When to complete this form: When the Index Child is between 17 - 19 months old.

Item Instructions

Item	Guidelines
Name of Home Visitor	The Home Visitor assigned to this family.
Date Data Gathered	Date that the questions on the form were asked of the Index Parent or date the data needed to answer the questions was gathered.
In the past 6 months, have you (parent) taken your (index) child to the emergency department for an injury?	<p>Has the child been to the emergency department in the past 6 months for an injury? Visits for Illnesses should NOT be noted here.</p> <p><i>Examples of Injury:</i></p> <ul style="list-style-type: none"> Cut/wound Burn (includes scald) Immersion in water (Near drowning) Broken bone Concussion Motor vehicle traffic related injury Fall Suffocation Other injury related concern <p>If the child has been to the Emergency Dept. for an Injury, indicate the Reason and Date of Visit.</p>
Has child ever had any breast milk?	Has the index child ever had any breast milk since they were born, even for a short period of time?
If Yes, Does child continue to get breast milk?	If index child has had any breast milk since birth, are they currently getting any breast milk?
If No, Date child stopped getting breast milk	<p>If child is completely weaned: after having no breast milk at all for <i>at least 2 weeks</i> – what was the date the child stopped getting breast milk? If exact date is not known or given, use these guidelines for different times of the month given (for example, parent says child stopped getting breast milk “the middle of last month”):</p> <ul style="list-style-type: none"> Beginning of the month – Use month, 5th day and year Middle of the month – Use month, 15th day and year End of the month – Use month, 25th day and year <p><i>MM/DD/20YY</i></p>
Has your child had the following well-child visits?	Did the child have the indicated recommended well-child visits based on the American Academy of Pediatrics (AAP) schedule?
During a typical week, how many days do you (and/or a family member) read, tell stories and/or sing songs to your child?	Indicate how many days in a typical week does the parent or other family member read, tell stories and/or sing songs to the child.

M16-THEO
MIECHV Baby's Age 24 Months
Index Parent

Name of Home Visitor: _____

Home Visiting Program: Early Head Start Healthy Families Oregon

Parent ID #: _____

Name of Index Parent: _____

Date data gathered: ___ / ___ / 20___

Pregnancy:

A. Enter in M16 Survey: **Mother Currently Pregnant?** Yes → Go to Question A1. No

A1. Enter in THEO Pregnancy Module: **If Pregnant, Expected Delivery Date:** ___ / ___ / 20___

Questions about Family:

1. Which members of your (index parent's) family are currently serving or formerly served in the military – active or reserve? (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Index parent | <input type="checkbox"/> Father of child |
| <input type="checkbox"/> Index parent's spouse | <input type="checkbox"/> Mother of child |
| <input type="checkbox"/> Index parent's parent(s) | <input type="checkbox"/> None |

Questions about Index Parent:

2. Index Parent's Additional Children? DOB ___ / ___ / 20___
(Born after Parent's Enrollment & DOB ___ / ___ / 20___
not previously recorded)

3. Marital Status:

- | | |
|---|---|
| <input type="checkbox"/> Single/Never Married | <input type="checkbox"/> Separated/Divorced/Widowed |
| <input type="checkbox"/> Married | <input type="checkbox"/> Not Married but living together with partner |

4. Index Parent's Current Health Insurance status:

- | | |
|--|---|
| <input type="checkbox"/> Not insured | <input type="checkbox"/> State Children's Insurance Program (SCHIP) |
| <input type="checkbox"/> Private or employer's insurance | <input type="checkbox"/> TRICARE or other military health care |
| <input type="checkbox"/> OHP/Medicaid | <input type="checkbox"/> Other insurance: _____ |
| <input type="checkbox"/> CAWEM/CAWEM Plus | |

5. In the past 6 months, were there any days when you were not covered by health insurance?

- Yes No

M16-THEO
MIECHV Baby's Age 24 Months, continued
Index Parent ID# _____

6. Educational Attainment:

- | | |
|--|--|
| <input type="checkbox"/> Currently enrolled in middle school | <input type="checkbox"/> Some college/training |
| <input type="checkbox"/> Currently enrolled in high school | <input type="checkbox"/> Associate's degree |
| <input type="checkbox"/> Less than high school diploma | <input type="checkbox"/> Bachelor's degree or higher |
| <input type="checkbox"/> High school diploma/GED | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Technical training or certification | |

7. Current Education/Training status:

- Enrolled student/trainee (full or part-time) Not enrolled

8. Current Employment status

- Employed full time Employed part time Not employed

9. Does anyone living in the household have a history of substance abuse or need substance abuse treatment?

- Yes No Unknown

10. Does anyone living in the household use tobacco products?

- Yes No Unknown

11. Has anyone living in the household had a history of child abuse or neglect & involvement with child welfare services either as a child or as an adult?

- Yes No Unknown

12. Has a doctor or health professional ever told you (index parent) that your child/any of your children has any developmental delay or developmental disability?

- Yes No Unknown

13. Is there anyone in your household (including adults and children) who had/has a low student achievement level?

- Yes No

M16-THEO
MIECHV Baby's Age 24 Months, continued
Index Parent ID# _____

14. Last month, what was your (parent's/guardian's) gross TOTAL HOUSEHOLD income from employment and any benefits you receive? All information will be kept private and will not affect any services you (parent) are now getting.

