

FAMILY INFORMATION FORM - INSTRUCTIONS

HIGH RISK INFANT FOLLOW-UP QUALITY OF CARE INITIATIVE

PURPOSE

To collect social-demographic information about High Risk Infant Follow-up (HRIF) patients and their families to determine the specific needs of this patient population and develop better standards of care for California HRIF Programs.

NOTE: This Family Information Form is **not** mandatory and does not have to be use at each HRIF Program core visit. HRIF Programs have the option to customize and use this tool to help address the high number of unknowns/uncertainties in the social-demographic data items.

INSTRUCTIONS

- The form can be given to the child's primary caregiver at the time of the first HRIF Program appointment (core visit) – *self administered AND/OR*
- The HRIF Program Staff can review the questionnaire and complete missing items with the child's primary caregiver – *provider administered*

ITEM DEFINITIONS

*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.*

Name of the person filling out the form and relation to the infant/child – Optional

Enter the first and last name.

Infant/Child's full name (First and Last) – Optional

Enter the infant/child's first and last name using the hospital record.

Primary caregiver's email address – Optional

Enter the email address of the primary caregiver.

Primary caregiver's home phone number – Optional

Enter the most common 10-digit phone number where the family can be reached.

Primary caregiver's mobile/cell number – Optional

Enter the mobile/cell 10-digit phone number where the family can be reached.

Is the primary caregiver planning to move anytime soon? – Optional

- Check **"Yes"**, if the primary caregiver is planning to move/relocate.
- Check **"No"**, if the primary caregiver is not planning to move/relocate.

***1. Do you have any of the following concerns about your infant/child at this time?**

Reference HRIF-QCI: Manual of Definitions – Release 01.12, Caregiver Concerns of the Child, p43.

Check all that apply:

- **“Behavioral”**, caregiver identifies infant/child behaviors that he/she does not feel competent managing or interpreting. In infancy these would include "fussiness" and in toddlerhood tantrums, discipline, and separation problems may be included. These behaviors may be constitutional difficulties within the infant/child, a lack of attunement on the parent's part, or need for education or training.
- **“Body Movement”** caregiver identifies concern about infant/child's lack of age appropriate gross or fine motor ability, balance, quality of movement, etc.
- **“Calming/Crying”** caregiver assessment of infant/child's difficulty with self soothing/calming when distressed and crying. Example: How does your infant/child calm her/himself down?
- **“Feeding & Growth”** caregiver identifies problems with the infant/child's weight gain nutritional intake, including quantity, difficulty swallowing or gagging, adjustment to texture, transitioning to oral feeds or solid foods, food restrictiveness, etc. Behavioral problems at meals including tension between the caregiver and infant/child, power struggles, developmental appropriateness of self-feeding is included.
- **“Hearing (Ears)”** caregiver identifies concerns about infant/child hearing, including listening or attending to sounds or voices.
- **“Sleeping/Napping”** caregiver identified problems getting the infant/child to sleep, staying asleep, duration of sleep, or duration of naps.
- **“Stooling/Spitting-up”** caregiver identifies concerns with the infant/child's gastrointestinal system, i.e. stooling concerns, feeding intolerance (such as reflux), etc.
- **“Talking”** caregiver expresses concerns about infant/child's communication abilities, both expressive and receptive. These may include gesture and nonverbal communications, receptive language and verbal expression of wants and needs.
- **“Vision (Eyes)”** caregiver identifies concerns about the infant/child's vision. Parents may report symptoms such as sensitivity to light, squinting, jerky eye movements, poor eye contact, etc.
- Check **“Other”**

2. Is there anything we can help you with?

- Check “**Early Start/Regional Center**”, “**Referral**”, “**WIC**”, and “**Other**”

*3. Who do you identify as the infant/child’s primary caregiver?

Reference HRIF-QCI: Manual of Definitions – Release 01.12, Primary Caregiver, p36.

