

Client Id: 13203009 **DOB:** 05/03/2014 **Client Name:** Billie L Acetevi

Form Details (Non-OASIS Forms)

Answer

11/16/2021 **MECSH - Core and Focus Module (CFM)** <<Brian Prom, PMP>>

09/29/2021 **OASIS01 Start of Care - further visits planned** <<Brian Prom, PMP>>

07/22/2021 **HFA Master Form 2018-2021** <<Brian Prom, PMP>>

Form Date will be used for Referral / Identified Date

Referral Source

Mayo - Mayo Clinic

Transferred or Re-Enrolled?

Is client Prenatal or Postpartum?

If PRENATAL, enter Estimated Due Date

01/20/2018

If POSTPARTUM, enter child's gestational age at birth (in weeks)

Screening

Screening Completed?

If no screening completed, provide reason and and mark this form completed.

Enter Screening Date

Screening Results

Assessment/Survey

Was the Parent Survey Offered?

If no survey offered, provide reason and and mark this form completed.

Parent Response to Offer of Survey

If Parent survey declined, enter stated reason and mark this form completed.

Parent Survey Completed?

If survey not completed, provide reason and and mark this form completed.

Enter Parent Survey Date

Parent Survey Score

Parent Survey Results

Offer of Home Visits

Parent offered HFA home visits?

If no offer of Home Visits, Date of decision to not offer home visits

If no offer of Home Visits, provide reason and and mark this form completed.

Parent response to offer of HFA home visits?

If declined Home Visits, enter stated reason and mark this form completed.

PregLoss - Pregnancy Loss

[Notes - asdf](#)

On-Going Home Visits

MAHF Only: Date of first successful contact with family by Home Visitor

MAHF Only: Need for MFIP or MA evident at PV or HV Intake?

Date of first on-going home visit for Parent (Enrollment Date)

Current Home Visitor

Kate

Current Level - Intensity of Services 2018 - 2021

Level 2 - Level 2 - Every other week (1 point)

[Notes - data pulled from chart](#)

Added caseweight for this family

0

[Notes - data pulled from chart](#)

Birth and Level Change Dates

Infant(s) ACTUAL Date of Birth

For infants considered premature ... enter Estimated Date of Birth (for ASQ calculation report)

Date of Change to Level 1P

Date of Change to Level 2P

Date of Change to Level 1

Date of Change to Level 2

Date of Change to Level 3

Date of Change to Level 4

First date of transition to closure

Closure (for enrolled only)

HFA Closure Date

HFA Closure Reason?

MAHF Only: If transferring to another MAHF agency, which provider are they transferring to?

Updated by PH-Doc support as of November 2020

Form Details (Non-OASIS Forms)

Answer

05/06/2021 IHVE Program Data - Primary Caregiver <<Brian Prom, PMP>>

Primary Caregiver Program Data

Interval based on child's age

Grant or funding source used to serve this participant (choose all that apply):

Home Visiting Model:

*If other model selected, please specify in notes.

NFP #:

NFP Program Enrollment Date

Additional Demographics

How does the participant identify their gender?

01 - Male

How does the participant identify their race?

02 - Asian

How does the participant identify their race?

05 - White

If American Indian or Alaska Native, how does the participant describe their tribal affiliation(s)?

Auto Skipped

Is the participant a member of any of the following ethnic or cultural groups?

Select all that apply.

What language does the participant speak at home most of the time?

01 - English

Are there any children in the participant's household with disabilities or developmental delays?

Housing, Income & Education

Is the participant homeless?

If Homeless: Which of the following best describes the participant's living arrangements?

If Not Homeless: Which of the following best describes the participant's living arrangements?

What is the participant's current marital status?

Does the participant currently live with their spouse or partner?

Is the participant currently working?

Which category best describes the monthly income for the participant's household? Include income from work, cash assistance programs, benefits, rent, cash from friends or relatives, child support, or other sources.

How many people are in the participants household (including the caregiver), who are living on the income described above? Pregnant women should be counted as two (2)

Has anyone in the participant's household ever served in the US Armed Forces, either active duty, Reserves, or National Guard (including the caregiver)?

Is the participant currently enrolled in high school, college, or another educational program?

*If other is selected, please specify in notes.

What is the highest level of education the participant has completed?

*If other is selected, please specify in notes.

While in school, has anyone ever told the participant that they had learning difficulties, a learning disability, or had an IEP (Individual Education Plan)?

Tobacco

Does the participant currently use tobacco, such as cigarettes, cigars, chewing tobacco, or electronic cigarettes (excluding religious or ceremonial use)? *If Yes is selected, the next question about being enrolled in a program MUST be answered or you will receive an error from MDH.

Is the participant enrolled in a tobacco or smoking cessation program or receiving tobacco cessation counseling?

Intake & Historical Data

These questions need only to be answered ONCE. Answers will copy forward once answered.

Is the participant enrolling in home visiting because they are pregnant?

Is the estimated delivery date known?

What is the estimated date of delivery?

01/20/2018

Previous last name, if applicable:

For HFA Only: Is the parent a first time parent? (or will be a first time parent if pregnant)

For HFA Only: Number of prior children parented long term?

Does the participant have a history of substance abuse or substance abuse treatment?

Was the participant found to need substance abuse services based on substance abuse screening or clinical judgement?

As a child, was the participant emotionally or physically abused or neglected by a parent or guardian, a family member, or other adult?

Has the participant ever been involved with child welfare services as a child?

Has the participant ever been involved with child welfare services as a parent?

For HFA Only: Is primary caregiver developmentally delayed?

Has the participant ever been to jail or prison?

In what year was the participant most recently in prison? (4 digit year)

Form Details (Non-OASIS Forms)

Answer

05/06/2021 IHVE Program Data - Primary Caregiver <<Brian Prom, PMP>>

*Note: At minimum, the required questions must be answered to be able to complete this form and send it MDH. Any questions not answered at this visit will be marked as 'Not asked at this visit' when the Mark Complete button is selected and can be answered at the next visit on a new form. Form must be Marked Complete to be sent.

05/03/2021 I am a Great Parent Goals <<Brian Prom, PMP>>

HFA Parent Goals

Initial Goal Date	05/03/2021
Goal: What I/We want	sdfdfewr ewre
Why this is important to me/we	
Step 1	
Step 1 Completion date	
Step 2	
Step 2 Completion date	
Step 3	
Step 3 Completion date	
Step 4	
Step 4 Completion date	
Step 5	
Step 5 Completion date	
My/our strengths and resources to help accomplish my/our goal	
What could get in the way of achieving this goal and what I/we will do if this happens	
Who will support me	
How I will know when I've succeeded	

04/05/2021 IHVE Program Data - Target Child <<Brian Prom, PMP>>

Target Child Program Data Form

Grant or funding source used to serve this participant (choose all that apply):	02 - MIECHV Expansion
Grant or funding source used to serve this participant (choose all that apply):	03 - TANF
Home Visiting Model:	05 - Parents as Teachers
*If other model selected, please specify in notes.	
NFP #:	<i>Auto Skipped</i>
What is the child's gender?	02 - Female
What is the child's race?	02 - Asian
What is the child's race?	05 - White
If American Indian or Alaska Native, how does the participant describe the child's tribal affiliation(s)?	<i>Auto Skipped</i>
Is the child a member of any of the following ethnic or cultural groups?	05 - Hmong
Select all that apply.	

