

MIECHV DATA COLLECTION FORM

(Replaces the MIECHV Assessment)

Case Opening Date: _____

Demographic Information

MIECHV Identified Caregiver Name:

MIECHV Identified Child Name:

DOB:

MIECHV Identified Child DOB:

Ethnicity

	MIECHV Caregiver	MIECHV Child
Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>
Non-Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>

Race

	MIECHV Caregiver	MIECHV Child
Black or African American	<input type="checkbox"/>	<input type="checkbox"/>
White or Caucasian	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>
American Indian or Native American	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
More than one race	<input type="checkbox"/>	<input type="checkbox"/>

Primary Language

	MIECHV Caregiver	MIECHV Child
English	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>
Arabic	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>
Italian	<input type="checkbox"/>	<input type="checkbox"/>
Japanese	<input type="checkbox"/>	<input type="checkbox"/>

Korean	<input type="checkbox"/>	<input type="checkbox"/>
Polish	<input type="checkbox"/>	<input type="checkbox"/>
Russian	<input type="checkbox"/>	<input type="checkbox"/>
Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>
Tribal languages	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

- Caregiver's Marital Status:**
- Never Married
 - Married
 - Separated
 - Divorced
 - Widowed

Is MIECHV identified caregiver pregnant at case opening Yes No

If yes, Due Date: _____

Priority Populations (check at least quarterly, and add changes as soon as you are aware of them)

MIECHV Priority Population Characteristics

- Have low income (fed guidelines)
- Pregnant not yet age 21
- History of child abuse/neglect or with child welfare services
- History of substance abuse or need for treatment
- User of tobacco products in home
- Parent or any child with low student achievement
- Any child in home with developmental delays or disabilities
- Family with current or former military members

Assessments at a glance:

All Primary Caregivers	
Within 45 days of case opening and quarterly thereafter	Futures Without Violence- Relationship Assessment Tool (Screening for domestic violence)
Within 3 months of case opening	Child Safety Information
All MIECHV Target Children	
6 months of age, 12 months of age and annually thereafter	ASQ-3
6 months of age, 12 months of age and annually thereafter	ASQ-SE
Pregnant and Postnatal Moms only	
Once, as soon after enrollment as possible, for pregnant women or moms within 6 weeks postnatal	4P's
At least once, during the third trimester of pregnancy or the first two months postpartum	Edinburgh Perinatal Depression Scale (EPDS) - Screening for maternal depressive symptoms.
Once, within 6 weeks postpartum	Inter-Birth Spacing Information
6-8 weeks postpartum	Ask about use of contraception
From birth to 6 months postpartum	Ask about breastfeeding

A.) Improved Maternal and Newborn Health

A1.) Prenatal visits- Dates

	<u>Year 1:</u>	<u>Year 2:</u>	<u>Year 3:</u>
Q1			
Q2			
Q3			
Q4			

Actual Date of Birth: _____

A2.) Caregiver's drug and alcohol use?

Has parent drank alcohol in the last 30 days

	<u>Year 1:</u>	<u>Year 2:</u>	<u>Year 3:</u>
Intake	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Q1	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Q2	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Q3	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Q4	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

Has parent used illicit drugs in the last 30 days

	<u>Year 1:</u>	<u>Year 2:</u>	<u>Year 3:</u>
Intake	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Q1	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Q2	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Q3	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Q4	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

Has the parent smoked any cigarettes in the last 2 weeks?

	<u>Year 1:</u>	<u>Year 2:</u>	<u>Year 3:</u>
Intake	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Q1	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Q2	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Q3	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Q4	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

PREGNANT AND POST-PARTUM ONLY for A3, A4, A5, A6

A3 & A4.) 6 Weeks Post-partum N/A

Contraception Use No Yes and Date started _____ Inter-Birth Spacing Information Received No Yes and Date _____

A5.) Screening for Maternal Depression N/A

Edinburgh Perinatal Depression Screen:

Prenatal (Screened at least once during the third trimester of pregnancy or the first two months postpartum):

No Yes and Date _____ score _____

Referral Offered?

No Yes Score did not indicate

Within 8 weeks post-natal:

No Yes and Date _____ score _____

Referral Offered?

