

Participant Soft File  
To Do Checklist

<b>Parent Survey Visit: (Assessment)</b>	<i>site specific</i>	<i>origination</i>	✓
Participants Program Consent			
Client Rights & Responsibilities- <i>attach Supervisor's card, point out Fargo's number</i>	DL, GF, BM	LSS	
Notice of Privacy Practices	DL, GF, BM	LSS	
Privacy Practices Acknowledgement	DL, GF, BM	LSS	
Research Information for Participants (they keep letter, we keep form)		MIECHV	
Family Information Form			
Child Abuse & Neglect Background Inquiry		DHS	
Targeted Case Management Assessment		TCM	
Income Certification ( <i>plus Authorization for Use and Disclosure of Information</i> )	GF, BM	CDBG	
FAW Contact Log			
Agency Client Demographic Sheet	DL, GF, BM	LSS	
<b>Birth Of Target Child:</b>			
<b>To be completed at the 1<sup>st</sup> visit following the birth of target child OR at the Parent Survey visit if postnatal.</b>			
Authorization for Use & Disclosure of Information for target child's doctor			
PIMS Child Baseline/Follow-up Form			
<b>At birth: PIMS Birth Information Form</b>			
--Target child's birth weight?			
--Were there any birth complications?			
--Who is target child's pediatrician?			
Physician Cover Letter			
<b>Prenatal Visits:</b>			
Ask about prenatal visits at each home visit until birth of target child			
<b>At 12 weeks prenatal: PIMS ND Supplemental Form</b> (or ask retrospectively)			
--Does participant smoke cigarettes?			
--If participant quit smoking, when did they quit?			
--Number of cigarettes smoked in the past day?			

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<b>At 26 weeks prenatal: PIMS ND Supplemental Form</b>			
--Does participant smoke cigarettes? -- If participant quit smoking, when did they quit? -- Number of cigarettes smoked in the past day?			
<b>At 36 weeks prenatal: PIMS ND Supplemental Form</b>			
--Does participant smoke cigarettes? --If participant quit smoking, when did they quit? -- Number of cigarettes smoked in the past day? -- Intent to use birth control following birth? -- Intent to breastfeed following birth?			
Edinburgh Depression Screen			
<b>1<sup>st</sup> Visit:</b>			
Participant Agreement (2) <i>sign both, leave one</i>			
Update: ND Supplement Form			
<b>Update: PIMS Participant Baseline Form</b>			
--What insurance does participant have? --Has employment/education status changed? --Use Annual Household Income worksheet to answer income on baseline.		MIECHV	
Update: PIMS Intake. Assign service level.			
Facebook Group Release Form	GF only		
Gift package (optional)			
<b>2<sup>nd</sup> Visit:</b>			
Update: PIMS Self-Sufficiency Information (do at 1 <sup>st</sup> or 2 <sup>nd</sup> home visit)			
Facebook Group Release Form			
Toy Safety Guidelines (GGK)		GGK	
<b>To be completed within 45 days of participant's acceptance into the program:</b>			
IFSP			
IFSP Worksheet (optional)			
<b>To be completed within 3 months of program participation:</b>			
Relationship Assessment Tool (RAT)			
WHO-Assist			

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<b>Within 2 weeks of birth of Target Child:</b>			
Well Baby Check and Immunization Form			
Edinburgh Depression Screen			
<b>At 2 weeks post-birth: PIMS ND Supplemental Form</b>			
-- Ask about intent to use birth control?			
--Ask if they intend to complete a postpartum checkup?			
--Currently breastfeeding?			
--If not, when did they quit?			
--Does the participant smoke cigarettes?			
--If participant quit smoking, when did they quit?			
--# of cigarettes smoked in the past day?			
<b>2<sup>nd</sup> Month Post Birth:</b>			
ASQ-3			
Well Baby Check & Immunization Form			
Relationship Assessment Tool (RAT)* <b>complete by 3 months post enrollment*</b>			
WHO-Assist <b>*complete by 3 months post enrollment*</b>			
Evaluation Tool ( <i>pre-PIMS clients only</i> )	GF, BM		
Bill MA			
<b>3<sup>rd</sup> Month Post Birth:</b>			
Edinburgh Depression Screen			
Healthy Families Parenting Inventory (HFPI)			
Update: PIMS Child Baseline/Follow-up Form			
Bill MA			
<b>4<sup>th</sup> Month Post Birth:</b>			
ASQ-3			
Parent-Child Attachment Assessment ( <i>optional</i> )			
Well Baby Check & Immunization Form			
Evaluation Tool ( <i>pre-PIMS clients only</i> )	GF, BM		

