

DataPoints Participant Intake Form

Intake Staff: _____

Date: _____

Step 1

First Name: _____

Last Name: _____

Nickname: _____

E-mail: _____

Home phone: _____

Mobile phone: _____

DOB: _____

Consent form signed: ☐ Yes ☐ No

Due Date: _____

Step 2

Start Date: _____

FSW: _____

Doula: _____

IMH: ☐ Yes ☐ No

Jail Project participant: ☐ Yes ☐ No

Step 3

Permanent address? ☐ Yes ☐ No

Shares with guardian? ☐ Yes ☐ No

Address: _____

Apt. #: _____

City: _____

State: _____

Zip: _____

County: _____

Community Area (If Chicago: _____

Emergency Contact Information:

Relationship: ☐ Mother ☐ Father ☐ Sister ☐ Brother ☐ Boyfriend-FOC ☐ Husband-FOC ☐ Other-FOC ☐ Boyfriend-not FOC
☐ Husband-not FOC ☐ Aunt ☐ Uncle ☐ Cousin ☐ Grandparent ☐ Friend ☐ Foster parent ☐ Guardian ☐ Step-parent
☐ Other-Not FOC

First Name: _____

Last Name: _____

Address: _____

Apt#: _____

City: _____

State: _____

Zip: _____

Phone: _____

Marital Status: ☐ Never married ☐ Now Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Lives w/ significant other

Ward of State: ☐ Yes ☐ No ☐ N/A

Step 4

Primary Language: ☐ English ☐ Spanish ☐ French ☐ Asian ☐ Other

Gender: ☐ Female ☐ Male

Race: ☐ African American/Black ☐ Amer Indian/Alaska Native ☐ Asian
☐ Caucasian/White ☐ Nat Hawaiian/Pac Islander ☐ Declined to answer

Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Latino ☐ Declined to answer

Guardian First Name: _____ **Guardian Last Name:** _____

Receives TANF: ☐ Yes ☐ No

Referred Partner: ☐ DHS Office ☐ Education Or School ☐ Family/Friend ☐ Family Connects Illinois
☐ Group Services ☐ Hospital ☐ MCO: Blue Cross ☐ MCO: CountyCare
☐ MCO: IllniCare ☐ MCO: Meridian ☐ MCO: Molina ☐ MCO: Next Level
☐ Other ☐ Other Home Visiting Program ☐ Private Doctor ☐ Program Participant
☐ Public Health/Clinic ☐ Publicity/Media ☐ Reclaim I3 ☐ Self Social Service Agency
☐ WIC/Family Case Management

Referral Partner Name: _____ **%FPL:** _____

Medical Insurance: ☐ Medicaid ☐ KidCare ☐ Other ☐ None

Medicaid Type: ☐ MCO:Blue Cross ☐ MCO:County Care ☐ MCO:IlliCare

☐ MCO:Molina: ☐ MCO:Next Level ☐ Other

Pregnant during intake: ☐ Yes ☐ No

If yes- # of alcoholic drinks per day in month before finding out about pregnancy: _____

If yes- # of cigarettes smoked in month before finding out about pregnancy: _____

Highest level of school completed: ☐ Less than 9th grade ☐ 9th-12th, no diploma
☐ HS graduate ☐ GED Some college, no degree
☐ Associate degree ☐ Bachelor degree
☐ Graduate or Professional degree

Step 5

Risk Factors:
Date Completed: _____

Priority A
<input type="checkbox"/> History of child abuse/neglect, child welfare interactions, Youth in Care
<input type="checkbox"/> Child with disabilities/chronic health condition
<input type="checkbox"/> Low Income
<input type="checkbox"/> Current or former military family
<input type="checkbox"/> Parent with low educational attainment
<input type="checkbox"/> Parent with substance abuse issues
<input type="checkbox"/> Teen parent/pregnant and under age 21
<input type="checkbox"/> Smoker in home
<input type="checkbox"/> Child with suspect EI screen but no referral
Priority B
<input type="checkbox"/> Recent immigrant or refugee family/asylee
<input type="checkbox"/> Parent incarcerated/involved with criminal justice system
<input type="checkbox"/> Homeless/unstable housing
<input type="checkbox"/> Parent with disabilities/chronic health condition
<input type="checkbox"/> Child of migrant or seasonal workers
<input type="checkbox"/> Family facing cultural, religious, or language barriers
<input type="checkbox"/> Family facing barriers due to immigration status
Priority C
<input type="checkbox"/> Family affected by domestic violence
<input type="checkbox"/> Single parent
<input type="checkbox"/> Needs identified via FCI screen
<input type="checkbox"/> Parent ACE score (3 or more)
<input type="checkbox"/> Non-English-speaking parent
Other
<input type="checkbox"/> At risk for poor bonding
<input type="checkbox"/> Child perceived as difficult/provocative
<input type="checkbox"/> Court-appointed legal guardians/foster parents
<input type="checkbox"/> Death in immediate family
<input type="checkbox"/> Harsh punishment of child
<input type="checkbox"/> Low self-esteem/social isolation/depression
<input type="checkbox"/> Parent with mental illness
<input type="checkbox"/> Multiple crisis/stresses
<input type="checkbox"/> Rigid/unrealistic expectations of child
<input type="checkbox"/> Very low birth weight
<input type="checkbox"/> Parent with violent temper