No Yes Score did not indicate

4 P's Plus*:

No Yes and Date _____ score _____ N/A

**To be completed once on mothers who are pregnant or within 6 weeks postnatal. Try to assess as close to intake date as possible*

A6.) Breastfeeding (Goal is 6 months) N/A

Yes Weaned and Date _____ Never

A7.) Well Child Visit Dates (enter all dates during each quarter)

	<u>Year 1:</u>	<u>Year 2:</u>	<u>Year 3:</u>
Q1			
Q2			
Q3			
Q4			

A8.) Maternal and Child Health Insurance Status

Insurance Coverage of Mother: No coverage; Private; Title XIX (Medicaid), Title XXI (State Insurance Program); Tri-Care; or Unknown/Not Reported*

<u>Mom</u>	<u>Year 1 (date and status/change):</u>	<u>Year 2:</u>	<u>Year 3:</u>
Intake			
Q1			
Q2			
Q3			
Q4			

**Title XIX (Medicaid) should be chosen for Medicare, Title XXI (State Insurance) for KidCare, Tri-care for Military Insurance coverage.*

Insurance Coverage of Child:

	<u>Year 1 (date and status/change):</u>	<u>Year 2:</u>	<u>Year 3:</u>
Intake			
Q1			
Q2			
Q3			
Q4			

B. Safety

B9.) Child ER Visits

	<u>Year 1: (Date and Reason)</u>	<u>Year 2:</u>	<u>Year 3:</u>
Q1			
Q2			
Q3			
Q4			

B10.) Parent ER Visits (All Reasons)

	<u>Year 1: (Date and Reason)</u>	<u>Year 2:</u>	<u>Year 3:</u>
Q1			
Q2			
Q3			
Q4			

B11.) Prevention of Childhood Injuries Provided

Child Safety Information Received: (at least once within 3 Months of case opening)

Date: _____

B.12) Child Injury Requiring Medical Treatment

	<u>Year 1: (Date and Reason)</u>	<u>Year 2:</u>	<u>Year 3:</u>
Q1			
Q2			
Q3			
Q4			

B13.) Suspected Child Maltreatment?

	<u>Year 1: (Y/N)</u>	<u>Year 2:</u>	<u>Year 3:</u>
Q1			
Q2			
Q3			
Q4			

B14.) Indicated Child Maltreatment?

	<u>Year 1: (Y/N)</u>	<u>Year 2:</u>	<u>Year 3:</u>
Q1			
Q2			
Q3			
Q4			

C) Improvement in school readiness and achievement

C 21, 22, 23, & 24.) ASQ and ASQ-SE

Ages and Stages Questionnaire (at 6 months, 12 months and annually after)

Screening Date: _____ Score _____ Referral? _____

Screening Date: _____ Score _____ Referral? _____

Screening Date: _____ Score _____ Referral? _____

Screening Date: _____ Score _____ Referral? _____

Ages and Stages Questionnaire – Social Emotional – (at 6 months, 12 months and annually after)

Screening Date: _____ Score _____ Referral? _____

Screening Date: _____ Score _____ Referral? _____

Screening Date: _____ Score _____ Referral? _____

Screening Date: _____ Score _____ Referral? _____

D) Domestic Violence

D26.) Screening for Domestic Violence- Futures Without Violence: Relationship Assessment Tool – To be completed within 45 days of enrollment/intake and quarterly:

	<u>Year 1: (date and score)</u>	<u>Year 2: (date and score)</u>	<u>Year 3: (date and score)</u>
Intake			
Q1			
Q2			
Q3			
Q4			

D27.) Referral for Domestic violence when positive screen (any score above 20):

	<u>Year 1: (referral date)</u>	<u>Year 2: (referral date)</u>	<u>Year 3: (referral date)</u>
Intake			
Q1			
Q2			
Q3			
Q4			

D26.) Safety Plan completed for Domestic Violence (any score above 20):

	<u>Year 1: (date)</u>	<u>Year 2: (date)</u>	<u>Year 3: (date)</u>
Intake			
Q1			
Q2			
Q3			
Q4			

E. Family Economic Self Sufficiency

E29.) Income & Benefits- Household (A household constitutes Mother of Baby, target child, other biological children of the MOB (if any), and Father of Baby if the father lives in the same household)

Income type: Salary/Wages TANF Unemployment SS/Disability Child Support/Alimony WIC Food Stamps Energy Assistance Housing Assistance

Average Monthly Income \$_____ (this is the total amount of all income types listed above)

Number in Household_____ (A household constitutes Mother of Baby, target child, other biological children of the MOB (if any), and Father of Baby if the father lives in the same household)

Has Monthly income changed? What is the new income level? Has Income Type changed?