Include all of these income sources:

Paycheck or money from a job

Benefits such as TANF or SSI

Money from a business, fees, dividends, or rental income

Child support or alimony

Social security, workers' compensation, disability, veteran benefits or pensions

Unemployment benefits

- \$250 or less
- \$251 - \$500
- \$501 - \$750
- \$751 - \$1,000
- \$1,001 - \$1,250
- \$1,251 - \$1,500
- \$1,501 - \$1,750
- \$1,751 - \$2,000
- \$2,001 - \$2,250
- \$2,251 - \$2,500
- \$2,501 - \$2,750
- \$2,751 - \$3,000
- \$3,001 or more
- Don't Know

14a. Number of adults in household: ___ Adults

14b. Number of children in household: ___ Children

15. Current Housing Status:

- You own or share your home, condominium or apartment
- You rent or share your home or apartment
- You live in public housing
- You live with a parent or family member
- You have a different living arrangement, but are not homeless
- You are homeless and sharing housing
- You are homeless and living in an emergency or transition shelter
- You are homeless and living in some other arrangement

M16-THEO
MIECHV Baby's Age 24 Months, continued
Index Parent ID# _____

16. What are the 2 most recent dates that a validated Parent-Child Interaction Tool (PICCOLO for EHS; CHEERS for HFA) was done with the Parent and Home Visitor?

a. Date of PCI: ____ / ____ / 20 ____

b. Date of PCI: ____ / ____ / 20 ____

Tool to Complete at 24 Months

17. Relationship Assessment Tool completed (with *mother*)?

Yes, completed → Date tool completed: ____ / ____ / 20 ____ → Go to Question 16a.

16a. If Yes, result of Relationship Assessment Tool:

Score of 20 or higher → Go to Question 16b.

Score of 19 or lower

16b. If a Score of 20 or higher, did you give referral information?

Yes

No, client declined or is not ready for a referral and/or services

No, an earlier referral is still in process or the client is currently receiving services

No, other reason

No, not completed → Go to Question 16c.

16c. If No, reason why Relationship Assessment Tool not completed:

Concern previously identified

Other

Instructions for the MIECHV
M16-THEO BABY'S AGE 24 MONTHS FORM -- INDEX PARENT

When to complete this form: When the Index Child is between 23 – 25 months old.

Item Instructions

Item	Guidelines
Name of Home Visitor	The Home Visitor assigned to this family.
Date Data Gathered	Date that the questions on the form were asked of the Index Parent or date the data needed to answer the questions was gathered.
Mother Currently Pregnant?	Is the Mother pregnant at this time? If she is pregnant, enter in survey and answer next question of Expected Delivery Date.
If Pregnant, Expected Delivery Date	<i>Enter in THEO Pregnancy Module:</i> The date that the mother's current pregnancy's baby is estimated to be delivered on. <i>MM/DD/20YY</i>
Which Members of your family are currently serving or formerly served in the Military – active or reserve? (Check all that apply)	(HRSA requires annual reporting of updates to this data point. Select current status; if same as previously recorded, mark accordingly) <i>Based on self-report</i> , families that include individuals who are serving or formerly served in the Armed Forces.
Index Parent's Additional Children?	If the parent has given birth to any additional children since she was initially enrolled in MIECHV, <i>and they were not previously recorded</i> at Enrollment or in a previous Parent Form, indicate their date of birth here. <i>MM/DD/20YY</i>
Marital Status	<i>Based on self-report</i> by parent. If the status is the same as it was when previously recorded, still record the current status again.
Index Parent's Current Health Insurance Status	<p>The parent's current health insurance. If the status is the same as it was when previously recorded, still record the current status again. Enter all that apply.</p> <p>Not Insured: the parent does not have health insurance of any type.</p> <p>Private or Employer's Insurance: the parent purchases their own private health care insurance directly from an insurance company or their health insurance is provided by an employer (their employer or another person's).</p> <p>OHP/Medicaid: the Oregon Health Plan (OHP) or public insurance benefit package, based on a prioritized list of health services, and is available to eligible children and pregnant women.</p> <p>CAWEM (Citizen/Alien-Waived Emergency Medical benefit): the benefit package that covers emergent prenatal care, labor and delivery for undocumented women, and covers undocumented children for emergent care.</p> <p>State Children's Health Insurance Program (SCHIP): A federal program that provides health insurance to cover uninsured children in families with incomes that are too high to qualify for Medicaid. The mother may have SCHIP if they are 18 or younger.</p> <p>TRICARE or other military health care: TRICARE, the health care program for uniformed service members and their families, or other military health care.</p>

	Other insurance: write in the name of the health insurance the parent has if it is a different type than those listed above, such as Indian Health Services.
In the past 6 months, were there any days when you were not covered by health insurance?	Were there any days in the past 6 months that the parent did not have continuous health insurance coverage?
Educational Attainment	Highest level of education that the parent has completed. If the status is the same as it was when previously recorded, still record the current status again.
Current Education/Training status	Enrolled student/trainee (full or part-time): the parent is currently enrolled at an institution, either full-time or part-time. Not enrolled: the parent is not currently enrolled in any type of educational or training program.
Current Employment status	Employed Full Time: the parent works for pay, outside the home, at least 30 hours per week, on average. Employed Part Time: the parent works for pay, outside the home, <i>less than</i> 30 hours per week, on average. Not Employed: the parent is not currently working for pay (for example, students, homemakers and those actively seeking work but currently not employed).
Does anyone living in the household have a history of substance abuse or need substance abuse treatment?	<i>Based on self-report</i> , a household with members who have a history of substance abuse or who have been identified as needing substance abuse services through a substance abuse screening administered upon enrollment.
Does anyone living in the household use tobacco products?	<i>Based on self-report</i> , a household with members who use tobacco products in the home or have been identified as using tobacco through a substance abuse screening administered during intake. Tobacco use is defined as combustibles (cigarettes, cigars, pipes, hookahs, bidis), non-combustibles (chew, dip, snuff, snus, and dissolvables), and electronic nicotine delivery systems (ENDS).
Has anyone living in the household had a history of child abuse or neglect & involvement with child welfare services either as a child or as an adult?	<i>Based on self-report</i> , a household with members who have a history of abuse or neglect and have had involvement with child welfare services either as a child or as an adult.
Has a doctor or health professional ever told you that your child/any of your children has any developmental delay or developmental disability?	(HRSA requires annual reporting of updates to this data point. Select current status; if same as previously recorded, mark accordingly) <i>Based on self-report</i> or home visitor's observation, enrollees who have a child or children suspected of having a developmental delay or disability.
Is there anyone in your household (including adults and children) who had/has a low student achievement level?	<i>Based on self-report</i> , a household with members who have perceived themselves or their child(ren) as having low student achievement.
Last month, what was your (parent's) gross TOTAL HOUSEHOLD income from	Reassure parent that income information will not be used to determine eligibility in any programs or affect any services they are now getting. <i>Based on self-report</i> , what was the total household