Indicate the primary caregiver. If the infant/child’s primary caregiver changed between the time from NICU Discharging to Home & Referring to HRIF Program, or from the last HRIF Program clinic visit, check the category that best describes the infant/child’s current living situation with his (or her) primary caregiver.

NOTE: The Primary Caregiver is not the babysitter or child care/daycare provider.

Check **only** one option:

- Select “**Mother**” if the infant/child lives with one biological parent and she serves as the primary caregiver in the home.
- Select “**Father**” if the infant/child lives with one biological parent and he serves as the primary caregiver in the home.
- Select “**Both Parents**” if the infant/child lives with both biological parents and they serve as the primary caregivers at home.
- Select “**Other Relatives/Not Parents**” if the infant/child lives with a relative(s) who is not the biological parent and they serve as the primary caregiver(s) at home.
- Select “**Non Relative**” if the infant/child lives with someone who is not related and not appointed by State Authority as the primary caregiver at home.
- Select “**Foster Family/Child Protective Services (CPS)**” if the infant/child is temporarily placed with certified, stand-in “parent(s)” to care for a minor infant/child who has been removed from his/her birth parents or other custodial adults by State authority as the primary caregiver at home.
- Select “**Foster/Adoptive Family**” if the infant/child through legal action has been permanently placed with guardian(s) who are not the birth (or “biological”) mother or father, as the primary caregiver at home.
- Select “**Pediatric Subacute Facility**” if the infant/child has extensive medical needs requiring continuous nursing care in a medical facility.
- Select “**Other**” if the infant/child’s primary caregiver is not already described.

***4. What is/are the level(s) of education of the main/primary caregiver(s) list above?**

Reference HRIF-QCI: Manual of Definitions – Release 01.12, Education of the Primary Caregiver, p37.

Check all that apply:

- Select “<9th Grade” if someone in the home completed less than 9th Grade.
- Select “Some High School” if someone in the home has attained grade school education and some high school education (12th Grade), but no diploma.
- Select “High School Degree/GED” if someone in the home graduated from High School, received a diploma or earned a General Educational Development (GED) credential.
- Select “Some College” if someone in the home has attained some college or university education, but no degree.
- Select “College Degree” if someone in the home graduated from college or university receiving an Associate degree (e.g., AA, AS) or Bachelor’s degree (e.g., BA, AB, BS).
- Select “Graduate School or Degree” if someone in the home graduated from college or university and has attained some graduate school education or received a Master’s degree (e.g., MA, MS, MSW, MBA); Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DO, DDS, DVM, JD).
- Select “Other” if someone in the home attended classes from a trade, technical, or vocational school and/or received a certification upon completion.

***5. Job status of the primary caregiver(s) listed above?**

Reference HRIF-QCI: Manual of Definitions – Release 01.12, Caregiver Employment, p37.

- Select “Full-Time” if the parent(s) or other caregiver(s) has a paying job that involves 35 or more (usually 40) hours of work during a week.
- Select “Part-Time” if the parent(s) or other caregiver(s) has a paying job that involves less than 35 hours of work during a week.
- Select “Temporary” if the caregiver is hired for contingent work; paid according to the hours worked; and draws no benefits that are commonly available to regular employees.
- Select “Multiple Jobs” if the caregiver is holding more than one job either part-time or full-time.
- Select “Work from Home” if the caregiver has a work arrangement in which s/he has flexibility in working locations and hours.
- Select “Not Currently Employed” if the caregiver a homemaker, without work, available to work, is currently seeking work; or chooses not to work.

***6. Who does the infant/child live with?**

Reference HRIF-QCI: Manual of Definitions – Release 01.12, Living Arrangement of the Infant/Child, p41.

Indicate the infant/child’s current living arrangement with the primary caregiver(s).

