Early Childhood Home Visiting | Ohio Department of Health

Help Me Grow Home Visiting
Comprehensive Assessment

Family Name____ OCHIDS # _______________________

Instructions: The Comprehensive Assessment must be completed within 30 days of enrollment and annually thereafter.	
Housing	
Who lives in the home?	
Name	Relationship to child
Economic Resources	
Employment status: ☐ Employed Full Time ☐ Employed Part Time ☐ Not Employed ☐ Unknown/did not report	Student Status: ☐ Student Full Time ☐ Student Part Time ☐ Not a Student ☐ Unknown/Did Not Report
If not working, do you plan to return soon? ☐ Yes ☐ No	What is your highest level of education completed? _____________
Annual household income: _____ Current household size: _______	If not a student, do you plan to return soon? ☐ Yes ☐ No
Where do/will your child(ren) go for childcare? (check all that apply) ☐ Family ☐ Friends ☐ Licensed childcare ☐ Other ☐ None	Do you have any challenges providing: (check all that apply) ☐ Housing ☐ Transportation ☐ Food ☐ Clothing ☐ Utilities ☐ None ☐ Other:___________
What forms of public assistance do you receive? (check all that apply) ☐ WIC ☐ Food stamp ☐ Cash Assistance (TANF) ☐ Emergency food assistance ☐ SSI/SSDI ☐ Child Care ☐ Other: _________ ☐ None	Primary method of transportation (check one): ☐ Personal Vehicle ☐ Bus ☐ Taxi/Rideshare ☐ Walk/Bike ☐ Friends/Family
Within the past 12 months, we worried whether our food would run out before we got money to buy more? (check one) ☐ Often true ☐ Sometimes true ☐ Never true	The food we bought just didn't last, and we didn't have the money to get more? (check one) ☐ Often true ☐ Sometimes true ☐ Never true
Health Practices	
What is your child(ren) primary source for medical care? (check one) ☐ Doctor's office ☐ Emergency room ☐ Outpatient clinic ☐ FQHC ☐ Retail/Minute Clinic ☐ None	Does your child(ren) have a dental care provider? ☐ Yes ☐ No
Do you have any barriers attending your child's medical appointments? (check all that apply) ☐ Transportation ☐Childcare ☐ Work schedule ☐ Financial/Insurance issues ☐ Language Barrier/Interpreter needed ☐ None	Do you currently have any concerns about your child's health? (check all that apply) ☐ Physical ☐ Emotional ☐ Behavioral ☐ No concerns
Would you like to become pregnant in the next year? ☐ Yes ☐ No ☐ N/A	Primary Birth Spacing Plan (select one): ☐ IUD ☐ Nexplanon ☐ Birth Control Pill ☐ Condoms ☐ Tubal Ligation ☐ Depo ☐ Abstinence ☐ Natural Family Planning ☐ Other ☐ None ☐ N/A

Social/Emotional	
Do you have any diagnosed mental, physical, or emotional disorder that may affect the way you learn? ☐ Yes ☐ No	Do any of the following currently cause you stress? (check all that apply) ☐ Divorce ☐ Recent death of family/friend ☐ Legal issues ☐ Unemployment ☐ Illness ☐ Immigration ☐ Probation/Parole ☐ Child Protective Services ☐ Financial Issues ☐ None
Are the parents of the baby equally involved in the care and nurturing of the child? ☐ Yes ☐ No (Check all that apply) ☐ Co-parenting ☐ Married ☐ Separated ☐ Single ☐ Estranged	

Assessment Summary
Strengths Identified: ☐ Adequate transportation ☐ Ability to cope ☐ Adequate food/shelter ☐ Educated ☐ Employed ☐ Enjoys learning/reading ☐ Financially stable ☐ Motivated ☐ Support system ☐ Thinks of the future ☐ Motivated to attend classes
Problem/Risk Concerns: ☐ Alcohol ☐ Asthma ☐ Cigarettes ☐ High Blood Pressure ☐ Type 1 Diabetes ☐ Type 2 Diabetes ☐ Gestational Diabetes ☐ Hx of C-section ☐ Hx of preterm birth ☐ Hx of neonatal death ☐ Hx of birth defect ☐ Preg interval <1 year ☐ Substance use/abuse ☐ Hx homelessness ☐ Hx food insecurity ☐ Hx of children services involvement ☐ Hx of AOD ☐ Hx of neonatal death ☐ Single mom ☐ Single mom/Little support ☐ Immigration concerns ☐ Inadequate/no prenatal care ☐ None ☐ Other
Support/Referral Needed: ☐ Yes ☐ No If yes, please check appropriate box: ☐ Childcare ☐ Dental ☐ JFS assistance ☐ Legal ☐ Utilities ☐ Financial ☐ Food Resources ☐ Transportation ☐ Child Welfare ☐ Housing ☐ Job Training ☐ Mental Health ☐ Medical/OBGYN ☐ Cribs for Kids ☐ Public Assistance ☐ Education ☐ Social Supports ☐ IPV Resources ☐ Progesterone ☐ Health Insurance ☐ EI ☐ WIC ☐ Head Start/Preschool ☐ Immigration Assistance
Anticipated Outcomes: ☐ Adequate food/shelter ☐ Age appropriate expectations ☐ Appropriate health/medical care ☐ Appropriate prenatal practices ☐ Attainment of education/employment ☐ Breastfeeding provided ☐ Caregiver competence/ confidence is experienced ☐ Child wellbeing/readiness supported ☐ Citizenship Plan ☐ Emotional health is managed ☐ Engaged in spiritual/community ☐ Family is safe ☐ Healthy nutrition ☐ Immunization plan is followed ☐ Positive relationships with children ☐ Stable essentials are obtained ☐ Stable transportation ☐ Subsequent pregnancy is planned and spaced ☐ Substance use is managed ☐ Supportive relationship present