	<u>Year 1: (Y/N & a-f)</u>	<u>Year 2:</u>	<u>Year 3:</u>
Q1	Date: New income: \$ _____ <input type="checkbox"/> Salary/Wages <input type="checkbox"/> TANF <input type="checkbox"/> Unemployment <input type="checkbox"/> SS/Disability <input type="checkbox"/> Child Support/Alimony <input type="checkbox"/> WIC <input type="checkbox"/> Food Stamps <input type="checkbox"/> Energy Assistance <input type="checkbox"/> Housing Assistance	Date: New income: \$ _____ <input type="checkbox"/> Salary/Wages <input type="checkbox"/> TANF <input type="checkbox"/> Unemployment <input type="checkbox"/> SS/Disability <input type="checkbox"/> Child Support/Alimony <input type="checkbox"/> WIC <input type="checkbox"/> Food Stamps <input type="checkbox"/> Energy Assistance <input type="checkbox"/> Housing Assistance	Date: New income: \$ _____ <input type="checkbox"/> Salary/Wages <input type="checkbox"/> TANF <input type="checkbox"/> Unemployment <input type="checkbox"/> SS/Disability <input type="checkbox"/> Child Support/Alimony <input type="checkbox"/> WIC <input type="checkbox"/> Food Stamps <input type="checkbox"/> Energy Assistance <input type="checkbox"/> Housing Assistance
Q2	Date: New income: \$ _____ <input type="checkbox"/> Salary/Wages <input type="checkbox"/> TANF <input type="checkbox"/> Unemployment <input type="checkbox"/> SS/Disability <input type="checkbox"/> Child Support/Alimony <input type="checkbox"/> WIC <input type="checkbox"/> Food Stamps <input type="checkbox"/> Energy Assistance <input type="checkbox"/> Housing Assistance	Date: New income: \$ _____ <input type="checkbox"/> Salary/Wages <input type="checkbox"/> TANF <input type="checkbox"/> Unemployment <input type="checkbox"/> SS/Disability <input type="checkbox"/> Child Support/Alimony <input type="checkbox"/> WIC <input type="checkbox"/> Food Stamps <input type="checkbox"/> Energy Assistance <input type="checkbox"/> Housing Assistance	Date: New income: \$ _____ <input type="checkbox"/> Salary/Wages <input type="checkbox"/> TANF <input type="checkbox"/> Unemployment <input type="checkbox"/> SS/Disability <input type="checkbox"/> Child Support/Alimony <input type="checkbox"/> WIC <input type="checkbox"/> Food Stamps <input type="checkbox"/> Energy Assistance <input type="checkbox"/> Housing Assistance