Select only **one** option:

- Select **“Both Parents”** if the infant/child lives with both biological parents and they serve as the primary caregivers at home.
- Select **“One Parent”** if the infant/child lives with one biological parent and he/she serves as the primary caregiver at home.
- Select **“One Parent/Other Relatives”** if the infant/child lives with one biological parent and with a relative(s) who are not the biological parent and they serve as the primary caregiver at home.
- Select **“Other Relatives/Not Parents”** if the infant/child lives with a relative(s) who is not the biological parent and they serve as the primary caregiver(s) at home.
- Select **“Non Relative”** if the infant/child lives with someone who is not related and not appointed by State authority as the primary caregiver at home.
- Select **“Foster/Adoptive Family”** if the infant/child’s living arrangement through legal action has been permanently placed with guardian(s) who are not the birth (or “biological”) mother or father, as the primary caregiver at home.
- Select **“Foster Family/CPS”** if the infant/child’s living arrangement is temporarily placed with certified, stand-in “parent(s)” to care for minor children who have been removed from their birth parents or other custodial adults by State authority as the primary caregiver at home.
- Select **“Pediatric Sub-Acute Facility”** if the infant/child has extensive medical needs requiring continuous nursing care in a medical facility.
- Select **“Other”** if the infant/child’s living arrangement is not already described.
- Select **“Unknown”** if the infant/child’s living arrangement is not known.

***7. What is the race or ethnicity that best describes the biological/birth mother?**

Reference HRIF-QCI: Manual of Definitions – Release 01.12, Birth Mother’s Ethnicity, 33 and Birth Mother’s Race, p34.

Check all that apply:

- Select **“Hispanic/Latino or Mexican”** a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

- Select **“Black or African American”**, a person having origins in or who identifies with any of the Black racial groups of Africa including Botswanan, Ethiopian, Liberian, Namibian, Nigerian, Zairian, Barbadian, Dominican, Haitian, Jamaican, Tobagoan, Trinidadian, and West Indian.
- Select **“Asian, Native Hawaiian or Other Pacific Islander”**, a person having origins in or who identifies with any of the original Oriental peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. Includes Hawaii, Laos, Vietnam, Cambodia, Hong Kong, Taiwan, China, India, Japan, Korea, the Philippine Islands, and Samoa.

To bridge the gap between geography and specific names that may be used to describe Asians, the following is a list of Asian and Pacific Islander groups reported in the 2000 U.S. Census:

- **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. It includes "Asian Indian," "Chinese," "Filipino," "Korean," "Japanese," "Vietnamese," and "Other Asian."
 - **Asian Indian.** Includes people who indicated their race as "Asian Indian" or identified themselves as Bengalese, Bharat, Dravidian, East Indian, or Goanese.
 - **Chinese.** Includes people who indicate their race as "Chinese" or who identify themselves as Cantonese, or Chinese American. In some census tabulations, written entries of Taiwanese are included with Chinese while in others they are shown separately.
 - **Filipino.** Includes people who indicate their race as "Filipino" or who report entries such as Philipino, Philippine, or Filipino American.
 - **Japanese.** Includes people who indicate their race as "Japanese" or who report entries such as Nipponese or Japanese American.
 - **Korean.** Includes people who indicate their race as "Korean" or who provide a response of Korean American.
 - **Vietnamese.** Includes people who indicate their race as "Vietnamese" or who provide a response of Vietnamese American.
 - **Cambodian.** Includes people who provide a response such as Cambodian or Cambodia.
 - **Hmong.** Includes people who provide a response such as Hmong, Laohmong, or Mong.
 - **Laotian.** Includes people who provide a response such as Laotian, Laos, or Lao.
 - **Thai.** Includes people who provide a response such as Thai, Thailand, or Siamese.