<p>employment and any benefits you receive? <i>All information will be kept private and will not affect any services you (parent) are now getting.</i></p>	<p>income, before taxes, last month? <u>For 2-parent households, include both parents' income and benefits. If household income/benefit source includes someone other than parents, include that also.</u></p> <p>Include all of these Income Sources: Paycheck or money from a job Benefits such as Temporary Assistance for Needy Families (TANF) or Supplemental Security Income (SSI) Money from a business, fees, dividends, or rental income Child support or alimony Social security, workers' compensation, disability, veteran benefits or pensions Unemployment benefits</p>
<p>Number of adults in household</p>	<p>Total number of adults living in household. Include any adults who stay in the household at least 4 nights a week.</p>
<p>Number of children in household</p>	<p>Total number of children living in household. Includes Index child and any other children, ages Birth – 18 yrs old, who stay in the household at least 4 nights a week.</p>
<p>Current Housing Status</p>	<p>Owns or shares their home, condominium or apartment Rents or shares their home or apartment Lives in public housing Lives with a parent or family member You have a different living arrangement, but are not homeless Homeless and sharing housing: lacking a fixed, regular, and adequate nighttime residence and sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason. Homeless and living in an emergency or transitional shelter: lacking a fixed, regular, and adequate nighttime residence and living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement. Homeless and some other arrangement: living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; individuals who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; individuals who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.</p>
<p>What are the 2 most recent dates that a validated Parent-Child Interaction Tool (PICCOLO for EHS; CHEERS for HFA) was done with the Parent and Home Visitor?</p>	<p>Enter the 2 most recent dates that either PICCOLO, for EHS agencies or CHEERS, for HFA agencies were done with the Parent and Home Visitor.</p>
<p>Relationship Assessment Tool Completed (with <i>mother</i>)?</p>	<p><i>Only ask this question of Index Mothers.</i> Was the Relationship Assessment Tool completed to screen for Intimate Partner Violence? If it was, enter the date that the tool was completed and continue to Question 16a. If it was not completed, go to Question 16c. See Appendix A for Relationship Assessment Tool</p>

If Yes, Result of Relationship Assessment Tool	If the Relationship Assessment Tool was completed, indicate if the score was either 20 or higher or 19 or lower. If the score was 20 or higher, go to Question 16b.
If a Score of 20 or higher, did you give referral information?	Was referral information provided? If not, indicate the reason why. Write in Other reason, if applicable.
If No, reason why Relationship Assessment Tool not completed	If the Relationship Assessment Tool was not completed, indicate if the reason was either because Concern previously identified or any Other reason.

M17
MIECHV Baby's Age 24 Months
Index Child

Name of Home Visitor: _____

Home Visiting Program: Early Head Start Healthy Families Oregon

Child ID #: _____

Name of Index Child: _____

Name of Index Parent: _____

Date data gathered: ___ / ___ / 20___

1. In the past 6 months, have you (parent) **taken** your (index) child to the emergency department for an injury?

Yes (If yes, please note the reason and date) No

NOTE: ER visits for illness should not be noted

Reason: _____ Date: ___ / ___ / ___ (month/day/year)

Reason: _____ Date: ___ / ___ / ___ (month/day/year)

Reason: _____ Date: ___ / ___ / ___ (month/day/year)

2. Has child ever had any breast milk? Yes → Go to Question 2a. No → Go to Question 3.

2a. If Yes, does child continue to get any breast milk?

Yes → Go to Question 3. No → Go to Question 2b.

2b. If No, date child stopped getting breast milk: ___ / ___ / 20___

3. Child's current health insurance status:

- | | |
|--|---|
| <input type="checkbox"/> Not insured | <input type="checkbox"/> State Children's Insurance Program (SCHIP) |
| <input type="checkbox"/> Private or employer's insurance | <input type="checkbox"/> TRICARE or other military health care |
| <input type="checkbox"/> OHP/Medicaid | <input type="checkbox"/> Other insurance: _____ |
| <input type="checkbox"/> CAWEM/CAWEM Plus | |

4. Has your child had the following well-child visit?

18 months: Yes No

5. Where do you usually take your child for medical care?

- Doctor's/Nurse Practitioner's Office
- Hospital Emergency Room
- Hospital Outpatient
- Federally Qualified Health Center (FQHC)
- Retail Store or Minute Clinic
- Other: _____

M17
MIECHV Baby's Age 24 Months, continued
Index Child ID# _____

6. Does your child have a usual source of dental care? Yes No

7. During a typical week, how many days do you (and/or a family member) read, tell stories and/or sing songs to your child?

