

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:

Indian Health Service
OHP/Medicaid
☐ OHP application in progress
☐ Medicaid coverage in a different state

Medicare
☐ 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

\$20,001–\$30,000

\$6,001–\$9,000

\$30,001–\$40,000

\$9,001–\$12,000

\$40,001–\$50,000

\$12,001–\$16,000

Above \$50,000

\$16,001–\$20,000

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?

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

Other medical criteria defined in SPA: _____

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