Q3	Date: New income: \$ _____ <input type="checkbox"/> Salary/Wages <input type="checkbox"/> TANF <input type="checkbox"/> Unemployment <input type="checkbox"/> SS/Disability <input type="checkbox"/> Child Support/Alimony <input type="checkbox"/> WIC <input type="checkbox"/> Food Stamps <input type="checkbox"/> Energy Assistance <input type="checkbox"/> Housing Assistance	Date: New income: \$ _____ <input type="checkbox"/> Salary/Wages <input type="checkbox"/> TANF <input type="checkbox"/> Unemployment <input type="checkbox"/> SS/Disability <input type="checkbox"/> Child Support/Alimony <input type="checkbox"/> WIC <input type="checkbox"/> Food Stamps <input type="checkbox"/> Energy Assistance <input type="checkbox"/> Housing Assistance	Date: New income: \$ _____ <input type="checkbox"/> Salary/Wages <input type="checkbox"/> TANF <input type="checkbox"/> Unemployment <input type="checkbox"/> SS/Disability <input type="checkbox"/> Child Support/Alimony <input type="checkbox"/> WIC <input type="checkbox"/> Food Stamps <input type="checkbox"/> Energy Assistance <input type="checkbox"/> Housing Assistance
Q4	Date: New income: \$ _____ <input type="checkbox"/> Salary/Wages <input type="checkbox"/> TANF <input type="checkbox"/> Unemployment <input type="checkbox"/> SS/Disability <input type="checkbox"/> Child Support/Alimony <input type="checkbox"/> WIC <input type="checkbox"/> Food Stamps <input type="checkbox"/> Energy Assistance <input type="checkbox"/> Housing Assistance	Date: New income: \$ _____ <input type="checkbox"/> Salary/Wages <input type="checkbox"/> TANF <input type="checkbox"/> Unemployment <input type="checkbox"/> SS/Disability <input type="checkbox"/> Child Support/Alimony <input type="checkbox"/> WIC <input type="checkbox"/> Food Stamps <input type="checkbox"/> Energy Assistance <input type="checkbox"/> Housing Assistance	Date: New income: \$ _____ <input type="checkbox"/> Salary/Wages <input type="checkbox"/> TANF <input type="checkbox"/> Unemployment <input type="checkbox"/> SS/Disability <input type="checkbox"/> Child Support/Alimony <input type="checkbox"/> WIC <input type="checkbox"/> Food Stamps <input type="checkbox"/> Energy Assistance <input type="checkbox"/> Housing Assistance

E30.) Education level of primary caregiver

- a. Associates Degree/Tech Training Certificate
- b. Bachelor's Degree or higher
- c. Currently Enrolled in HS
- d. Currently Enrolled in Middle School
- e. GED
- f. High School Diploma
- g. High School Eligible, Not Enrolled
- h. Less than High School Diploma
- i. Other
- j. Some College/Technical Training
- k. Unknown/Did Not Report

Has the education level changed? What is the new education level?

	<u>Year 1: (date & a-k)</u>	<u>Year 2:</u>	<u>Year 3:</u>
Intake			
Q1			
Q2			
Q3			
Q4			

Has the participant identified educational attainment as part of their goal plan?

	<u>Year 1: (Y/N)</u>	<u>Year 2:</u>	<u>Year 3:</u>
Intake			
Q1			
Q2			
Q3			
Q4			

Has the participant enrolled in continuing education?

	<u>Year 1: (date and # hrs/wk)</u>	<u>Year 2:</u>	<u>Year 3:</u>
Intake			
Q1			
Q2			
Q3			
Q4			

E31.) Hours Spent Weekly (Only Primary Caregiver)

E31a.) Employment

	<u>Year 1 (date and hours):</u>	<u>Year 2:</u>	<u>Year 3:</u>
Intake			
Q1			
Q2			
Q3			
Q4			

E31b.) Education

	<u>Year 1 (date and hours):</u>	<u>Year 2:</u>	<u>Year 3:</u>
Intake			
Q1			
Q2			
Q3			
Q4			

E32.) Insurance Coverage of All Household Members

Are all household members covered by any kind of insurance? (A household constitutes Mother of Baby, target child, other biological children of the MOB (if any), and Father of Baby if the father lives in the same household)

	<u>Year 1:</u>	<u>Year 2:</u>	<u>Year 3:</u>
Intake	Date <input type="checkbox"/> Y <input type="checkbox"/> N		
Q1	Date <input type="checkbox"/> Y <input type="checkbox"/> N	Date <input type="checkbox"/> Y <input type="checkbox"/> N	Date <input type="checkbox"/> Y <input type="checkbox"/> N
Q2	Date <input type="checkbox"/> Y <input type="checkbox"/> N	Date <input type="checkbox"/> Y <input type="checkbox"/> N	Date <input type="checkbox"/> Y <input type="checkbox"/> N
Q3	Date <input type="checkbox"/> Y <input type="checkbox"/> N	Date <input type="checkbox"/> Y <input type="checkbox"/> N	Date <input type="checkbox"/> Y <input type="checkbox"/> N
Q4	Date <input type="checkbox"/> Y <input type="checkbox"/> N	Date <input type="checkbox"/> Y <input type="checkbox"/> N	Date <input type="checkbox"/> Y <input type="checkbox"/> N