

FAMILY INFORMATION FORM

HIGH RISK INFANT FOLLOW-UP QUALITY OF CARE INITIATIVE

California Children's Services, CCS requests us to collect the information marked with an * on families and children seen in our HRIF Program. Additional information is collected to help the HRIF Program help meet your needs. This form is **not** used to determine eligibility for services.

O P T I O N A L	Name of person filling out the form and relation to the infant/child:			
	Name of infant/child (first and last):			
	Primary caregiver's email address:			
	Primary caregiver's home phone number:		Primary caregiver's mobile/cell number:	
	Is the primary caregiver planning to move anytime soon? <input type="checkbox"/> Yes <input type="checkbox"/> No			
*1. Do you have any of the following concerns about your infant/child at this time? <i>(Check all that apply) Page 2</i> <input type="checkbox"/> Behavioral <input type="checkbox"/> Body Movement <input type="checkbox"/> Calming/Crying <input type="checkbox"/> Feeding & Growth <input type="checkbox"/> Hearing (Ears) <input type="checkbox"/> Sleeping/Napping <input type="checkbox"/> Stooling/Spitting-up <input type="checkbox"/> Talking <input type="checkbox"/> Vision (Eyes) <input type="checkbox"/> Other: _____				
2. Is there anything we can help you with? <input type="checkbox"/> Early Start/Regional Center <input type="checkbox"/> Referrals <input type="checkbox"/> WIC <i>(Check all that apply) Page 3</i> <input type="checkbox"/> Other: _____				
*3. Who do you identify as the infant/child's primary caregiver? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Parents <i>(Check only one) Page 3</i> <input type="checkbox"/> Other Relatives/Not Parents <input type="checkbox"/> Non Relative <input type="checkbox"/> Foster/Adoptive Family <input type="checkbox"/> Foster Family/CPS <input type="checkbox"/> Pediatric Subacute Facility <input type="checkbox"/> Other: _____				
*4. What is/are the level(s) of education of the primary caregiver(s) listed above? <i>(Check all that apply) Page 4</i> <input type="checkbox"/> Less than 9 th Grade <input type="checkbox"/> Some High School <input type="checkbox"/> High School Degree/GED <input type="checkbox"/> Some College <input type="checkbox"/> College Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Other: _____				
*5. Job status of the primary caregiver(s) listed above? <i>Page 4</i> <input type="checkbox"/> Full-time (35+ hrs/wk) <input type="checkbox"/> Part-time <input type="checkbox"/> Multiple Jobs <input type="checkbox"/> Temporary <input type="checkbox"/> Working From Home <input type="checkbox"/> Not Currently Employed				
*6. Who does the infant/child live with? <i>Page 5</i> <input type="checkbox"/> Both Parents <input type="checkbox"/> One Parent <input type="checkbox"/> One Parent/Other Relatives <input type="checkbox"/> Other Relatives/Not Parents <input type="checkbox"/> Non Relative <input type="checkbox"/> Foster/Adoptive Family <input type="checkbox"/> Foster Family/CPS <input type="checkbox"/> Pediatric Subacute Facility <input type="checkbox"/> Other <input type="checkbox"/> Unknown				
*7. What is the race or ethnicity that best describes the biological/birth mother? <i>(Check all that apply) Page 5</i> <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian/Asian Indian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other: _____				
*8. What is the race or ethnicity that best describes the infant/child? <i>(Check all that apply) Page 7</i> <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian/Asian Indian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other: _____				
*9. What language(s) does your family speak at home? <i>Page 9</i> Main/Primary: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Arabic <input type="checkbox"/> Cantonese <i>(Check only one)</i> <input type="checkbox"/> Farsi/Persian <input type="checkbox"/> Hmong/Miao <input type="checkbox"/> Mandarin <input type="checkbox"/> Korean <input type="checkbox"/> Tagalog <input type="checkbox"/> Russian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other: _____ Other: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Arabic <input type="checkbox"/> Cantonese <i>(Check all that apply)</i> <input type="checkbox"/> Farsi/Persian <input type="checkbox"/> Hmong/Miao <input type="checkbox"/> Mandarin <input type="checkbox"/> Korean <input type="checkbox"/> Tagalog <input type="checkbox"/> Russian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other: _____				
*10. Does your infant/child go to daycare outside the home? <i>Page 10</i> <input type="checkbox"/> Yes <input type="checkbox"/> No				
*10a. If your infant/child does not go to daycare, does another family member or nanny care for the infant/child in the home? <i>Page 10</i> <input type="checkbox"/> Yes <input type="checkbox"/> No				
*11. Has your infant/child been referred to the Early Start/Regional Center? <i>Page 10</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
*11a. If your infant/child has been referred to the Regional Center, is your child receiving services? <i>Page 10</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
*12. Does your infant/child have his/her own health care provider or clinic (Pediatrician/Family Physician/Nurse Practitioner/Physician Assistant)? <i>Page 11</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				