0 – Not at all 1 2 3 4 5 6 7 – Every day

SAMPLE

**Instructions for the MIECHV
M17-BABY'S AGE 24 MONTHS FORM -- INDEX CHILD**

When to complete this form: When the Index Child is between 23 - 25 months old.

Item Instructions

Item	Guidelines
Name of Home Visitor	The Home Visitor assigned to this family.
Date Data Gathered	Date that the questions on the form were asked of the Index Parent or date the data needed to answer the questions was gathered.
In the past 6 months, have you (parent) taken your (index) child to the emergency department for an injury?	<p>Has the child been to the emergency department in the past 6 months for an injury? Visits for Illnesses should NOT be noted here.</p> <p><i>Examples of Injury:</i></p> <ul style="list-style-type: none"> Cut/wound Burn (includes scald) Immersion in water (Near drowning) Broken bone Concussion Motor vehicle traffic related injury Fall Suffocation Other injury related concern <p>If the child has been to the Emergency Dept. for an Injury, indicate the Reason and Date of Visit.</p>
Has child ever had any breast milk?	Has the index child ever had any breast milk since they were born, even for a short period of time?
If Yes, Does child continue to get breast milk?	If index child has had any breast milk since birth, are they currently getting any breast milk?
If No, Date child stopped getting breast milk	<p>If child is completely weaned: after having no breast milk at all for <i>at least 2 weeks</i> – what was the date the child stopped getting breast milk? If exact date is not known or given, use these guidelines for different times of the month given (for example, parent says child stopped getting breast milk “the middle of last month”):</p> <ul style="list-style-type: none"> Beginning of the month – Use month, 5th day and year Middle of the month – Use month, 15th day and year End of the month – Use month, 25th day and year <p><i>MM/DD/20YY</i></p>
Child's Current Health Insurance Status	<p>The child's current health insurance. If the status is the same as it was when previously recorded, still record the current status again.</p> <p>Enter all that apply.</p> <ul style="list-style-type: none"> Not Insured: the child does not have health insurance of any type. Private or Employer's Insurance: the child has insurance that is purchased directly from a private health care insurance company or

	<p>their health insurance is provided by a parent or guardian’s employer.</p> <p>OHP/Medicaid: the Oregon Health Plan (OHP) or public insurance benefit package, based on a prioritized list of health services, and is available to eligible children and pregnant women.</p> <p>CAWEM (Citizen/Alien-Waived Emergency Medical benefit): the benefit package that covers emergent prenatal care, labor and delivery for undocumented women, and covers undocumented children for emergent care.</p> <p>State Children’s Health Insurance Program (SCHIP): A federal program that provides health insurance to cover uninsured children in families with incomes that are too high to qualify for Medicaid.</p> <p>TRICARE or other military health care: TRICARE, the health care program for uniformed service members and their families, or other military health care.</p> <p>Other insurance: write in the name of the health insurance the child has if it is a different type than those listed above, such as Indian Health Services.</p>
<p>Has your child had the following well-child visit?</p>	<p>Did the child have the indicated recommended well-child visit based on the American Academy of Pediatrics (AAP) schedule?</p>
<p>Where do you usually take your child for medical care?</p>	<p>The particular medical professional, doctor’s office, clinic, health center, or other place where the parent would take the child if he/she were sick or in need of advice about their health.</p>
<p>Does your child have a usual source of dental care?</p>	<p>Does the child have a dental home where the child’s oral health care is delivered in a comprehensive, continuously accessible, coordinated and family-centered way by a licensed dentist?</p>
<p>During a typical week, how many days do you (and/or a family member) read, tell stories and/or sing songs to your child?</p>	<p>Indicate how many days in a typical week does the parent or other family member read, tell stories and/or sing songs to the child.</p>

M19-THEO
MIECHV Baby's Age 30 Months
Index Parent

Name of Home Visitor: _____

Home Visiting Program: Early Head Start Healthy Families Oregon

Parent ID #: _____

Name of Index Parent: _____

Date data gathered: ___ / ___ / 20___

Pregnancy:

A. Enter in M19 Survey: **Mother Currently Pregnant?** Yes → Go to Question A1. No

A1. Enter in THEO Pregnancy Module: **If Pregnant, Expected Delivery Date:** ___ / ___ / 20___

1. Educational Attainment:

- | | |
|--|--|
| <input type="checkbox"/> Currently enrolled in middle school | <input type="checkbox"/> Some college/training |
| <input type="checkbox"/> Currently enrolled in high school | <input type="checkbox"/> Associate's degree |
| <input type="checkbox"/> Less than high school diploma | <input type="checkbox"/> Bachelor's degree or higher |
| <input type="checkbox"/> High school diploma/GED | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Technical training or certification | |

2. In the past 6 months, were there any days when you were not covered by health insurance?

- Yes No

3. What are the 2 most recent dates that a validated Parent-Child Interaction Tool (PICCOLO for EHS; CHEERS for HFA) was done with the Parent and Home Visitor?

a. Date of PCI: ___ / ___ / 20___

b. Date of PCI: ___ / ___ / 20___

**Instructions for the MIECHV
M19-THEO BABY'S AGE 30 MONTHS FORM -- INDEX PARENT**

When to complete this form: When the Index Child is between 29 – 31 months old.