Intake Only Questions

Is the child's gestational age known?	01 - No
What was the child's gestational age at birth, in weeks and days?	<i>Auto Skipped</i>
Is the child's birth weight known?	01 - No
What was the child's birth weight, in pounds and ounces?	<i>Auto Skipped</i>
For HFA Only: Was child's birthweight 5 lbs. 8 ozs. or less?	<i>Auto Skipped</i>
Was this child part of a multiple birth?	02 - No
Was this child ever breastfed or fed pumped breast milk?	01 - Yes
Is the child currently being breastfed or receiving breastmilk?	01 - Yes
Has anyone in the child's household ever been to jail or prison?	
Include a mother or father, even if they are not living with the child at the time.	

*Note: At minimum, the required questions must be answered to be able to complete this form and send it MDH. Any questions not answered at this visit will be marked as 'Not asked at this visit' when the Mark Complete button is selected and can be answered at the next visit on a new form. Form must be Marked Complete to be sent.

04/05/2021 IHVE Insurance Form <<Brian Prom, PMP>>

Insurance Form

Interval based on child's age	06 - 06 - Month
Does the participant currently have health insurance?	01 - Yes, Insured
If answer 03 Pending is selected, please choose which insurance the participant has applied for.	
What type of health plan or health insurance does the participant currently have?	02 - Public Insurance

03/02/2021 test test test <<Brian Prom, PMP>>

Header 1

Form Details (Non-OASIS Forms)

Answer

03/02/2021 test test test <<Brian Prom, PMP>>

003. Multiple choice on what you would do if you won the lottery

SuperCar - Buy a Super Car

Notes - dfdfdf

Add Text only

Date

Random question

LES - Rather less than I used to

Header 1

Test

Does the child get enough sleep?

Does the child have proper nutrition?

Does the child participate in activities?

Does the child smile?

Final Score:

How often does the child attend the doctor?

This is a question without a node

This is the insurance question for both the caregiver and child, the answer groups are different, made a change

12/14/2020 MECSH ASM - Adapt and Self Manage Tool <<Brian Prom, PMP>>

2. Family's stage in program

2 - Potential early discharge

I feel confident that I can do all the things necessary to manage my baby on a regular basis

3 - Agree

I feel confident that I can deal with the emotional demands of parenting

3 - Agree

I feel confident that I can get information about my parenting and my child's needs from community resources

3 - Agree

I feel confident that I can ask my health professional things about my baby that concern me

5 - Do not wish to respond

I feel confident that I can ask my health professional things about my own health that concerns me

5 - Do not wish to respond

I feel confident that I can discuss openly with my health professional any personal problems that may be related to my parenting

3 - Agree

I feel confident that I can judge when the changes in my baby mean I should visit a health professional

3 - Agree

I am willing to consider other ways of doing things

4 - Strongly Agree

I am able to accomplish goals I set for myself

3 - Agree

If I wanted to change, I am confident that I could do it

3 - Agree

I have sought out advice and information about changing

5 - Do not wish to respond

As soon as I see a problem or challenge, I start looking for possible solutions

2 - Disagree

I know what I want to be

2 - Disagree

There is usually more than one way to accomplish something

5 - Do not wish to respond

I can usually find several different possibilities when I want to change something

5 - Do not wish to respond

I'm good at finding different ways to get what I want

2 - Disagree

I call in others for help when I need it

1 - Strongly Disagree

I feel comfortable in groups (eg. with other parents)

5 - Do not wish to respond

Given the outcome above, what course of action do you intend to take with this client?

1 - Keep client in MECSH

12/07/2020 HFA Creative Outreach 2018 <<Brian Prom, PMP>>

Use the Creative Outreach form to document the TYPE, LEVEL and start and stop dates.

This information will be used by Standard 4-2.B to calculate expected visit rates.

Type of Creative Outreach

TO - Out of Area

Enter date began Creative Outreach (date of 1st missed home visit)

12/07/2020

Current Level - Intensity of Services 2018 - 2021

Level 1 - Level 1 - Weekly (2 points)

Notes - HOOK to Case Weights

Date of end of creative outreach

Did you discuss with your supervisor the client's transition from Creative Outreach to either active home visiting or closure?

Are you closing client to Creative Outreach because client chose to close before 90 days over (must close SAN), or completed a face to face home visit within 90 days, or did not complete a face to face home visit within 90 days (must close SAN)?

Updated by PH-Doc support as of 2/21/2018

12/03/2020 OASIS04 Recertification (follow-up) assessment <<Brian Prom, PMP>>

11/03/2020 HFA Creative Outreach 2018 <<Brian Prom, PMP>>

Use the Creative Outreach form to document the TYPE, LEVEL and start and stop dates.

This information will be used by Standard 4-2.B to calculate expected visit rates.

130 Division Street
Waite Park, MN 56387 (800) 800-0181
Chart Report - 01/01/1900 thru 01/01/3000

Form Details (Non-OASIS Forms)

Answer

11/03/2020 HFA Creative Outreach 2018 <<Brian Prom, PMP>>

Type of Creative Outreach
Enter date began Creative Outreach (date of 1st missed home visit)
Current Level - Intensity of Services 2018 - 2021
Date of end of creative outreach
Did you discuss with your supervisor the client's transition from Creative Outreach to either active home visiting or closure?
Are you closing client to Creative Outreach because client chose to close before 90 days over (must close SAN), or completed a face to face home visit within 90 days, or did not complete a face to face home visit within 90 days (must close SAN)?

CO - Creative Outreach
12/07/2020

Updated by PH-Doc support as of 2/21/2018

10/21/2020 Brian One Question <<Brian Prom, PMP>>

Gender
Form Event Date
What is your current smoking status?
Grant or funding source used to serve this participant (choose all that apply):
Grant or funding source used to serve this participant (choose all that apply):
How does the home visitor identify their race? Select all that apply. If Other is selected, please specify in notes.
Activities Permitted

02 - Female
05/03/2021
LTS - Light Tobacco Smoker
03 - TANF
02 - MIECHV Expansion
02 - Asian

10/21/2020 NFP Infant Birth Form - Baby 1 <<Brian Prom, PMP>>

Please enter into the Demographics screen 1) Infant first name, 2) Infant last name, 3) DOB, 4) Gender, 5) Race, 6) Ethnicity

Multiple Birth
Birthweight: in grams or lbs/ounces? - Baby 1
Grams - Baby 1
Pounds - Baby 1
Oz - Baby 1
Gestational age at birth: (number of weeks) - Baby 1
Did the baby have to spend any time in the NICU or special nursery because of problems?
If yes, is the child still in NICU/Special Care Nursery? - Baby 1
If no, For how many days prior to being discharged? - Baby 1
If yes, What was the purpose of the NICU/Special Nursery Stay (check all that apply)
Other, please specify - Baby 1
What was your overall weight gain during pregnancy? [list weight gain (pounds)]
Did your baby ever receive breast milk?
Type of labor
Type of delivery

02 - No
LB/Oz - Lbs/Ounces
Auto Skipped
8
13
39

33
01 - Yes
100 - Induced

For safe sleep questions select "N/A" if the infant is in the hospital when the form is completed.