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<b>At 4 months post-birth: PIMS ND Supplemental Form</b>			
--Is target child insured? Is participant insured?			
Bill MA			
<b>5<sup>th</sup> Month Post Birth:</b>			
Bill MA			
<b>6<sup>th</sup> Month Post Enrollment:</b>			
Update: PIMS Participant Baseline/Follow-up Form			
<b>6<sup>th</sup> Month Post Birth:</b>			
ASQ-SE			
ASQ-3			
Parent-Child Attachment Assessment ( <i>optional</i> )			
Evaluation Tool ( <i>pre-PIMS clients only</i> )	GF, BM		
Well Baby Check & Immunization Form			
Update: PIMS Child Baseline/Follow-up Form			
Edinburgh Depression Screen			
Adverse Childhood Experiences ( <i>best filled out by participant</i> )			
6 Month IFSP Review (minimum review every 6 months)			
Bill MA			
<b>8<sup>th</sup> Month Post Birth:</b>			
ASQ-3			
Parent-Child Attachment Assessment ( <i>optional</i> )			
Evaluation Tool ( <i>pre-PIMS clients only</i> )	GF, BM		
<b>9<sup>th</sup> Month Post Birth:</b>			
Edinburgh Depression Screen ( <i>optional, if checked at 6 months post birth</i> )			
Well Baby Check & Immunization Form			
<b>12<sup>th</sup> Month Post Enrollment:</b>			
WHO-ASSIST			
Update: PIMS Participant Baseline/Follow-up Form and Self-Sufficiency			
<b>12<sup>th</sup> Month Post Birth:</b>			
ASQ-SE			
ASQ-3			
Parent-Child Attachment Assessment ( <i>optional</i> )			
Evaluation Tool ( <i>pre-PIMS clients only</i> )	GF, BM		
Well Baby Check & Immunization Form			

## Participant Soft File

Healthy Families Parenting Inventory (HFPI)			
Update: PIMS Child Baseline/Follow-up Form			
<b>15<sup>th</sup> Month Post Birth:</b>			
Well Baby Check & Immunization Form			
<b>16<sup>th</sup> Month Post Birth:</b>			
ASQ-3			
Parent-Child Attachment Assessment ( <i>optional</i> )			
Evaluation Tool ( <i>pre-PIMS clients only</i> )	GF, BM		
<b>18<sup>th</sup> Month Post Birth:</b>			
ASQ-SE			
Well Baby Check and Immunization Form			
<b>20<sup>th</sup> Month Post Birth:</b>			
ASQ-3			
Evaluation Tool ( <i>pre-PIMS clients only</i> )	GF, BM		
<b>24<sup>th</sup> Month Post Enrollment:</b>			
Update: PIMS Participant Baseline/Follow-up Form and Self-Sufficiency			
WHO-ASSIST			
<b>24<sup>th</sup> Month Post Birth:</b>			
ASQ-SE			
ASQ-3			
Evaluation Tool ( <i>pre-PIMS clients only</i> )	GF, BM		
Well Baby Check & Immunization Form			
Healthy Families Parenting Inventory (HFPI)			
Update: PIMS Child Baseline/Follow-up Form			
Update: PIMS Participant Baseline/Follow-up Form			
<b>27 Month Post Birth:</b>			
ASQ-3			
Evaluation Tool ( <i>pre-PIMS clients only</i> )	GF, BM		
<b>30<sup>th</sup> Month Post Birth:</b>			
ASQ-SE			
ASQ-3			
Evaluation Tool ( <i>pre-PIMS clients only</i> )			
<b>33<sup>rd</sup> Month Post Birth:</b>			
ASQ-3			
Evaluation Tool ( <i>pre-PIMS clients only</i> )	GF, BM		

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<b>36<sup>th</sup> Month Post Enrollment:</b>			
Update: PIMS Participant Baseline/Follow-up Form and Self-Sufficiency			
WHO ASSIST			
<b>36<sup>th</sup> Month Post Birth:</b>			
ASQ-SE			
ASQ-3			
Evaluation Tool ( <i>pre-PIMS clients only</i> )			
Well Baby Check & Immunization Form			
Healthy Families Parenting Inventory (HFPI)			
Update: PIMS Child Baseline/Follow-up Form			
Update: PIMS Participant Baseline/Follow-up Form			
Graduation certificate and frame ( <i>gift optional</i> )			
<b>Upon Termination:</b>			
Healthy Families Parenting Inventory (HFPI)			
Relationship Assessment Tool			
Authorization for Use and Disclosure of Information ( <i>if transferring</i> )			
Update: PIMS Child Baseline/Follow-up Form			
Update: PIMS Participant Baseline/Follow-up Form			
<b>At termination: PIMS Termination Form</b>			
--Date of last contact?			
--Level at time of closure?			
--Reason for terminating services?			

**Loose forms helpful to have in soft file:**

- PIMS Medical Visits (for every medical appointment or emergency visit)
- Contact Log
- Participant History Form (in case of contact changes)
- Authorization for Use and Disclosure of Information (for referrals signed during home visit)