Item Instructions

Item	Guidelines
Name of Home Visitor	The Home Visitor assigned to this family.
Date Data Gathered	Date that the questions on the form were asked of the Index Parent or date the data needed to answer the questions was gathered.
Mother Currently Pregnant?	Is the Mother pregnant at this time? If she is pregnant, enter in survey and answer next question of Expected Delivery Date.
If Pregnant, Expected Delivery Date	<i>Enter in THEO Pregnancy Module:</i> The date that the mother's current pregnancy's baby is estimated to be delivered on. <i>MM/DD/20YY</i>
Educational Attainment	Highest level of education that the parent has completed. If the status is the same as it was when previously recorded, still record the current status again.
In the past 6 months, were there any days when you were not covered by health insurance?	Were there any days in the past 6 months that the parent did not have continuous health insurance coverage?
What are the 2 most recent dates that a validated Parent-Child Interaction Tool (PICCOLO for EHS; CHEERS for HFA) was done with the Parent and Home Visitor?	Enter the 2 most recent dates that either PICCOLO, for EHS agencies or CHEERS, for HFA agencies were done with the Parent and Home Visitor.

M20
MIECHV Baby's Age 30 Months
Index Child

Name of Home Visitor: _____

Home Visiting Program: Early Head Start Healthy Families Oregon

Child ID #: _____

Name of Index Child: _____

Name of Index Parent: _____

Date data gathered: ___ / ___ / 20___

1. In the past 6 months, have you (parent) *taken* your (index) child to the emergency department for an injury?

Yes (If yes, please note the reason and date) No

NOTE: ER visits for illness should not be noted

Reason: _____ Date: ___ / ___ / ___ (month/day/year)

Reason: _____ Date: ___ / ___ / ___ (month/day/year)

Reason: _____ Date: ___ / ___ / ___ (month/day/year)

2. Has your child had the following well-child visit?

24 months: Yes No

3. During a typical week, how many days do you (and/or a family member) read, tell stories and/or sing songs to your child?

0 – Not at all 1 2 3 4 5 6 7 – Every day

**Instructions for the MIECHV
M20-BABY'S AGE 30 MONTHS FORM -- INDEX CHILD**

When to complete this form: When the Index Child is between 29 – 31 months old.

Item Instructions

Item	Guidelines
Name of Home Visitor	The Home Visitor assigned to this family.
Date Data Gathered	Date that the questions on the form were asked of the Index Parent or date the data needed to answer the questions was gathered.
In the past 6 months, have you (parent) taken your (index) child to the emergency department for an injury?	<p>Has the child been to the emergency department in the past 6 months for an injury? Visits for Illnesses should NOT be noted here.</p> <p><i>Examples of Injury:</i></p> <ul style="list-style-type: none"> Cut/wound Burn (includes scald) Immersion in water (Near drowning) Broken bone Concussion Motor vehicle traffic related injury Fall Suffocation Other injury related concern <p>If the child has been to the Emergency Dept. for an Injury, indicate the Reason and Date of Visit.</p>
Has your child had the following well-child visit?	Did the child have the indicated recommended well-child visit based on the American Academy of Pediatrics (AAP) schedule?
During a typical week, how many days do you (and/or a family member) read, tell stories and/or sing songs to your child?	Indicate how many days in a typical week does the parent or other family member read, tell stories and/or sing songs to the child.

M22-THEO
MIECHV Baby's Age 36 Months
Index Parent

Name of Home Visitor: _____

Home Visiting Program: Early Head Start Healthy Families Oregon

Parent ID #: _____

Name of Index Parent: _____

Date data gathered: ____ / ____ / 20____

Pregnancy:

A. Enter in M22 Survey: **Mother Currently Pregnant?** Yes → Go to Question A1. No

A1. Enter in THEO Pregnancy Module: **If Pregnant, Expected Delivery Date:** ____ / ____ / 20____

Questions about Family:

1. Which members of your (index parent's) family are currently serving or formerly served in the military – active or reserve? (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Index parent | <input type="checkbox"/> Father of child |
| <input type="checkbox"/> Index parent's spouse | <input type="checkbox"/> Mother of child |
| <input type="checkbox"/> Index parent's parent(s) | <input type="checkbox"/> None |

Questions about Index Parent:

2. Index Parent's Additional Children? DOB ____ / ____ / 20____
(Born after Parent's Enrollment & DOB ____ / ____ / 20____
not previously recorded)

3. Marital Status:

- | | |
|---|---|
| <input type="checkbox"/> Single/Never Married | <input type="checkbox"/> Separated/Divorced/Widowed |
| <input type="checkbox"/> Married | <input type="checkbox"/> Not Married but living together with partner |

4. Index Parent's Current Health Insurance status:

- | | |
|--|---|
| <input type="checkbox"/> Not insured | <input type="checkbox"/> State Children's Insurance Program (SCHIP) |
| <input type="checkbox"/> Private or employer's insurance | <input type="checkbox"/> TRICARE or other military health care |
| <input type="checkbox"/> OHP/Medicaid | <input type="checkbox"/> Other insurance: _____ |
| <input type="checkbox"/> CAWEM/CAWEM Plus | |

5. In the past 6 months, were there any days when you were not covered by health insurance?

- Yes No

M22-THEO
MIECHV Baby's Age 36 Months, continued
Index Parent ID# _____

6. Educational Attainment:

- | | |
|--|--|
| <input type="checkbox"/> Currently enrolled in middle school | <input type="checkbox"/> Some college/training |
| <input type="checkbox"/> Currently enrolled in high school | <input type="checkbox"/> Associate's degree |
| <input type="checkbox"/> Less than high school diploma | <input type="checkbox"/> Bachelor's degree or higher |
| <input type="checkbox"/> High school diploma/GED | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Technical training or certification | |

7. Current Education/Training status:

- Enrolled student/trainee (full or part-time) Not enrolled

8. Current Employment status

- Employed full time Employed part time Not employed

9. Does anyone living in the household have a history of substance abuse or need substance abuse treatment?

- Yes No Unknown

10. Does anyone living in the household use tobacco products?

- Yes No Unknown

11. Has anyone living in the household had a history of child abuse or neglect & involvement with child welfare services either as a child or as an adult?