How often do you place your infant to sleep on their back?
How often do you bed-share with your infant?
How often does your infant sleep with soft bedding?
During a typical week, how many days do you (and/or a family member) read, tell stories, and/or sing songs to your child (Enter a number from 0 to 7)?
Does your child have health insurance coverage?
If yes, which type of health insurance do you use when you take your child for medical care (please check all that apply)?
Other health insurance (please specify)

02 - No
Auto Skipped
Auto Skipped

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09/24/2020 OASIS01 Start of Care - further visits planned <<Brian Prom, PMP>>

08/21/2020 WC HFA Family Goal Plan Short Form <<Brian Prom, PMP>>

Date Initiated & Goal Description:
Status of Goal Plan
Date completed or no longer relevant
Document Progress notes:
Note: Check the box then add a note. Recommend entering date then the note
E.g. "2-31-2019: Client completed step 2 and is working on step 3"

1 -

Notes - sat

130 Division Street
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Chart Report - 01/01/1900 thru 01/01/3000

Form Details (Non-OASIS Forms)

Answer

08/21/2020 WC HFA Family Goal Plan Short Form <<Brian Prom, PMP>>

Document Progress notes:

Note: Check the box then add a note. Recommend entering date then the note
E.g. "2-31-2019: Client completed step 2 and is working on step 3"

Notes - tad

2 -

Document Progress notes:

Note: Check the box then add a note. Recommend entering date then the note
E.g. "2-31-2019: Client completed step 2 and is working on step 3"

Notes - ted

3 -

08/11/2020 IHVE Insurance Form <<Brian Prom, PMP>>

Insurance Form

Does the participant currently have health insurance?

If answer 03 Pending is selected, please choose which insurance the participant has applied for.

What type of health plan or health insurance does the participant currently have?

07/17/2020 Johns test form <<Brian Prom, PMP>>

Last Name

Legal marital status

Notes - ddfd

03 - Widowed

Legal marital status

02 - Divorced

Hispanic or Latino/a ethnicity

01 - Hispanic or Latino/a

Gender

01. Low/no income

1 - Not a Problem

02. Uninsured medical expenses

3 - Problem

03. Inadequate money management

2 - Health Promotion

04. Able to buy only necessities

1 - Not a Problem

05. Difficulty buying necessities

06: Measurement of household income

07: Special income sources (SSI, MA, Child Support, Etc)

08: Supplemental Food Aid (WIC, Food Stamps, Meals on Wheels)

09: Receives housing assistance (desc)

99. Other income concerns

sfwefewf

06/03/2020 OASIS09 Discharge from agency <<Brian Prom, PMP>>

04/23/2020 HFA Master Form 2018-2021 <<Brian Prom, PMP>>

Form Date will be used for Referral / Identified Date

Referral Source

Transferred or Re-Enrolled?

Mayo - Mayo Clinic

NO - Not applicable

Screening

If PRENATAL, enter Estimated Due Date

Screening Completed?

If no screening completed, provide reason and and mark this form completed.

Enter Screening Date

Screening Results

07/28/2020

Yes - Yes

07/29/2020

Assessment/Survey

Was the Parent Survey Offered?

If no survey offered, provide reason and and mark this form completed.

Parent Response to Offer of Survey

If Parent survey declined, enter stated reason and mark this form completed.

Parent Survey Completed?

If survey not completed, provide reason and and mark this form completed.

Enter Parent Survey Date

Parent Survey Score

Parent Survey Results

Decline - Decline

Auto Skipped

Auto Skipped

Auto Skipped

Auto Skipped

Offer of Home Visits

Parent offered HFA home visits?

If no offer of Home Visits, provide reason and and mark this form completed.

If no offer of Home Visits, Date of decision to not offer home visits

Parent response to offer of HFA home visits?

If declined Home Visits, enter stated reason and mark this form completed.

Auto Skipped

Auto Skipped

Auto Skipped

Auto Skipped

On-Going Home Visits

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Chart Report - 01/01/1900 thru 01/01/3000

Form Details (Non-OASIS Forms)

Answer

04/23/2020 HFA Master Form 2018-2021 <<Brian Prom, PMP>>

Date of first on-going home visit for Parent (Enrollment Date)	<i>Auto Skipped</i>
Current Home Visitor	<i>Auto Skipped</i>
Current Level - Intensity of Services 2018 - 2021	<i>Auto Skipped</i>
MAHF Only: Need for MFIP or MA evident at PV or HV Intake?	
Added caseweight for this family	<i>Auto Skipped</i>
Birth and Level Change Dates	
Infant(s) ACTUAL Date of Birth	<i>Auto Skipped</i>
For infants considered premature ... enter Estimated Date of Birth (for ASQ calculation report)	<i>Auto Skipped</i>
Date of Last Change to any Level SS	
Date of Change to Level 1P	
Date of Change to Level 2P	
Date of Change to Level 1	<i>Auto Skipped</i>
Date of Change to Level 2	<i>Auto Skipped</i>
Date of Change to Level 3	<i>Auto Skipped</i>
Date of Change to Level 4	<i>Auto Skipped</i>
First date of transition to closure	<i>Auto Skipped</i>
Closure (for enrolled only)	
HFA Closure Date	<i>Auto Skipped</i>
HFA Closure Reason?	<i>Auto Skipped</i>
Updated by PH-Doc support as of May 2020	

02/19/2020 IHVE Program Data - Primary Caregiver <<Brian Prom, PMP>>

Primary Caregiver Program Data	
Interval based on child's age	12 - 12 - Month
Grant or funding source used to serve this participant (choose all that apply):	01 - MIECHV Formula
Home Visiting Model:	05 - Parents as Teachers
*If other model selected, please specify in notes.	
NFP #:	<i>Auto Skipped</i>
NFP Program Enrollment Date	<i>Auto Skipped</i>
Additional Demographics	
How does the participant identify their gender?	01 - Male
How does the participant identify their race?	02 - Asian
How does the participant identify their race?	05 - White
If American Indian or Alaska Native, how does the participant describe their tribal affiliation(s)?	<i>Auto Skipped</i>
Is the participant a member of any of the following ethnic or cultural groups?	77 - Other group or none
Select all that apply.	
What language does the participant speak at home most of the time?	01 - English
Are there any children in the participant's household with disabilities or developmental delays?	
Housing, Income & Education	
Is the participant homeless?	
If Homeless: Which of the following best describes the participant's living arrangements?	
If Not Homeless: Which of the following best describes the participant's living arrangements?	
What is the participant's current marital status?	
Does the participant currently live with their spouse or partner?	
Is the participant currently working?	
Which category best describes the monthly income for the participant's household? Include income from work, cash assistance programs, benefits, rent, cash from friends or relatives, child support, or other sources.	
How many people are in the participants household (including the caregiver), who are living on the income described above? Pregnant women should be counted as two (2)	
Has anyone in the participant's household ever served in the US Armed Forces, either active duty, Reserves, or National Guard (including the caregiver)?	
Is the participant currently enrolled in high school, college, or another educational program?	
*If other is selected, please specify in notes.	
What is the highest level of education the participant has completed?	
*If other is selected, please specify in notes.	
While in school, has anyone ever told the participant that they had learning difficulties, a learning disability, or had an IEP (Individual Education Plan)?	