- **Other Asian.** Includes people who provide a response of Bangladeshi, Bhutanese, Burmese, Indochinese, Indonesian, Iwo Jiman, Madagascar, Malaysian, Maldivian, Nepalese, Okinawan, Pakistani, Singaporean, Sri Lankan, or Other Asian specified and Other Asian, not specified.
- **Native Hawaiian and Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who indicate their race as "Native Hawaiian," "Guamanian or Chamorro," "Samoaan," and "Other Pacific Islander."
 - **Native Hawaiian.** Includes people who indicate their race as "Native Hawaiian" or who identify themselves as "Part Hawaiian" or "Hawaiian."
 - **Guamanian or Chamorro.** Includes people who indicate their race as such, including written entries of Chamorro or Guam.
 - **Samoaan.** Includes people who indicate their race as "Samoaan" or who identify themselves as American Samoaan or Western Samoaan.
- **Other Pacific Islander.** Includes people who provide a write-in response of a Pacific Islander group such as Carolinian, Chuukese (Trukese), Fijian, Kosraean, Melanesian, Micronesian, Northern Mariana Islander, Palauan, Papua New Guinean, Pohnpeian, Polynesian, Solomon Islander, Tahitian, Tokelauan, Tongan, Yapese, or Pacific Islander, not specified.
- Select **“American (North, South, or Central) Indian or Alaska Native”**, a person having origins in or who identifies with any of the original peoples of North and South America, and who maintains cultural identification through tribal affiliation or community recognition.
- Select **“White”**, a person having origins in or who identifies with any of the original Caucasian peoples of Europe, North Africa, or the Middle East. This may include the following groups: Armenian, English, French, German, Irish, Italian, Polish, Scottish, Middle Eastern, North African, Assyrian, Egyptian, Iranian, Iraqi, Lebanese, Palestinian, Syrian, Afghanistani, Israeli, and Arab.
- Select **“Other”**, if the race is not represented by any of the above categories.

***8. What is the race or ethnicity that best describes the infant/child?**

Reference HRIF-QCI: Manual of Definitions – Release 01.12, Infant’s Ethnicity, 30 and Infant’s Race, p30.

Check all that apply:

- Select **“Hispanic/Latino”** a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Select **“Black or African American”**, a person having origins in or who identifies with any of the Black racial groups of Africa including Botswanan, Ethiopian, Liberian, Namibian,

Nigerian, Zairian, Barbadian, Dominican, Haitian, Jamaican, Tobagoan, Trinidadian, and West Indian.

- Select **“Asian, Native Hawaiian or Other Pacific Islander”**, a person having origins in or who identifies with any of the original Oriental peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. Includes Hawaii, Laos, Vietnam, Cambodia, Hong Kong, Taiwan, China, India, Japan, Korea, the Philippine Islands, and Samoa.

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 - **Asian Indian.** Includes people who indicated their race as "Asian Indian" or identified themselves as Bengalese, Bharat, Dravidian, East Indian, or Goanese.
 - **Chinese.** Includes people who indicate their race as "Chinese" or who identify themselves as Cantonese, or Chinese American. In some census tabulations, written entries of Taiwanese are included with Chinese while in others they are shown separately.
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 - **Laotian.** Includes people who provide a response such as Laotian, Laos, or Lao.
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 - **Other Asian.** Includes people who provide a response of Bangladeshi, Bhutanese, Burmese, Indochinese, Indonesian, Iwo Jiman, Madagascar,

Malaysian, Maldivian, Nepalese, Okinawan, Pakistani, Singaporean, Sri Lankan, or Other Asian specified and Other Asian, not specified.

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 - **Native Hawaiian.** Includes people who indicate their race as "Native Hawaiian" or who identify themselves as "Part Hawaiian" or "Hawaiian."
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 - **Samoaan.** Includes people who indicate their race as "Samoaan" or who identify themselves as American Samoaan or Western Samoaan.
- **Other Pacific Islander.** Includes people who provide a write-in response of a Pacific Islander group such as Carolinian, Chuukese (Trukese), Fijian, Kosraean, Melanesian, Micronesian, Northern Mariana Islander, Palauan, Papua New Guinean, Pohnpeian, Polynesian, Solomon Islander, Tahitian, Tokelauan, Tongan, Yapese, or Pacific Islander, not specified.
- Select **"American (North, South, or Central) Indian or Alaska Native"**, a person having origins in or who identifies with any of the original peoples of North and South America, and who maintains cultural identification through tribal affiliation or community recognition.
- Select **"White"**, a person having origins in or who identifies with any of the original Caucasian peoples of Europe, North Africa, or the Middle East. This may include the following groups: Armenian, English, French, German, Irish, Italian, Polish, Scottish, Middle Eastern, North African, Assyrian, Egyptian, Iranian, Iraqi, Lebanese, Palestinian, Syrian, Afghanistani, Israeli, and Arab.
- Select **"Other"**, if the race is not represented by any of the above categories.