- Yes No Unknown

12. Has a doctor or health professional ever told you (index parent) that your child/any of your children has any developmental delay or developmental disability?

- Yes No Unknown

13. Is there anyone in your household (including adults and children) who had/has a low student achievement level?

- Yes No

M22-THEO
MIECHV Baby's Age 36 Months, continued
Index Parent ID# _____

14. Last month, what was your (parent's/guardian's) gross TOTAL HOUSEHOLD income from employment and any benefits you receive? All information will be kept private and will not affect any services you (parent) are now getting.

Include all of these income sources:

Paycheck or money from a job

Benefits such as TANF or SSI

Money from a business, fees, dividends, or rental income

Child support or alimony

Social security, workers' compensation, disability, veteran benefits or pensions

Unemployment benefits

- \$250 or less
- \$251 - \$500
- \$501 - \$750
- \$751 - \$1,000
- \$1,001 - \$1,250
- \$1,251 - \$1,500
- \$1,501 - \$1,750
- \$1,751 - \$2,000
- \$2,001 - \$2,250
- \$2,251 - \$2,500
- \$2,501 - \$2,750
- \$2,751 - \$3,000
- \$3,001 or more
- Don't Know

14a. Number of adults in household: ___ Adults

14b. Number of children in household: ___ Children

15. Current Housing Status:

- You own or share your home, condominium or apartment
- You rent or share your home or apartment
- You live in public housing
- You live with a parent or family member
- You have a different living arrangement, but are not homeless
- You are homeless and sharing housing
- You are homeless and living in an emergency or transition shelter
- You are homeless and living in some other arrangement

M22-THEO
MIECHV Baby's Age 36 Months, continued
Index Parent ID# _____

16. What are the 2 most recent dates that a validated Parent-Child Interaction Tool (PICCOLO for EHS; CHEERS for HFA) was done with the Parent and Home Visitor?

a. Date of PCI: / / 20

b. Date of PCI: / / 20

Tool to Complete at 36 Months

17. Relationship Assessment Tool completed (with *mother*)?

Yes, completed → Date tool completed: / / 20 → Go to Question 16a.

16a. If Yes, result of Relationship Assessment Tool:

Score of 20 or higher → Go to Question 16b.

Score of 19 or lower

16b. If a Score of 20 or higher, did you give referral information?

Yes

No, client declined or is not ready for a referral and/or services

No, an earlier referral is still in process or the client is currently receiving services

No, other reason

No, not completed → Go to Question 16c.

16c. If No, reason why Relationship Assessment Tool not completed:

Concern previously identified

Other

Instructions for the MIECHV
M22-THEO BABY'S AGE 36 MONTHS FORM -- INDEX PARENT

When to complete this form: When the Index Child is between 35 – 37 months old.

Item Instructions

Item	Guidelines
Name of Home Visitor	The Home Visitor assigned to this family.
Date Data Gathered	Date that the questions on the form were asked of the Index Parent or date the data needed to answer the questions was gathered.
Mother Currently Pregnant?	Is the Mother pregnant at this time? If she is pregnant, enter in survey and answer next question of Expected Delivery Date.
If Pregnant, Expected Delivery Date	<i>Enter in THEO Pregnancy Module:</i> The date that the mother's current pregnancy's baby is estimated to be delivered on. <i>MM/DD/20YY</i>
Which Members of your family are currently serving or formerly served in the Military – active or reserve? (Check all that apply)	(HRSA requires annual reporting of updates to this data point. Select current status; if same as previously recorded, mark accordingly) <i>Based on self-report</i> , families that include individuals who are serving or formerly served in the Armed Forces.
Index Parent's Additional Children?	If the parent has given birth to any additional children since she was initially enrolled in MIECHV, <i>and they were not previously recorded</i> at Enrollment or in a previous Parent Form, indicate their date of birth here. <i>MM/DD/20YY</i>
Marital Status	<i>Based on self-report</i> by parent. If the status is the same as it was when previously recorded, still record the current status again.
Index Parent's Current Health Insurance Status	<p>The parent's current health insurance. If the status is the same as it was when previously recorded, still record the current status again. Enter all that apply.</p> <p>Not Insured: the parent does not have health insurance of any type.</p> <p>Private or Employer's Insurance: the parent purchases their own private health care insurance directly from an insurance company or their health insurance is provided by an employer (their employer or another person's).</p> <p>OHP/Medicaid: the Oregon Health Plan (OHP) or public insurance benefit package, based on a prioritized list of health services, and is available to eligible children and pregnant women.</p> <p>CAWEM (Citizen/Alien-Waived Emergency Medical benefit): the benefit package that covers emergent prenatal care, labor and delivery for undocumented women, and covers undocumented children for emergent care.</p> <p>State Children's Health Insurance Program (SCHIP): A federal program that provides health insurance to cover uninsured children in families with incomes that are too high to qualify for Medicaid. The mother may have SCHIP if they are 18 or younger.</p> <p>TRICARE or other military health care: TRICARE, the health care program for uniformed service members and their families, or other military health care.</p>

