

AT TIME OF SCREEN MOTHER IS:	<input type="checkbox"/> Pre-Natal	<input type="checkbox"/> Post-Natal
Frederick County resident?	<input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> U
First Time Mom or Dad	<input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> U
Baby less than 3 months old	<input type="checkbox"/> Y	<input type="checkbox"/> N
Includes parents who had a child that died or was removed from home.		
IF ALL ANSWERS ARE YES, PLEASE PROCEED WITH SCREEN		

REFERRING AGENCY: _____

FOR HFF STAFF ONLY
HFF ID#
FRS/FSS ID#

 Primary language spoken: English Spanish Other: _____

SCREEN DATE (REQUIRED): _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

ADDRESS: _____ MOB DATE OF BIRTH: _____

CITY: _____ STATE: _____ ZIP CODE: _____

 IS HOME LOCATED IN FREDERICK CITY YES NO

EMAIL ADDRESS (optional): _____ BEST PHONE NUMBER: _____

ESTIMATE DUE DATE: _____ OR BABY'S DATE OF BIRTH: _____

FAMILY STRESS/RESOURCES NEEDED: (T / F / U T = True F = False U = Unknown/Unable to Obtain Information)

_____ PARENT IS SINGLE, SEPARATED, DIVORCED or WIDOWED

_____ PARTNER UNEMPLOYED

_____ FINANCIAL NEEDS

_____ UNSTABLE HOUSING

_____ NO PHONE

_____ EDUCATION LEVEL UNDER 12 YEARS

_____ LIMITED SUPPORT SYSTEM

_____ SUBSTANCE ABUSE (Past or Current)

_____ LATE, LIMITED or NO PRENATAL CARE

_____ HISTORY OF ABORTIONS

_____ MENTAL ILLNESS (Past or Current)

_____ CONSIDERED or CONSIDERING ABORTION (for this pregnancy)

_____ CONSIDERED or CONSIDERING ADOPTION (for this pregnancy)

_____ RELATIONSHIP or FAMILY CONFLICT

_____ DEPRESSION (Past or Current)

 REFERRED TO HEALTHY FAMILIES FREDERICK PROGRAM? YES NO

REASON NOT REFERRED:

 Not interested

 Participating in another program

 No time available to participate

 Missed at hospital

 Moving/moved

 Miscarriage

 Abortion

 Adoption

 Deceased target child

 Child Protective Services (CPS) status

 Language barrier, no interpreter

 Other (specify): _____

Date of data entry: _____

Data entered by (Initials): _____