

NEIGHBORS IN NEED OF SERVICES, INC. (NINOS)
HEAD START/EARLY HEAD START PROGRAM

Family Service EHS Prenatal Home Visit Form

Expectant Mother Information

Name: _____	CPID: _____
Phone: _____	Address: _____
Trimester at Enrollment: _____	Expected Due Date: _____
Date of Physical Exam: _____	Date of Dental Exam: _____

1st Trimester

Required Home Visits: 1
Required Conferences: 2
Required Lessons: 6 (2 lessons per contact session)

1st Home Visit

Family Outcome: (Mark all that apply)

- Family Well-Being Positive Parent-Child Relationships Families as Lifelong Educators
- Families as Learners Family Engagement in Transitions Family Connection to Peers and Community
- Families as Advocates and Leaders

Category: Family Development

- Fetal Development
- Father and/or support system engagement during pregnancy and early childhood
- Relationships & Support - Emotional health during the 1st trimester of pregnancy
- Nutritional Counseling-Food assistance
- Career and Development & Finances
- Initiate the Family Partnership Agreement
- Medical Care - Next Doctor's Visit
- Referral to Community Resources (WIC, Medicaid,SNAP,OBGYN, Community Clinic,etc.)

Home Visit Outcome: (Explain in detail, include referrals, agreements reached, next doctor's visit, comments or progress discussed during the visit)

_____	_____	_____	_____
Expectant Mother Signature	Date	FSW Signature	Date

**1st Trimester
Conference - 1**

Category – Family Development

Indicate Family Outcome(s): _____

Specify Lesson: _____

Conference Outcome: (Explain in detail, include referrals, agreements reached, next doctor’s visit, comments or progress discussed during the visit)

Expectant Mother Signature Date FSW Signature Date

**1st Trimester
Conference - 2
Category – Family Development**

Indicate Family Outcome(s): _____

Specify Lesson: _____

Conference Outcome: (Explain in detail, include referrals, agreements reached, next doctor’s visit, comments or progress discussed during the visit)

Expectant Mother Signature Date FSW Signature Date

2nd Trimester

Required Home Visits: 1

Required Conferences: 2

Required Lessons: 6 (2 lessons per contact session)

1st Home Visit

Family Outcome: (Mark all that apply)

- Family Well-Being
- Positive Parent-Child Relationships
- Families as Lifelong Educators
- Families as Learners
- Family Engagement in Transitions
- Family Connection to Peers and Community
- Families as Advocates and Leaders

Category: Maternal & Family Health

- Fetal Development
- Substance abuse prevention: Alcohol, Drugs, & Tobacco
- Emergency shelter resources - Transitional housing in cases of domestic violence
- Family Planning, Pregnancy & Interconception Care - overall health before, during, and after pregnancy
- Family Health Care & Safety
- Nutrition & Exercise
- Benefits of breastfeeding
- Emotional Health
- Review and Update the Family Partnership Agreement
- Transition -Visit Classroom and Teacher
- Medical Care - Next Doctor's Visit

Home Visit Outcome: (Explain in detail, include referrals, agreements reached, next doctor's visit, comments or progress discussed during the visit)

Expectant Mother Signature

Date

FSW Signature

Date

2nd Trimester

Conference – 1
Category - Maternal & Family Health

Indicate Family Outcome(s): _____

Indicate Lesson: _____

Conference Outcome: (Explain in detail, include referrals, agreements reached, next doctor’s vist, comments or progress discussed during the visit)

Expectant Mother Signature Date

FSW Signature Date

Conference – 2
Category - Maternal & Family Health

Indicate Family Outcome(s): _____

Indicate Lesson: _____

Conference Outcome: (Explain in detail, include referrals, agreements reached, next doctor’s vist, comments or progress discussed during the visit)

Expectant Mother Signature Date

FSW Signature Date

3rd Trimester

Required Home Visits: 1
Required Conferences: 2
Required Lessons: 6 (2 lessons per contact session)

1st Home Visit:

Family Outcome:

- Family Well-Being
- Positive Parent-Child Relationships
- Families as Lifelong Educators
- Families as Learners
- Family Engagement in Transitions
- Family Connection to Peers and Community
- Families as Advocates and Leaders

Category: Preparing/Caring For Baby

- Fetal Development/Developmental Skills
- Delivery plan and family planning
- Emotional Health
- Infant/Toddler’s Development
- Nurturing and responsive caregiving
- Infant care and safe sleep practices
- Transition -Visit Classroom and Teacher
- Review and Update the Family Partnership Agreement
- Next Doctor’s Visit/Hospital Registration

Outcome: (Explain in detail, include agreements reached, next doctor’s vist, comments or progress discussed during the visit)

Expectant Mother Signature

Date

FSW Signature

Date

3rd Trimester

**Conference – 1
Category - Preparing/Caring For Baby**

Indicate Family Outcome(s): _____

Indicate Lesson: _____

Outcome: (Explain in detail, include agreements reached, next doctor’s vist, comments or progress discussed during the visit)

Expectant Mother Signature Date

FSW Signature Date

**Conference – 2
Category - Preparing/Caring For Baby**

Indicate Family Outcome(s): _____

Indicate Lesson: _____

Outcome: (Explain in detail, include agreements reached, next doctor’s vist, comments or progress discussed during the visit)

Expectant Mother Signature Date

FSW Signature Date

Post-Partum

Required Home Visits: 1
Required Conferences: 2
Required Lessons: 6 (2 lessons per contact session)

1st Home Visit

Family Outcome:

- Family Well-Being
- Positive Parent-Child Relationships
- Families as Lifelong Educators
- Families as Learners
- Family Engagement in Transitions
- Family Connection to Peers and Community
- Families as Advocates and Leaders

Category: Post-Partum

- Postnatal Visit
- Postpartum, depression, and emotional well-being after baby
- Transition into the classroom and
- Transition -Visit Classroom and Teacher
- Infant/Toddler’s Development
- Review and Update the Family Partnership Agreement
- Next Doctor’s Visit

Home Visit Outcome: (Explain in detail, include agreements reached, next doctor’s vist, comments or progress discussed during the visit)

Mother’s Signature

Date

FSW Signature

Date

Conference – 1
Category - Post-Partum

Indicate Family Outcome(s): _____

Indicate Lesson: _____

Conference Outcome: (Explain in detail, include agreements reached, next doctor’s vist, comments or progress discussed during the visit)

Expectant Mother Signature

Date

FSW Signature

Date

Conference – 2
Category - Post-Partum

Indicate Family Outcome(s): _____

Indicate Lesson: _____

Conference Outcome: (Explain in detail, include agreements reached, next doctor’s vist, comments or progress discussed during the visit)

Expectant Mother Signature

Date

FSW Signature

Date

Expectant Mother

Additional Home Visit: Postnatal Visit, Irregular Attendance, Crisis Intervention, or Other

Family Outcome:

- Family Well-Being
- Positive Parent-Child Relationships
- Families as Lifelong Educators
- Families as Learners
- Family Engagement in Transitions
- Family Connection to Peers and Community
- Families as Advocates and Leaders

Discuss:

- Postnatal Visit/Transition into the classroom
- Encourage families to participate in the program
- Identify and assist parents with scheduled: Well Child exams, dental exams, and other health follow-ups exams, evaluations, and confirm medical home
- Information on health and mental health requirements
- Importance for the child to have regular attendance
- Attendance Improvement Plan
- Crisis Intervention

Home Visit Outcome: (Explain in detail, include agreements reached, next doctor’s vist, comments or progress discussed during the visit)

Expectant Mother Signature

Date

FSW Signature

Date