	Other insurance: write in the name of the health insurance the parent has if it is a different type than those listed above, such as Indian Health Services.
In the past 6 months, were there any days when you were not covered by health insurance?	Were there any days in the past 6 months that the parent did not have continuous health insurance coverage?
Educational Attainment	Highest level of education that the parent has completed. If the status is the same as it was when previously recorded, still record the current status again.
Current Education/Training status	Enrolled student/trainee (full or part-time): the parent is currently enrolled at an institution, either full-time or part-time. Not enrolled: the parent is not currently enrolled in any type of educational or training program.
Current Employment status	Employed Full Time: the parent works for pay, outside the home, at least 30 hours per week, on average. Employed Part Time: the parent works for pay, outside the home, <i>less than</i> 30 hours per week, on average. Not Employed: the parent is not currently working for pay (for example, students, homemakers and those actively seeking work but currently not employed).
Does anyone living in the household have a history of substance abuse or need substance abuse treatment?	<i>Based on self-report</i> , a household with members who have a history of substance abuse or who have been identified as needing substance abuse services through a substance abuse screening administered upon enrollment.
Does anyone living in the household use tobacco products?	<i>Based on self-report</i> , a household with members who use tobacco products in the home or have been identified as using tobacco through a substance abuse screening administered during intake. Tobacco use is defined as combustibles (cigarettes, cigars, pipes, hookahs, bidis), non-combustibles (chew, dip, snuff, snus, and dissolvables), and electronic nicotine delivery systems (ENDS).
Has anyone living in the household had a history of child abuse or neglect & involvement with child welfare services either as a child or as an adult?	<i>Based on self-report</i> , a household with members who have a history of abuse or neglect and have had involvement with child welfare services either as a child or as an adult.
Has a doctor or health professional ever told you that your child/any of your children has any developmental delay or developmental disability?	(HRSA requires annual reporting of updates to this data point. Select current status; if same as previously recorded, mark accordingly) <i>Based on self-report</i> or home visitor's observation, enrollees who have a child or children suspected of having a developmental delay or disability.
Is there anyone in your household (including adults and children) who had/has a low student achievement level?	<i>Based on self-report</i> , a household with members who have perceived themselves or their child(ren) as having low student achievement.
Last month, what was your (parent's) gross TOTAL HOUSEHOLD income from	Reassure parent that income information will not be used to determine eligibility in any programs or affect any services they are now getting. <i>Based on self-report</i> , what was the total household

<p>employment and any benefits you receive? <i>All information will be kept private and will not affect any services you (parent) are now getting.</i></p>	<p>income, before taxes, last month? <u>For 2-parent households, include both parents' income and benefits. If household income/benefit source includes someone other than parents, include that also.</u></p> <p>Include all of these Income Sources: Paycheck or money from a job Benefits such as Temporary Assistance for Needy Families (TANF) or Supplemental Security Income (SSI) Money from a business, fees, dividends, or rental income Child support or alimony Social security, workers' compensation, disability, veteran benefits or pensions Unemployment benefits</p>
<p>Number of adults in household</p>	<p>Total number of adults living in household. Include any adults who stay in the household at least 4 nights a week.</p>
<p>Number of children in household</p>	<p>Total number of children living in household. Includes Index child and any other children, ages Birth – 18 yrs old, who stay in the household at least 4 nights a week.</p>
<p>Current Housing Status</p>	<p>Owns or shares their home, condominium or apartment Rents or shares their home or apartment Lives in public housing Lives with a parent or family member You have a different living arrangement, but are not homeless Homeless and sharing housing: lacking a fixed, regular, and adequate nighttime residence and sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason. Homeless and living in an emergency or transitional shelter: lacking a fixed, regular, and adequate nighttime residence and living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement. Homeless and some other arrangement: living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; individuals who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; individuals who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.</p>
<p>What are the 2 most recent dates that a validated Parent-Child Interaction Tool (PICCOLO for EHS; CHEERS for HFA) was done with the Parent and Home Visitor?</p>	<p>Enter the 2 most recent dates that either PICCOLO, for EHS agencies or CHEERS, for HFA agencies were done with the Parent and Home Visitor.</p>
<p>Relationship Assessment Tool Completed (with <i>mother</i>)?</p>	<p><i>Only ask this question of Index Mothers.</i> Was the Relationship Assessment Tool completed to screen for Intimate Partner Violence? If it was, enter the date that the tool was completed and continue to</p>

	<p>Question 16a. If it was not completed, go to Question 16c. DO NOT send the Relationship Assessment Tool to the state.</p> <p>See Appendix A for Relationship Assessment Tool</p>
<p>If Yes, Result of Relationship Assessment Tool</p>	<p>If the Relationship Assessment Tool was completed, indicate if the score was either 20 or higher or 19 or lower. If the score was 20 or higher, go to Question 16b.</p>
<p>If a Score of 20 or higher, did you give referral information?</p>	<p>Was referral information provided? If not, indicate the reason why. Write in Other reason, if applicable.</p>
<p>If No, reason why Relationship Assessment Tool not completed</p>	<p>If the Relationship Assessment Tool was not completed, indicate if the reason was either because Concern previously identified or any Other reason.</p>

M23
MIECHV Baby's Age 36 Months
Index Child

Name of Home Visitor: _____

Home Visiting Program: Early Head Start Healthy Families Oregon

Child ID #: _____

Name of Index Child: _____

Name of Index Parent: _____

Date data gathered: ___ / ___ / 20___

1. In the past 6 months, have you (parent) taken your (index) child to the emergency department for an injury?

Yes (If yes, please note the reason and date) No

NOTE: ER visits for illness should not be noted

Reason: _____ Date: ___ / ___ / ___ (month/day/year)

Reason: _____ Date: ___ / ___ / ___ (month/day/year)

Reason: _____ Date: ___ / ___ / ___ (month/day/year)

2. Child's current health insurance status:

- Not insured OHP/Medicaid
 Private or employer's Insurance State Children's Insurance Program (SCHIP)
 CAWEM/CAWEM Plus TRICARE or other military health care
 Other insurance: _____

3. Has your child had the following well-child visit? 30 months: Yes No

4. Where do you usually take your child for medical care?

- Doctor's/Nurse Practitioner's Office
 Hospital Emergency Room
 Hospital Outpatient
 Federally Qualified Health Center (FQHC)
 Retail Store or Minute Clinic
 Other: _____

5. Does your child have a usual source of dental care? Yes No

6. During a typical week, how many days do you (and/or a family member) read, tell stories and/or sing songs to your child?