Tobacco

130 Division Street
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Chart Report - 01/01/1900 thru 01/01/3000

Form Details (Non-OASIS Forms)

Answer

02/19/2020 IHVE Program Data - Primary Caregiver <<Brian Prom, PMP>>

Does the participant currently use tobacco, such as cigarettes, cigars, chewing tobacco, or electronic cigarettes (excluding religious or ceremonial use)? *If Yes is selected, the next question about being enrolled in a program MUST be answered or you will receive an error from MDH.

Is the participant enrolled in a tobacco or smoking cessation program or receiving tobacco cessation counseling?

Intake & Historical Data

These questions need only to be answered ONCE. Answers will copy forward once answered.

Is the participant enrolling in home visiting because they are pregnant?

Is the estimated delivery date known?

What is the estimated date of delivery?

01/20/2018

Previous last name, if applicable:

For HFA Only: Is the parent a first time parent? (or will be a first time parent if pregnant)

Auto Skipped

Does the participant have a history of substance abuse or substance abuse treatment?

For HFA Only: Number of prior children parented long term?

Auto Skipped

Was the participant found to need substance abuse services based on substance abuse screening or clinical judgement?

As a child, was the participant emotionally or physically abused or neglected by a parent or guardian, a family member, or other adult?

Has the participant ever been involved with child welfare services as a child?

Has the participant ever been involved with child welfare services as a parent?

For HFA Only: Is primary caregiver developmentally delayed?

Auto Skipped

Has the participant ever been to jail or prison?

In what year was the participant most recently in prison? (4 digit year)

*Note: At minimum, the required questions must be answered to be able to complete this form and send it MDH. Any questions not answered at this visit will be marked as 'Not asked at this visit' when the Mark Complete button is selected and can be answered at the next visit on a new form. Form must be Marked Complete to be sent.

02/07/2020 Brian Form scoring <<Brian Prom, PMP>>

3. Gender:

01 - Male

Birth Weight:

Multiple Answer Scoring

If home visitor chose "06 OTHER" answer: specify other race

2. Child's Race (check all that apply)

01 - White

2. Child's Race (check all that apply)

04 - Asian

Work experience

Hook to Referrals out

0

003. Multiple choice on what you would do if you won the lottery

Ethnicity

02 - Not Hispanic or Latino/a

Hook to Care Plan

Hook to Inventory

oasis emergent care

Employee (1 emp)

Employee Name (enter all emps)

Employee Narrowed (3 emps)

oasis new form

Keep adding

Add to Score

sadfsdaf

sadfsdfwef weew few

Final Score

0

Estimated Due Date:

Favorite color

Client Address

4132 142ND AVE N SAINT CLOUD, MN
56303

Medication Setup

01/30/2020 CAGE-AID <<Brian Prom, PMP>>

In the last 3 months, have you felt you should cut down or stop drinking or using drugs?

2 - Yes

In the last 3 months (testing), has anyone annoyed you or gotten on your nerves by telling you to cut down or stop drinking or using drugs?

1 - No

In the last 3 months, have you felt guilty or bad about how much you drink or use drugs?

2 - Yes

Form Details (Non-OASIS Forms)

Answer

01/30/2020 CAGE-AID <<Brian Prom, PMP>>

In the last 3 months (testing new wording), have you been waking up wanting to have an alcoholic drink or use drugs? 1 - No
Total Score: 2
Substance abuse assessment recommended?
What is the test question?
What is the answer for this test?

01/03/2020 OASIS01 Start of Care - further visits planned <<Brian Prom, PMP>>

10/28/2019 CAGE-AID <<Brian Prom, PMP>>

In the last 3 months, have you felt you should cut down or stop drinking or using drugs? 2 - Yes
In the last 3 months (testing), has anyone annoyed you or gotten on your nerves by telling you to cut down or stop drinking or using drugs? 1 - No
In the last 3 months, have you felt guilty or bad about how much you drink or use drugs? 2 - Yes
In the last 3 months (testing new wording), have you been waking up wanting to have an alcoholic drink or use drugs? 1 - No
Total Score: 2
Substance abuse assessment recommended?
What is the test question?
What is the answer for this test?

10/09/2019 Form with all possible Hooks <<Brian Prom, PMP>>

Hook to 485 Activities
Hook to 485 Allergies F/U - Follow Up needed
Hook to 485 DME Supplies
Hook to 485 Functional Limitations
Hook to 485 Medications
Hook to 485 Mental Status
Hook to Add a contact Note
Hook to Add a new Form
Hook to Assignment Sheet
Hook to Attachments
Hook to Birth Profile
Hook to CarePlan Goals
Hook to Client Consent
Hook to Client Dailies
Hook to Clinical Billing Template
Hook to Complete MN Preg Assessment
Hook to Complete Preg Assessment 24-28 weeks
Hook to Customize CarePlan
Hook to Dailies Entry
Hook to Demographics
Hook to Direct Client Mailbox
Hook to Family Address
Hook to Food Intake
Hook to Glucose Readings
Hook to HHA Supervision
Hook to Improved Pregnancy Outcome
Hook to KBS Outcomes
Hook to Lab Results
Hook to Major Medical Care Resource
Hook to Nutritional Requirements
Hook to Oasis Bowel Elimination
Hook to Oasis Cognitive
Hook to Oasis complete assessment
Hook to Oasis Emergent Care
Hook to Oasis Financial Factors
Hook to Oasis Hearing and Understanding
Hook to Oasis IADLS
Hook to Oasis Medications
Hook to Oasis Mental Health

Form Details (Non-OASIS Forms)

Answer

10/09/2019 Form with all possible Hooks <<Brian Prom, PMP>>

- Hook to Oasis Neuro Musculo
- Hook to Oasis Pain
- Hook to Oasis Personal Hygiene
- Hook to Oasis Respiration
- Hook to Oasis Speech and Oral Expression
- Hook to Oasis Urinary Elimination
- Hook to Oasis Vision
- Hook to Oasis Wounds
- Hook to Omaha System Charting
- Hook to Open Document
- Hook to Paysource Data
- Hook to Referrals
- Hook to review 485 Medical Data
- Hook to Review Assessment Forms
- Hook to Review Community Resources
- Hook to Review Doctors Orders
- Hook to REview Frame History
- Hook to Review Immunization History
- Hook to Review Notes/Other Contacts
- Hook to Review Outcome History
- Hook to review Service Assignments
- Hook to review tasks
- Hook to Risk factors
- Hook to Vital Signs
- Hook to Word Letters
- Hook to Wound Management

09/19/2019 IHVE Program Data - Primary Caregiver <<Brian Prom, PMP>>

Primary Caregiver Program Data

- Grant or funding source used to serve this participant (choose all that apply):
- Interval based on child's age
- Home Visiting Model:
- *If other model selected, please specify in notes.
- NFP #:

Additional Demographics

- NFP Program Enrollment Date
- How does the participant identify their gender? 01 - Male
- How does the participant identify their race? 02 - Asian
- How does the participant identify their race? 05 - White
- If American Indian or Alaska Native, how does the participant describe their tribal affiliation(s)? *Auto Skipped*
- Is the participant a member of any of the following ethnic or cultural groups?
- Select all that apply.
- What language does the participant speak at home most of the time? 01 - English
- Are there any children in the household with disabilities or developmental delays?

