

YOLO COUNTY CHILDREN'S ALLIANCE
& CHILD ABUSE PREVENTION COUNCIL



www.yolokids.org

**Healthy Families Yolo County
Step by Step Home Visiting Program: Record Screen**

Mother's Name _____ D.O.B. _____

Address _____ City _____ Zip Code _____

Mother's Phone # _____ Email address: _____

Father's Name _____ D.O.B. _____ Phone# _____

Clinic/Hospital _____

EDD (Expected due date) _____

Baby's name _____ D.O. B. _____ M/F Weight _____

Does family have other children? OYes ONo If yes, how many? _____

Answer each of the following statements with T (true), F (false) or U (unknown).

_____ 1. Marital status: Single, Separated, Divorced (*circle one*)

_____ 2. Partner unemployed

_____ 3. Inadequate income or no information regarding source of income

_____ 4. No permanent housing

_____ 5. No phone

_____ 6. No high school diploma or GED

_____ 7. Inadequate emergency contacts

_____ 8. History of substance abuse

_____ 9. Late prenatal, poor compliance

_____ 10. History of pregnancies/miscarriage

_____ 11. History of psychiatric care

_____ 12. Unsuccessful or terminated pregnancies

_____ 13. Relinquishment for adoption sought or attempted

_____ 14. Marital or family problems

_____ 15. History of or current mental health issues

Health Insurance (*circle one*)

MediCal

Other _____

Language (*circle one*)

English

Spanish

Other _____

Ethnicity Categories (*circle one*)

American Indian/Alaskan Native

Asian/Pacific Islander

Hispanic/Latino

White – not Hispanic Origin

African American – not Hispanic Origin

Other/mixed: _____

NOTES:

Others reasons for referral:

CPS Involvement

Basic Needs

Self-harming behavior

Parent Support

Child Development Education

Individual/Family Counseling

Teen Pregnancy

Special Need _____

Referral Source Information

Referral source name & agency: _____

Referral has been discussed with family? Yes No Date: _____

Referral Response Requested? Yes No Phone number _____

Email address: _____

**Please FAX completed form to: 530-753-7662 or scan to email to
marisol.andrade@yolocounty.org**