0 – Not at all 1 2 3 4 5 6 7 – Every day

**Instructions for the MIECHV
M23-BABY'S AGE 36 MONTHS FORM -- INDEX CHILD**

When to complete this form: When the Index Child is between 35 – 37 months old.

Item Instructions

Item	Guidelines
Name of Home Visitor	The Home Visitor assigned to this family.
Date Data Gathered	Date that the questions on the form were asked of the Index Parent or date the data needed to answer the questions was gathered.
In the past 6 months, have you (parent) taken your (index) child to the emergency department for an injury?	<p>Has the child been to the emergency department in the past 6 months for an injury? Visits for Illnesses should NOT be noted here.</p> <p><i>Examples of Injury:</i> Cut/wound Burn (includes scald) Immersion in water (Near drowning) Broken bone Concussion Motor vehicle traffic related injury Fall Suffocation Other injury related concern</p> <p>If the child has been to the Emergency Dept. for an Injury, indicate the Reason and Date of Visit.</p>
Child's Current Health Insurance Status	<p>The child's current health insurance. If the status is the same as it was when previously recorded, still record the current status again.</p> <p>Enter all that apply.</p> <p>Not Insured: the child does not have health insurance of any type.</p> <p>Private or Employer's Insurance: the child has insurance that is purchased directly from a private health care insurance company or their health insurance is provided by a parent or guardian's employer.</p> <p>OHP/Medicaid: the Oregon Health Plan (OHP) or public insurance benefit package, based on a prioritized list of health services, and is available to eligible children and pregnant women.</p> <p>CAWEM (Citizen/Alien-Waived Emergency Medical benefit): the benefit package that covers emergent prenatal care, labor and delivery for undocumented women, and covers undocumented children for emergent care.</p> <p>State Children's Health Insurance Program (SCHIP): A federal program that provides health insurance to cover uninsured children in families with incomes that are too high to qualify for Medicaid.</p> <p>TRICARE or other military health care: TRICARE, the health care program for uniformed service members and their families, or other military health care.</p>

	Other insurance: write in the name of the health insurance the child has if it is a different type than those listed above, such as Indian Health Services.
Has your child had the following well-child visit?	Did the child have the indicated recommended well-child visit based on the American Academy of Pediatrics (AAP) schedule?
Where do you usually take your child for medical care?	The particular medical professional, doctor's office, clinic, health center, or other place where the parent would take the child if he/she were sick or in need of advice about their health.
Does your child have a usual source of dental care?	Does the child have a dental home where the child's oral health care is delivered in a comprehensive, continuously accessible, coordinated and family-centered way by a licensed dentist?
During a typical week, how many days do you (and/or a family member) read, tell stories and/or sing songs to your child?	Indicate how many days in a typical week does the parent or other family member read, tell stories and/or sing songs to the child.

M47-THEO
MIECHV PROGRAM EXIT
Index Parent & Index Child

Name of Home Visitor: _____

Home Visiting Program: Early Head Start Healthy Families Oregon

Parent ID #: _____

Name of Index Parent: _____

Name of Index Child: _____

Question A will ONLY be entered as the M47 Survey Date and as the Enrollment End Date – NOT in the M47 Survey.

A. Date of Program Exit: _____ / _____ / 20_____

1. Reason for Program Exit:

- Successfully completed program
- Terminated services → Go to Question 2a.

1a. If Terminated services, Reason:

- Client returned to work or school
- Client received what they need from the program
- Client is receiving services from another program
- Moved out of service area
- Unable to locate or contact
- Excessive missed appointments/attempted visits
- Declined new Home Visitor
- Dissatisfied with program
- Pressure from family
- Home Visitor resigned and no room in remaining Home Visitors' caseload
- Concern for safety of Home Visitor
- Unable to serve client due to language
- Unable to accommodate client's requested schedule
- Miscarried/fetal death
- Child no longer in family's custody
- Client incarcerated
- Client no longer interested in program
- Client feels visit schedule is too much
- Other Reason: _____

Instructions for the MIECHV
M47-THEO PROGRAM EXIT FORM -- INDEX PARENT & INDEX CHILD

When to complete this form: At the time that the Index Parent and Child leave the MIECHV program, for any reason.

Item Instructions

Item	Guidelines
Name of Home Visitor	The Home Visitor assigned to this family.
Parent ID#	Your program's Parent ID #.
Name of Index Parent	Index Parent's Name.
Name of Index Child	Index Child's Name.
Date of Program Exit	<i>Enter as M47 Survey Date and as Enrollment End Date:</i> The date the index parent and/or child leave MIECHV program. <i>MM/DD/20YY</i>
Reason for Program Exit	Indicate the reason the client is leaving the MIECHV program. If the client Terminated services, select the reason from the list in 1a. If reason isn't given, then use write in option, "Other Reason".