Housing, Income & Education

- Are there any children in the participant's household with disabilities or developmental delays? 02 - No
- Is the participant homeless? 88 - Unknown
- If Homeless: Which of the following best describes the participant's living arrangements? 02 - Homeless and living in an emergency or transitional shelter
- If Not Homeless: Which of the following best describes the participant's living arrangements?
- What is the participant's current marital status?
- If Homeless: Which of the following best describes the participant's living arrangements? *Auto Skipped*
- If Not Homeless: Which of the following best describes the participant's living arrangements? *Auto Skipped*
- Does the participant currently live with their spouse or partner?
- Is the participant currently working? 01 - Employed Full Time (30+ hours/week)
- Which category best describes the monthly income for the participant's household? Include income from work, cash assistance programs, benefits, rent, cash from friends or relatives, child support, or other sources. 04 - \$1,501 - \$2,000

Form Details (Non-OASIS Forms)

Answer

09/19/2019 IHVE Program Data - Primary Caregiver <<Brian Prom, PMP>>

How many people are in the participants household (including the caregiver), who are living on the income described above? Pregnant women should be counted as two (2)

Has anyone in the participant's household ever served in the US Armed Forces, either active duty, Reserves, or National Guard (including the caregiver)?

02 - No

Is the participant currently enrolled in high school, college, or another educational program?

*If other is selected, please specify in notes.

What is the highest level of education the participant has completed?

*If other is selected, please specify in notes.

While in school, has anyone ever told the participant that they had learning difficulties, a learning disability, or had an IEP (Individual Education Plan)?

02 - No

Tobacco

Does the participant currently use tobacco, such as cigarettes, cigars, chewing tobacco, or electronic cigarettes (excluding religious or ceremonial use)?

01 - Yes

Is the participant enrolled in a tobacco or smoking cessation program or receiving tobacco cessation counseling?

Auto Skipped

Does the participant currently use tobacco, such as cigarettes, cigars, chewing tobacco, or electronic cigarettes (excluding religious or ceremonial use)? *If Yes is selected, the next question about being enrolled in a program MUST be answered or you will receive an error from MDH.

99 - Declines to answer

Intake & Historical Data

These questions need only to be answered ONCE. Answers will copy forward once answered.

Is the participant enrolling in home visiting because they are pregnant?

02 - No

Is the estimated delivery date known?

Auto Skipped

What is the estimated date of delivery?

Auto Skipped

Previous last name, if applicable:

For HFA Only: Is the parent a first time parent? (or will be a first time parent if pregnant)

Does the participant have a history of substance abuse or substance abuse treatment?

01 - Yes

Was the participant found to need substance abuse services based on substance abuse screening or clinical judgement?

For HFA Only: Number of prior children parented long term?

As a child, was the participant emotionally or physically abused or neglected by a parent or guardian, a family member, or other adult?

02 - No

Has the participant ever been involved with child welfare services as a child?

02 - No

Has the participant ever been involved with child welfare services as a parent?

02 - No

For HFA Only: Is primary caregiver developmentally delayed?

Has the participant ever been to jail or prison?

02 - No

In what year was the participant most recently in prison? (4 digit year)

Auto Skipped

09/11/2019 IHVE Insurance Form <<Brian Prom, PMP>>

Insurance Form

FHV Insurance Form

Does the participant currently have health insurance?

01 - Yes, Insured

Does the participant currently have health insurance?

If answer 03 Pending is selected, please choose which insurance the participant has applied for.

What type of health plan or health insurance does the participant currently have?

08/22/2019 IHVE Insurance Form <<Brian Prom, PMP>>

FHV Insurance Form

Does the participant currently have health insurance?

01 - Yes, Insured

What type of health plan or health insurance does the participant currently have?

Auto Skipped

04/03/2019 CHEERS HTML Form <<Brian Prom, PMP>>

ASQ Screening Completed?

1 - Yes

Please Specify:

Responds promptly to the child's signals and cues?

3 - 3

C1 Comments:

ads

Responds appropriately to the child's signals and cues?

3 - 3

C2 Comments:

asdf

Initiates physical contact with the child

4 - 4

HT1 Comments:

erw

Engages in gentle holding and touching

5 - 5

HT2 Comments:

wer2

Parent shows physical affection (e.g., hugs or kisses)

4 - 4

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Form Details (Non-OASIS Forms)

Answer

04/03/2019 CHEERS HTML Form <<Brian Prom, PMP>>

HT3 Comments:	234tg
Speaks to child during interactions or activity	6 - 6
EX1 Comments:	
Uses expressions to initiate interactions and play	6 - 6
EX2 Comments:	g34
Responds to child's vocalizations	5 - 5
EX3 Comments:	asdfe
Responds promptly to child's emotions	7 - 7
EM1 Comments:	123dsf
Responds appropriately to child's emotions	6 - 6
EM2 Comments:	wer2323
Expresses positivity about the child to the child	4 - 4
EM3 Comments:	sdf
Encourages exploration by the child	7 - 7
RR1 Comments:	2r23
Follows the child's lead	4 - 4
RR2 Comments:	saf2r23
Exhibits pleasure and excitement when playing with the child	6 - 6
S1 Comments:	a22342
Speaks in a warm tone of voice	7 - 7
S2 Comments:	asdf2
Exhibits positive affect with the child	7 - 7
S3 Comments:	saf23432
Total Cheers Check-In Score:	30.8

04/02/2019 Brian Form scoring <<Brian Prom, PMP>>

3. Gender:	02 - Female
Birth Weight:	8 Lbs 4 Oz
Multiple Answer Scoring	AddOneMore - add 1 more
If home visitor chose "06 OTHER" answer: specify other race	<i>Auto Skipped</i>
2. Child's Race (check all that apply)	<i>Auto Skipped</i>
Hook to Referrals out	3
Work experience	0 Years 4 Months
003. Multiple choice on what you would do if you won the lottery	Vacation - Go on a 3 month vacation
Ethnicity	88 - Client does not know/not sure
Hook to Care Plan	100 - Live with others (check all that apply),
Hook to Inventory	
oasis emergent care	<i>Auto Skipped</i>
Employee (1 emp)	
Employee Name (enter all emps)	
Employee Narrowed (3 emps)	<i>Auto Skipped</i>
oasis new form	
Keep adding	<i>Auto Skipped</i>
Add to Score	<i>Auto Skipped</i>
sadfsdaf	
sadfsdfwef weew few	
Final Score	4
Estimated Due Date:	08/01/2019
Notes - Gestation Weeks: 22 Days: 5	
Favorite color	Green - Green
Client Address	111 32ND AVE N SAINT CLOUD, MN 56303
Medication Setup	

03/29/2019 IHVE Insurance Form <<Brian Prom, PMP>>

FHV Insurance Form	
Does the participant currently have health insurance?	01 - Yes, Insured

Form Details (Non-OASIS Forms)

Answer

03/29/2019 IHVE Insurance Form <<Brian Prom, PMP>>

What type of health plan or health insurance does the participant currently have?

04 - Other health insurance (please specify in notes)

Notes - dsfewf

What type of health plan or health insurance does the participant currently have?

