

YOLO COUNTY CHILDREN'S ALLIANCE & CHILD ABUSE PREVENTION COUNCIL



www.yolokids.org

Healthy Families Yolo County | Step by Step- A nurturing connection for you & your baby

Each parent needs someone to talk to as they care for a new baby. A Home Visitor from Yolo County Children's Alliance (YCCA) can give you the support that every parent deserves.

- If you are far from family or friends
- If you want to come to free and fun events
- If you want to be the best parent you can be, but aren't sure how...
- If you have financial worries or other stresses in your family life

Our home visitors come to you, at your convenience, to provide support and information to help your family adjust to life with a new baby. Home visitors help you with any challenge that may come during your pregnancy or with the ever changing demands of parenthood. You tell us how we can best help you and your family. You may be eligible for services from YCCA's Step by Step/*Paso a Paso* program.

Today's date:	First Name:	Last Name:
Baby's Due Date or Date of Birth:		
Mother's Date of Birth:	Phone:	
Mailing Address:	City:	Zip:
Where do you plan to deliver?		
Referring Officer/Provider:		
Alternative Contact Name:	Contact Phone:	
What is best way to reach you?		

*By initialing below, I agree that this information will be shared with YCCA Step by Step/*Paso a Paso* staff. A visitor from SxS will call or meet with me to describe services and offer information and connection to support services in the community that may be helpful to you and your family. INITIAL HERE: _____ DATE: _____*

PLEASE FILL OUT QUESTIONNAIRE. CIRCLE ANSWERS BELOW:

When did you start seeing a doctor for your pregnancy?

[within first 12 weeks] [13-27 weeks] [after 28 weeks]

- | | |
|---|-----------|
| 1. Is the father of your baby supportive/helpful? | YES or NO |
| 2. Are other family members supportive/helpful? | YES or NO |
| 3. Will you have help at home after the baby arrives? | YES or NO |
| 4. Do you worry about where you will live after the baby is born? | YES or NO |
| 5. Are you working? | YES or NO |
| 6. If you have a partner, does he/she work? | YES or NO |
| 7. Are you worried about how you are going to buy diapers and other things for the baby? | YES or NO |
| 8. Have you completed high school? | YES or NO |
| 9. Do you use alcohol, marijuana or other drugs before becoming pregnant? | YES or NO |
| 10. Are you concerned about you or your partner's use of alcohol or drugs during pregnancy? | YES or NO |
| 11. Do you feel stressed about your relationships or family life? | YES or NO |
| 12. In the past year, has there been a time lasting more than two weeks where you or your partner felt sad, hopeless, anxious or depressed? | YES or NO |
| 13. Did you consider adoption or abortion during this pregnancy? | YES or NO |
| 14. Are you married to father of your baby? | YES or NO |
| 15. Would you like to receive information about community resources for you and your baby? | YES or NO |
| 16. Would you like to receive information about parenting or child development? | YES or NO |

FAX COMPLETED FORM TO 530-753-7662 OR SCAN TO EMAIL TO:

MARISOL.ANDRADE@YOLOCOUNTY.ORG