***9. What language(s) does your family speak at home?**

Reference HRIF-QCI: Manual of Definitions – Release 01.12, Primary Language Spoken at Home, p38, Secondary Language Spoken at Home (Optional), 38.

- Select only one **"Main/Primary"** language spoken at the home.
- Select all that apply for **"Other"** language(s) spoken at home.

Language options: **"English"**, **"Spanish"**, **"Arabic"**, **"Cantonese"**, **"Farsi/Persian"**, **"Hmong/Miao"**, **"Mandarin"**, **"Korean"**, **"Tagalog"**, **"Russian"**, **"Vietnamese"**, and **"Other"**.

***10. Does your infant/child go to daycare outside the home?**

Reference HRIF-QCI: Manual of Definitions – Release 01.12, Routine Child Care, p42.

The infant/child goes to daycare 5 days a week > 9 hours/day outside the home, and the daycare is provided by non-family members.

- Check **“Yes”**, if the infant/child does attend daycare outside the home.
- Check **“No”**, if the infant/child does not attend daycare outside the home.

***10a. If your infant/child does not go to daycare, does another family member or nanny care for the infant /child in the home?**

Reference HRIF-QCI: Manual of Definitions – Release 01.12, Routine Child Care, p42.

- Check **“Yes”**, if a family member or nanny in the home cares for the infant/child.
- Check **“No”**, if a family member or nanny in the home does not care for the infant/child.

***11. Has your infant/child been referred for Early Start/Regional Center?**

Reference HRIF-QCI: Manual of Definitions – Release 01.12, Early Start Program, p62.

- Check **“Yes”**, if the infant/child was referred to Early Start/Regional Center and/or Local Education Agency (LEA).
- Check **“No”**, if the infant/child was not referred to Early Start/Regional Center and/or Local Education Agency (LEA). **NOTE:** Provider follow-up with parent/primary caregiver(s) to clarify the question.
- Check **“Unknown”**, if the parent or primary caregiver does not know if the infant/child was referred Early Start/Regional Center and/or Local Education Agency (LEA).

***11a. If your infant/child has been referred to the Regional Center, is your child receiving services?**

Reference HRIF-QCI: Manual of Definitions – Release 01.12, Early Start Program, p62.

- Check **“Yes”**, if the infant/child is receiving services through Regional Center (Early Start) and/or Local Education Agency (LEA).
- Check **“No”**, if the infant/child is not receiving services through Regional Center (Early Start) and/or Local Education Agency (LEA). **NOTE:** Provider should follow-up with parent/primary caregiver(s) to clarify the question.
- Check **“Unknown”**, if the parent or primary caregiver does not know if the infant/child is receiving services through Regional Center (Early Start) and/or Local Education Agency (LEA).

***12. Does your child have his/her own health care provider or clinic (Pediatrician/Family Physician/Nurse Practitioner/Physician Assistant)?**

Reference HRIF-QCI: Manual of Definitions – Release 01.12, Does the Child have a Primary Care Provider?, p45.

- Check **“Yes”**, if the infant/child is has a health care provider (primary care provider) or clinic.
- Check **“No”**, if the infant/child does not have a health care provider (primary care provider) or clinic. **NOTE:** Provider should follow-up with parent/primary caregiver(s) to clarify the question.
- Check **“Unknown”**, if the parent/primary caregiver does not know if the infant/child has a health care provider (primary care provider) or clinic.