

Use of Government & Community Services

Client ID Client Name DOB

Date Nurse Home Visitor ID Nurse Home Visitor Name

◆ Record services used only at following time points:

- Intake Infancy 6 Months Toddler 18 Months
 Infant's Birth Infancy 12 Months Toddler 24 Months

Service Utilization Response Key:

- 2 = Client or child is currently receiving this service
 3 = Service assessed by NHV as needed – NHV has previously made a referral for this service, but the service is full, client or child is waiting for service, or service not available in area
 4 = Service assessed by NHV as needed – NHV has previously made a referral for this service, but the client refused the referral or did not take action for herself or her child
 5 = Client or child received this service since the last time the form was completed, but is no longer receiving this service.
 6 = Service assessed by NHV as needed – NHV made referral for this service at the visit

Client	Child	Service
		Financial Assistance
		1. TANF/Welfare
		2. Food Stamps
		3. Social Security/Social Security Disability
		4. Unemployment Benefits
		5. Subsidized Child Care
		Crisis Intervention
		6. Intimate Partner Violence
		7. Child Protective Services
		Mental Health
		8. Mental health treatment or therapy
		9. Relationship counseling
		Substance Abuse
		10. Smoking Cessation
		11. Alcohol Abuse
		12. Drug Abuse
		Health Care
		13. Medicaid (The number is to be entered into the View/Edit Client Demographics screen in ETO) <input type="text"/> Client Medicaid Number <input type="text"/> Child Medicaid Number
		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 care

		21. Primary care provider – well client – postpartum
Client :	Child	Service
		22. Primary care provider – well client – well-women care
		23. Primary care provider – sick child
		24. Primary care provider – well child
		25. Developmental Disabilities (Adult)
		26. Early Childhood Intervention If 2 or 5 was selected, was the child evaluated within 45 days of referral? <input type="checkbox"/> Yes <input type="checkbox"/> No
		27. WIC (Supplemental Nutrition Program for Women, Infants and Children)
		28. Child Care Referral Services
		29. Job Training and Employment
		30. Housing
		31. Transportation
		32. Injury Prevention (car seat, smoke alarms, etc.)
		33. Child birth education classes
		34. Lactation support
		Educational Programs
		35. GED/Alternative high school
		36. Further education beyond high school
		37. Charitable Services (food bank, clothing, furniture, etc.)
		38. Legal Services
		39. Paternity
		40. Child Support
		41. Adoption Services
		42. Dental Services
		43. Other, specify:
		a.
		b.
		c.