

Client Enrollment Survey

Caregiver and Child

COMPLETE AT

- Enrollment for each client

Enrollment date/survey date: _____ / _____ / 20_____

Name of home visitor: _____

In which program is client enrolling?

Babies First!

CaCoon

First, middle, and last name of client: _____

Also known as (legal or name on medical records): _____

CLIENT RECORD/DEMOGRAPHICS

Birth date: _____ / _____ / 20_____

NOTE: OHA is committed to using SOGI and REALD questions for demographic data collection. THEO will be able to accept SOGI and REALD questions later in 2023. Please see the THEO Survey Guidance document for further details about answering the current sexual orientation and gender identity and race and ethnicity questions.

Client's gender:

Female

Unknown

Male

Client declined to self-identify

Transgender

Primary spoken language: _____

Secondary spoken language (optional): _____

Preferred written language: _____

Ethnicity:

Declined to self-identify
Hispanic or Latino/a

Not Hispanic or Latino/a
Unknown

Person Race Types: Please check all that apply

American Indian/Alaska Native
Asian
Black/African American
Native Hawaiian/Pacific Islander

White/Caucasian
Unknown
Declined to self-identify

BABIES FIRST! AND CACOON - CLIENT ENROLLMENT SURVEY

1. Which role best describes this client?

Pregnant person
Postpartum person
Infant, child, or youth
Related caregiver (other person caring for enrolled infant or child)

2. Client's current health insurance status:

CAWEM/CAWEM Plus
Indian Health Service
OHP/Medicaid
Private or employer's insurance

TRICARE or other military health care
Not insured
Other insurance: _____

3. Who referred the client to Babies First! or CaCoon?

Adult provider clinic (not OB)
Child Welfare Services
Community-based org/non-profit:

Community event
Developmental Disability Services (DDS)
Family Connects
Family or friends
Health plan
Hospital
Judicial system
Medicaid
Mental health treatment services
OB provider clinic

Oregon Mothers Care
Other home visiting program
Outreach worker
Pediatric provider clinic
Pregnancy testing clinic
School
Self-referral
Substance use treatment clinic
TANF
WIC
211
Declined to answer
Unknown
Other: _____

4. When was client first referred? _____ / _____ / _____

Client born into program; caregiver referred during pregnancy

5. With whom does the client live?

PLEASE CHECK ALL THAT APPLY

Client's mother

Client's father

Other family members: _____

Other adults: _____

Lives alone

6. Where does the client live?

Lives in group home/shelter

Confined to an institutional facility (residential treatment facility)

Houseless

Houseless and sharing housing

Houseless and living in an emergency or transitional shelter

Owns or shares own home, condominium, or apartment

Rents or shares rented home, condominium, or apartment

Lives in public housing

Declined to answer

Other: _____

7. Which of the following categories best describes the total yearly household income and types of benefits received? Include caregiver income and any other income they may have received.

Less than or equal to \$6,000

\$6,001-\$9,000

\$9,001-\$12,000

\$12,001-\$16,000

\$16,001-\$20,000

\$20,001-\$30,000

\$30,001-\$40,000

\$40,001-\$50,000

Above \$50,000

Declined to answer

8. How many people live in the household? _____

9. What questions or concerns does the client have about data that will be collected?

Empty rectangular box for client questions or concerns.

i Complete questions 10-11 only for infants four months old or younger at enrollment

10. Birthweight: _____ grams or _____ lbs _____ oz

11. Gestational age at birth: _____ weeks

i Complete question 12 only for prenatal caregiver

12. Estimated Due Date: _____ / _____ / _____

13. For clients enrolled in BabiesFirst!: What are the client's known risks (TCM eligibility)?

PLEASE CHECK ALL THAT APPLY

- Not Applicable (CaCoon client)
- Pregnant woman with chronic health condition that places perinatal-infant outcomes at high risk
- Pregnant woman with complications of pregnancy
- Pregnant woman with inadequate prenatal care
- Pregnant woman with history of poor birth outcomes
- Perinatal woman with history of child abuse
- Perinatal woman with tobacco use
- Perinatal woman with substance use/abuse
- Perinatal woman with mental health condition
- Perinatal woman experiencing intimate partner violence
- Perinatal woman of race/ethnicity with established health inequities
- Perinatal woman with inadequate resources to meet basic needs
- Perinatal woman with exposure to environmental hazards
- Perinatal woman age 18 years or less
- Perinatal woman who has not completed high school
- Perinatal woman experiencing an unsupportive partner and/or lack of social supports
- Perinatal woman with history of incarceration
- Pregnant woman who meets Nurse-Family Partnership eligibility criteria
- Parent of eligible child
- Infant born to mother enrolled in Babies First! or Nurse-Family Partnership
- Referral from medical provider or social services for nurse home visit
- Teratogen exposed infant
- Very low birthweight
- Small for gestational age
- Parent with cognitive impairment
- Parental substance use/abuse
- Parent did not complete high school
- Maternal age 18 years or less
- Parent with inadequate resources to meet basic needs for housing, food, shelter, utilities
- Parent with mental health condition
- Parent with history of abuse or neglect
- Parent experiencing IPV
- Parent with history of incarceration
- Infant HIV positive
- Maternal PKU or HIV positive
- Intracranial hemorrhage grade I or II
- Seizures or maternal history of seizures
- Perinatal asphyxia
- Mechanical ventilation for 72 hrs or more prior to discharge
- Neonatal hyperbilirubinemia
- Congenital Infection (TORCHS)
- CNS infection
- Head trauma or near drowning
- Failure to grow
- Suspect vision impairment
- Prematurity
- Lead or other environmental exposure
- Suspect hearing loss
- Family history of childhood onset hearing loss
- Other risks for growth and development delay

14. For clients enrolling in CaCoon: What are the client's known risks (TCM eligibility)?

PLEASE CHECK ALL THAT APPLY

- Not Applicable - BabiesFirst! Client
- Caregiver of enrolled child
- Autism, Autism Spectrum Disorder
- Behavioral or mental health disorder **with** developmental delay
- Cardiovascular disorders
- Chromosomal disorders
- Chronic lung disorder
- Chronic orthopedic disorders
- Cleft lip and palate and other congenital defects of the head and face
- Developmental Delay
- Endocrine disorders - *example: diabetes*
- Fetal Alcohol Spectrum Disorder
- Genetic disorders (e.g., Cystic Fibrosis, Neurofibromatosis)
- Hearing loss
- Hemophilia
- HIV, seropositive conversion
- Hydrocephalus or persistent ventriculomegaly
- Intraventricular Hemorrhage (grade III or IV) or Periventricular Leukomalacia (PVL) or chronic subdurals
- Malignancy
- Metabolic disorders - *example: PKU*
- Microcephaly and other congenital or acquired defects of the CNS
- Multiple minor anomalies
- Neuromotor disorders including Cerebral Palsy and Brachial Palsy
- Oral-motor dysfunction requiring specialized feeding program (including gastrostomy)
- Organic speech disorders
- Perinatal Asphyxia accompanied by seizures
- Positive newborn blood screen
- Seizure disorder
- Spina Bifida
- Suspect neuromuscular disorder
- Traumatic Brain Injury
- Visual Impairment
- Other chronic conditions not listed: _____

15. Does client have an open Child Protective Service case?

- Yes
- No