02 - Public Insurance

03/28/2019 Dakota County Prenatal Assessment and Teaching Form <<Brian Prom, PMP>>

- Health History:
- First Day of Last Menstrual Period:
- Estimated Date of Delivery:
- This pregnancy was:
- Plan for Parenting:
- Number of Pregnancies:
- Number of Children Carried to Full Term:
- Number of Premature Births:
- Number of Induced Abortions:
- Number of Miscarriages:
- Number of Living Children:
- Pre-Pregnancy Weight:
- Next Prenatal Appointment:
- Status of the Home Environment
- General Appearance "Status of Caregiver":
- Pregnancy Complications:
- Neurological Concerns:
- Activity or Rest Concerns:
- Appetite or Nutrition Concerns:
- Pain or Discomfort Concerns:
- Bowel or Bladder Concerns:
- Cramping or Contractions:
- Vaginal Bleeding:
- Vaginal Discharge Concerns:
- Sexually Transmitted Infections:
- Edema:
- Fetal Movement:
- Fetal Heart Tones Present at Prenatal Appt:
- Emotions or Coping Concerns:
- Bonding Concerns:
- Concerns about Support System:
- Plans for Feeding Baby:
- Prior Contraception:
- Plan for Postpartum Contraception:
- Prenatal Teaching Provided:

03/26/2019 Brian Form scoring <<Brian Prom, PMP>>

- 3. Gender:
- Multiple Answer Scoring
- Birth Weight:
- If home visitor chose "06 OTHER" answer: specify other race
- 2. Child's Race (check all that apply)

02 - Female

sdf
100 - American Indian or Alaska Native
4

Notes - asdf

- Work experience
- Ethnicity
- 003. Multiple choice on what you would do if you won the lottery
- 003. Multiple choice on what you would do if you won the lottery

Auto Skipped
Island - Buy and island
SuperCar - Buy a Super Car

Notes - sdfsfwe

Hook to Care Plan

100 - Live with others (check all that apply),

Notes - sdf

- Hook to Inventory
- oasis emergent care
- Employee (1 emp)

DON - Done

Form Details (Non-OASIS Forms)

Answer

03/26/2019 Brian Form scoring <<Brian Prom, PMP>>

Employee Name (enter all emps)
Employee Narrowed (3 emps)
oasis new form
Keep adding
Add to Score

One - One

sadfsdaf
sadfsdfwef weew few
Final Score
Estimated Due Date:
Favorite color
Client Address

5
Green - Green
111 32ND AVE N SAINT CLOUD, MN
56303

Medication Setup

02/21/2019 Brian One Question <<Brian Prom, PMP>>

Gender
Activities Permitted

02/13/2019 Brian Form scoring <<Brian Prom, PMP>>

Brian's Form
Multiple Answer Scoring
Multiple Answer Scoring
3. Gender:
If home visitor chose "06 OTHER" answer: specify other race
2. Child's Race (check all that apply)
Hook to Referrals out
003. Multiple choice on what you would do if you won the lottery
Race
Race
Race
Ethnicity
Hook to Care Plan
Hook to Inventory
oasis emergent care
Employee (1 emp)
Employee Name (enter all emps)
Employee Narrowed (3 emps)
oasis new form
Keep adding
Add to Score

AddOneMore - add 1 more
Zero - 0
01 - Male

01 - White
02 - Black/African American
04 - Asian
02 - Not Hispanic or Latino/a

0

sadfsdaf
sadfsdfwef weew few
Final Score
Estimated Due Date:
Favorite color
Client Address

1
111 32ND AVE N SAINT CLOUD, MN
56303

Medication Setup

02/13/2019 Brian One Question - Copy <<Brian Prom, PMP>>

Hook to Community Event address tab
Hook to Community Event contact tab
Hook to Community Event Overview tabs

Yes - Yes
02 - No
100 - YES

01/04/2019 Brian Form scoring <<Brian Prom, PMP>>

Brian's Form
3. Gender:
Multiple Answer Scoring
Multiple Answer Scoring
If home visitor chose "06 OTHER" answer: specify other race

02 - Female
AddOne - add 1
Two - 2

Form Details (Non-OASIS Forms)

Answer

01/04/2019 Brian Form scoring <<Brian Prom, PMP>>

- 2. Child's Race (check all that apply)
Notes - rwer23
- 2. Child's Race (check all that apply)
Notes - asd
- 2. Child's Race (check all that apply)

- 100 - American Indian or Alaska Native
- 200 - Asian
- 400 - Native Hawaiian or other Pacific Islander

Notes - 234rweF

- Hook to Referrals out
- 003. Multiple choice on what you would do if you won the lottery
- 003. Multiple choice on what you would do if you won the lottery
- Race
- Race
- Race
- Ethnicity
- Hook to Care Plan
- Hook to Inventory
- oasis emergent care
- Employee (1 emp)
- Employee Name (enter all emps)
- Employee Narrowed (3 emps)
- oasis new form
- Keep adding
- Add to Score

- 1
- Island - Buy and island
- Vacation - Go on a 3 month vacation
- 01 - White
- 02 - Black/African American
- 04 - Asian
- 02 - Not Hispanic or Latino/a

sadfsdaf

sadfsdfweF weew few

- Final Score
- Estimated Due Date:
- Favorite color
- Client Address

- 4
- Green - Green
- 111 32ND AVE N SAINT CLOUD, MN 56303

Medication Setup

01/03/2019 OASIS04 Recertification (follow-up) assessment <<Brian Prom, PMP>>

12/18/2018 Brian Form scoring <<Brian Prom, PMP>>

Brian's Form

- 3. Gender:
Multiple Answer Scoring
- Multiple Answer Scoring
Notes - sdfsdfsdfsdf
- If home visitor chose "06 OTHER" answer: specify other race
- 2. Child's Race (check all that apply)
- 2. Child's Race (check all that apply)

- 02 - Female
- AddOneMore - add 1 more

- Hook to Referrals out
- 003. Multiple choice on what you would do if you won the lottery
- Race
- Race
- Race
- Ethnicity
- Hook to Care Plan
- Hook to Inventory
- oasis emergent care
- Employee (1 emp)
- Employee Name (enter all emps)
- Employee Narrowed (3 emps)
- oasis new form
- Keep adding
- Add to Score

- 200 - Asian
- 500 - White
- 01 - White
- 02 - Black/African American
- 04 - Asian
- 02 - Not Hispanic or Latino/a

sadfsdaf

sadfsdfweF weew few

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Form Details (Non-OASIS Forms)

Answer

12/18/2018 Brian Form scoring <<Brian Prom, PMP>>

Final Score 1
Estimated Due Date:
Favorite color
Client Address 111 32ND AVE N SAINT CLOUD, MN
56303
Medication Setup 30 - -30 months
Notes - asdf

12/18/2018 Brian Form scoring <<Brian Prom, PMP>>

Brian's Form
3. Gender:
Multiple Answer Scoring
Multiple Answer Scoring AddOne - add 1
If home visitor chose "06 OTHER" answer: specify other race
2. Child's Race (check all that apply) 100 - American Indian or Alaska Native
Notes - rwer23
2. Child's Race (check all that apply) 200 - Asian
Notes - asd
2. Child's Race (check all that apply) 400 - Native Hawaiian or other Pacific
Islander
Notes - 234rweF
Hook to Referrals out 1
003. Multiple choice on what you would do if you won the lottery Island - Buy and island
003. Multiple choice on what you would do if you won the lottery Vacation - Go on a 3 month vacation
Race
Race 02 - Black/African American
Race 04 - Asian
Ethnicity 02 - Not Hispanic or Latino/a
Hook to Care Plan
Hook to Inventory
oasis emergent care
Employee (1 emp) BPROM
Notes - Prom/Brian L
Employee Name (enter all emps) JBETZOLD
Notes - Betzold/Jill
Employee Narrowed (3 emps) DAYRPHN
Notes - Day/Robert
oasis new form
Keep adding
Add to Score

sadfsdaf

sadfsdfwef weew few

Final Score 2
Estimated Due Date:
Favorite color Green - Green
Client Address
Medication Setup 22 - -22 months
Notes - Medications setup for 12/18/2018 thru 12/26/2018 by Brian Prom, PMP
- H C TUSSIVE-NR (Oral Liquid) 1-2.5-5 mg/5ml Sol, dose amount 1 GTT

