

## Alternative Encounter

Client ID  Client Name  DOB

Date  Time From  am / pm To  am / pm

Nurse Home Visitor ID  Nurse Home Visitor Name

◆ **Contact Was With:**

<input type="checkbox"/> Client	<input type="checkbox"/> Doctor/Clinic
<input type="checkbox"/> Father of Child (FoC)	<input type="checkbox"/> School
<input type="checkbox"/> Current Husband/ Partner not FoC	<input type="checkbox"/> Employer
<input type="checkbox"/> Client's Mother	<input type="checkbox"/> Child Welfare Services
<input type="checkbox"/> Other Family/Friend	<input type="checkbox"/> Other Service Provider
	<input type="checkbox"/> Other _____

◆ **TYPE OF ENCOUNTER:**  Telephone  Face-to-face  Other \_\_\_\_\_

PERCENT OF TIME SPENT ON EACH PROGRAM AREA:	TIME SPENT
<u>My Health (Personal Health</u> - Health Maintenance Practices; Nutrition and Exercise; Substance Use; Mental Health).....	<input type="text"/> %
<u>My Home (Environmental Health</u> - Home; Work; School and Neighborhood).....	<input type="text"/> %
<u>My Life (Life Course</u> - Family Planning; Education and Livelihood).....	<input type="text"/> %
<u>My Child/ Taking Care of My Child (Maternal Role</u> -Mothering Role; Physical Care; Behavioral and Emotional Care of Child).....	<input type="text"/> %
<u>My Family &amp; Friends</u> (Personal Network Relationships; Assistance with Childcare).....	<input type="text"/> %
<b>TOTAL</b> .....	<b>100%</b>

**COMMENTS:**

Client screened for needed services  Yes  No  No referral needed  
Please complete the Referrals to Services form if any referrals were made at this visit.

<b>REFERRALS:</b>		
<b>Client</b>	<b>Child</b>	<b>Services</b>
		<b>Financial Assistance</b>
		1. TANF/Welfare
		2. Food Stamps
		3. Social Security/Social Security Disability
		4. Unemployment Benefits
		5. Subsidized Child Care
		<b>Crisis Intervention</b>
		6. Intimate Partner Violence
		7. Child Protective Services
		<b>Mental Health</b>
		8. Mental health treatment or therapy
		9. Relationship counseling
		<b>Substance Abuse</b>
		10. Smoking Cessation
		11. Alcohol Abuse
		12. Drug Abuse
		<b>Health Care</b>
		13. Medicaid
		14. SCHIP (State Children's Health Insurance Program)
		15. Private insurance
		16. Military insurance (Tricare)
		17. Indian Health Service
		18. Children with Special Health Care Needs
		19. Primary care provider – sick client
		20. Primary care provider – well client - prenatal
		21. Primary care provider – well client - postpartum
		22. Primary care provider – well client - well-women care
		23. Primary care provider – sick child
		24. Primary care provider – well child
		<b>25. Developmental Disabilities (Adult)</b>
		<b>26. Early Childhood Intervention</b>
		<b>27. WIC</b>
		<b>28. Child Care Referral Services</b>
		<b>29. Job Training and Employment</b>
		<b>30. Housing</b>
		<b>31. Transportation</b>
		<b>32. Injury Prevention (car seat, smoke alarms, etc.)</b>
		<b>33. Child birth education classes</b>
		<b>34. Lactation support</b>
		<b>Educational Programs</b>
		35. GED/Alternative High School
		36. Further education beyond high school
		<b>37. Charitable Services (food bank, clothing, furniture, etc.)</b>
		<b>38. Legal Services</b>
		<b>39. Paternity</b>
		<b>40. Child Support</b>
		<b>41. Adoption Services</b>
		<b>42. Dental Services</b>
		<b>43. Other, specify:</b>