11/02/2018 MIECHV 2018 01 Child Intake and 02 Postpartum Form <<Brian Prom, PMP>>

Home Visiting Information
Date of CAREGIVER'S first ongoing home visit
Home visitor (name)
Child Questions
Demographics (Child)
Gender
Race (choose all that apply) 01 - White
Race (choose all that apply) 02 - Black/African American
Race (choose all that apply) 04 - Asian
If home visitor chose "06 OTHER" answer: specify other race

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Form Details (Non-OASIS Forms)

Answer

11/02/2018 MIECHV 2018 01 Child Intake and 02 Postpartum Form <<Brian Prom, PMP>>

Hispanic or Latino/a ethnicity 02 - Not Hispanic or Latino/a

Improved Newborn Health

Is gestational age unknown?

If child's gestation age at birth is known, ENTER WEEKS HERE

If child's gestational age at birth is known, ENTER DAYS HERE

Enter child's weight at birth (POUNDS)

Enter child's weight at birth (OUNCES)

For HFA Only: Was child's birthweight 5 lbs. 8 ozs. or less?

Was there more than one live birth associated with this pregnancy?

If home visitor chose "01 YES" answer: specify the number of live births with this pregnancy

Is the child currently being breastfed or receiving breast milk?

What was the approximate date of the child's most recent well-child visit?

Which well-child visit occurred on that date?

For HFA Only: Does this child have a medical health care provider?

Where does the caregiver usually seek medical care for the child?

If home visitor chose "08 OTHER" answer: specify other source of medical care here

Does the caregiver place the child to sleep on their back?

Does the caregiver place the child to sleep without bed sharing?

Does the caregiver place the child to sleep without soft bedding?

Improvements In School Readiness & Achievement

Do family members read to, tell stories to, or sing to the child every day during a typical week?

For HFA Only: If child is in Early Intervention Services, what was the date the services started?

Child Insurance

Does the CHILD currently have health insurance?

If "01 YES, INSURED" or "03 CLIENT APPLIED FOR COVERAGE..." answer: What type of health plan or health insurance coverage does the CHILD currently have? (select one or more)

If home visitor chose "04 OTHER" answer: enter type of health insurance here

Postpartum Questions (Answer the questions below ONLY for clients open as PRENATALS)

NOTE: First Postpartum Visit Date most often matches the date of the Child Intake. In the case where the postpartum mom is seen BEFORE the baby, this date would be before the Child Intake. First Postpartum Visit caregiver questions have been added to the CHILD Intake for convenience only, since most of the time they occur together.

Date of first postpartum home visit by PHN

Demographics (Caregiver)

Is the caregiver homeless?

If home visitor chose "01 NOT HOMELESS" answer: Which of the following best describes the caregiver's living arrangements?

If home visitor chose "02 HOMELESS" answer: Which of the following best describes the caregiver's living arrangements?

Home Address (number and street or rural route)

City SAINT CLOUD

State MN

Zip

County

Legal marital status

Does the caregiver currently live with their spouse or partner?

Domestic Violence

Since enrollment in home visiting, was the caregiver screened for intimate partner violence using a validated tool?

If home visitor chose "01 YES" answer, Enter IPV screening date

If home visitor chose "01 YES - IPV screening Date" answer: What was the result of the intimate partner violence screen?

Was the caregiver provided with referral information to IPV resources?

If home visitor chose "01 YES" answer: Enter Date of referral for IPV

Education/Economics/Insurance

Is the caregiver currently working?

Which category best describes the caregiver's household MONTHLY income, including benefits?

How many people are in the caregivers household, including the caregiver(PREGNANT WOMAN COUNTS AS 2)?

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Form Details (Non-OASIS Forms)

Answer

11/02/2018 MIECHV 2018 01 Child Intake and 02 Postpartum Form <<Brian Prom, PMP>>

Has anyone in the caregiver's household ever served in the U.S. Armed Forces, either active duty or reserves?

Is the caregiver currently enrolled in high school, college, or another educational program?

If home visitor chose "05 OTHER" answer: specify the other educational program

What is the highest level of education the caregiver has completed?

If home visitor chose "09 OTHER" answer: specify the other type of educational program

Does the caregiver currently have health insurance?

If home visitor chose "01 YES, INSURED" answer: What type of health plan or health insurance does the caregiver currently have? (select one or more)

If caregiver has "04 OTHER", specify other health insurance coverage

Has there been any time in the past 6 months when the CAREGIVER did not health insurance coverage?

Supplemental Questions

Are there any children in the caregiver's household with disabilities or developmental delays?

For HFA Only: Is primary caregiver developmentally delayed?

Was the caregiver found to need substance abuse services based on substance abuse screening or clinical judgement?

Does the caregiver have a history of substance abuse or substance abuse treatment?

As a child, was the caregiver emotionally or physically abused by a parent or guardian, a family member or other adult?

For HFA Only: Was the Caregiver ever involved in the Child Welfare System (as a CAREGIVER)?

11/01/2018 MIECHV 2018 00 Primary Caregiver Intake Form <<Brian Prom, PMP>>

For multiple births (twins/triplets) - a single caregiver intake and closure is entered. This will be tied to the Child Intervals using a matching First Visit Date on each Child Intake.

Date of CAREGIVER'S first ongoing home visit	12/18/2018
Notes - asdf	
Home visitor (name)	03 OTHER - other
Notes - asdf	
Site	Big Stone - Big Stone
Notes - asdf	
Funding Source (choose all that apply- check TANF if TANF eligible)* Leave BLANK if none apply	
Funding Source (choose all that apply- check TANF if TANF eligible)* Leave BLANK if none apply	02 - MIECHV Expansion
Notes - asdf ewf	
Funding Source (choose all that apply- check TANF if TANF eligible)* Leave BLANK if none apply	03 - TANF
Notes - eww	
Funding Source (choose all that apply- check TANF if TANF eligible)* Leave BLANK if none apply	04 - MN NFP Grant
Notes - 2134234	
Home visiting model	06 - Early Head Start
Notes - sdf fds asfdew	

Caregiver type at first ONGOING visit (relationship to child)

If home visitor chose "04 OTHER" answer: Specify caregiver type, such as grandparent, aunt, foster parent.

Is the family transferring to MIECHV from another family home visiting program?

Address

Home Address (number and street or rural route)

City

State

Zip

County

Is the caregiver homeless?

If home visitor chose "01 NOT HOMELESS" answer: Which of the following best describes the caregiver's living arrangements?

If home visitor chose "02 HOMELESS" answer: Which of the following best describes the caregiver's living arrangements?

Maiden Name, if applicable

Race (choose all that apply):

If home visitor chose "06 OTHER" answer: Specify other race

Gender

Hispanic or Latino/a ethnicity

Primary language

Form Details (Non-OASIS Forms)

Answer

11/01/2018 MIECHV 2018 00 Primary Caregiver Intake Form <<Brian Prom, PMP>>

If home visitory chose "77 OTHER" answer: Specify other language
Legal marital status

Does the caregiver currently live with their spouse or partner?

Education/Economics/Insurance

Is the caregiver currently working?

Which category best describes the caregiver's household MONTHLY income, including benefits?

How many people are in the caregivers household, including the caregiver(PREGNANT WOMAN COUNTS AS 2)?

Has anyone in the caregiver's household ever served in the U.S. Armed Forces, either active duty or reserves? 02 - No

Notes - asdf

Is the caregiver currently enrolled in high school, college, or another educational program?

If home visitor chose "05 OTHER" answer: specify the other educational program

What is the highest level of education the caregiver has completed?

If home visitor chose "09 OTHER" answer: specify the other type of educational program

Does the caregiver feel that s/he has or had low achievement in school?

Does the caregiver currently have health insurance?

If home visitor chose "01 YES, INSURED" answer: What type of health plan or health insurance does the caregiver currently have? (select one or more)

If caregiver has "04 OTHER", specify other health insurance coverage

Improved Maternal Health

PRENATAL CAREGIVERS ONLY: What is the Estimated Date of Delivery (EDD)?

For HFA Only: Is the parent a first time parent? (or will be a first time parent if pregnant)

For HFA Only: Is primary caregiver developmentally delayed?

Are there any children in the caregiver's household with disabilities or developmental delays?

Does the caregiver currently use tobacco, such as cigarettes, cigars, chewing tobacco, or electronic cigarettes (excluding religious or ceremonial use)?

Was the caregiver referred to tobacco/smoking cessation counseling or services?

If home visitor chose "01 Yes", Enter date of tobacco cessation referral

Does the caregiver have a history of substance abuse or substance abuse treatment?

Was the caregiver found to need substance abuse services based on substance abuse screening or clinical judgement?

Injury/Abuse/Neglect

As a child, was the caregiver emotionally or physically abused by a parent or guardian, a family member or other adult?

Has the caregiver ever been involved with child welfare services, EITHER as a CHILD or as an ADULT?

For HFA Only: Was the Caregiver ever involved in the Child Welfare System (as a CAREGIVER)? 02 - No

Notes - asdfsd

10/03/2018 PHQ-9 (Patient Health Questionnaire 9) <<Brian Prom, PMP>>

1. Little interest or pleasure in doing things 1 - Several days

2. Feeling down, depressed or hopeless 2 - More than 1/2 the days

Notes - testset

3. Trouble falling or staying asleep, or sleeping too much 3 - Nearly every day

Notes - asdfwef

4. Feeling tired or having little energy 1 - Several days

5. Poor appetite or overeating 1 - Several days

6. Feeling bad about yourself--or that you are a failure or have let yourself or your family down 1 - Several days

7. Trouble concentrating on things, such as reading the newspaper or watching television 2 - More than 1/2 the days

8. Moving or speaking so slowly that other people could have noticed? Or the opposite--being so fidgety or restless that you have been moving around a lot more than usual 3 - Nearly every day

9. Thoughts that you would be better off dead or of hurting yourself in some way 0 - Not at all

PHQ-9 Score: Cutoff scores are 5, 10, 15, 20. See cues for details 14

Multiple Scoring Vertical List Scoring

10. If you checked off ANY problems, how DIFFICULT have these problems made it for you to do your work, take care of things at home, or get along with other people?

Period of time during which the depression screening completed

Results - depression screening

If depression screen not WNL, client was referred

Client followed through on depression referral 2-No -

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Form Details (Non-OASIS Forms)

Answer

09/07/2018 Brian Form scoring <<Brian Prom, PMP>>

Multiple Answer Scoring

Brian's Form

3. Gender:

Race

Ethnicity

If home visitor chose "06 OTHER" answer: specify other race

Hook to Care Plan

Hook to Inventory

003. Multiple choice on what you would do if you won the lottery

2. Child's Race (check all that apply)

oasis emergent care

Employee Name (all emps)

Employee (1 emp)

Employee Narrowed (3 emps)

oasis new form

Hook to Referrals out

Employee Name (enter all emps)

Keep adding

Add to Score

sadfsdaf

sadfsdfwef weew few

Final Score

Estimated Due Date:

Favorite color

Client Address

01 - White
01 - Hispanic or Latino/a

118 32ND AVE N SAINT CLOUD, MN
56303

Medication Setup

01/20/2018 CAGE-AID <<Brian Prom, PMP>>

In the last 3 months, have you felt you should cut down or stop drinking or using drugs?

1 - No

In the last 3 months (testing), has anyone annoyed you or gotten on your nerves by telling you to cut down or stop drinking or using drugs?

1 - No

In the last 3 months, have you felt guilty or bad about how much you drink or use drugs?

1 - No

In the last 3 months (testing new wording), have you been waking up wanting to have an alcoholic drink or use drugs?

1 - No

Total Score:

0

Substance abuse assessment recommended?

NO - NO

What is the test question?

1 - Test 1's

What is the answer for this test?

1 - Test 1's

Contact Notes

Date: 05/24/2017 03:45 PM **Type:** SummaryNot **Source:** PH-Doc

Created By: Brian Prom at 05/24/2017 03:45 pm

Note: 123123123123123123

Attachments: client_access_rc=0x17.doc

Date: 09/21/2018 01:09 PM **Type:** Intake/Ref **Source:** PH-Doc

Created By: Brian Prom, PMP at 02/22/2021 09:01 am

Note: dfsdfsdf

line 2

line 3

line 4

line 5 sdsd

fi sdjlfjilj iljljij ;lij lkjlkj lkj

oji jlijli jzljzljzljzljz iljij lijzljzljz

ijli hkuhg uikuhkugygtjft dgr dry rg d

end

130 Division Street
Waite Park, MN 56387 (800) 800-0181
Chart Report - 01/01/1900 thru 01/01/3000

Date: 03/24/2021 04:14 PM **Type:** Intake/Ref **Source:** PH-Doc
Created By: Brian Prom, PMP at 03/24/2021 04:15 pm
Note: sdfsfew

Date: 03/25/2021 10:18 AM **Type:** CaseMgmt **Source:** PH-Doc
Created By: Brian Prom, PMP at 03/25/2021 10:18 am
Person/Organization: Tsft person
Subject line: subject
Note: dfsdfe ewr ewr e

Date: 03/29/2021 09:37 AM **Type:** RecordsRpt **Source:** PH-Doc
Created By: Brian Prom, PMP at 03/29/2021 09:39 am
Person/Organization: person
Subject line: subject
Note: Obtained verbal order from MD for continued home health care services for client per recertification P.O.T..

Date: 01/28/2022 10:45 AM **Type:** SummaryNot **Source:** PH-Doc
Created By: Brian Prom, PMP at 01/28/2022 10:46 am
Note: test texted spellcheck

Address Verified by Brian Prom, PMP on Not Verified - 11/08/2021

--- Physical ----- Validated
westing ways
120 32ND AVE N
SAINT CLOUD, MN 56303

--- Mailing ----- Validated
westing way
120 32ND AVE N
SAINT CLOUD, MN 56303

County: SCOTT
Census: 601
Geography: GREY EAGLE