MIECHV Home Visit
Postnatal Intake (13 months +)

Home Visitation PROGRAM
Supporting Families. Strengthening Communities.
West Virginia Department of Health and Human Resources

Home Visitor: _____
Date of Visit: _____
Child's DOB:_____Child's Age: ____

Complete at Postnatal Intake Visit

Parent/Caregiver First Name:	**Parent/Caregiver Last Name:**

Index children participating in visit (*use additional Child Information sheets if more than 1 child):*

POSTNATAL INTAKE ASSESSMENT

1. Are you currently smoking or using tobacco products?
   ☐ Smoking Cigarettes ☐ Using Tobacco Products ☐ E-Cigarettes
   (*Home Visitor should provide referral to tobacco cessation service if using tobacco)*
2. If smoking, how many cigarettes per day? _____
3. Are you interested in quitting/reducing? ☐ Yes ☐ No
4. Is your baby ever around tobacco smoke inside or outside your home? ☐ Yes ☐ No
5. Which of the following statements best describes the rules about smoking inside your home now, even if no one who lives in your home is a smoker?
   ☐ No one is allowed to smoke anywhere inside my home
   ☐ Smoking is allowed in some rooms or at some times
   ☐ Smoking is permitted anywhere inside my home
6. Do you have Health Insurance at this time? ☐ Yes ☐ No *(Home Visitor should provide enrollment information if not currently insured)*

Child Information* (*use additional Child Information sheets if more than 1 child):

7. Any concerns regarding your child's :
   a. Development ☐ Yes ☐ No
   b. Behavior ☐ Yes ☐ No
   c. Learning ☐ Yes ☐ No
8. Did your child receive the Well-Child Visit at _____ weeks/months? ☐ Yes ☐ No
9. How many days during a typical week were you able to:
   a. Read to/with your child? _____
   b. Tell stories to/with your child? _____
   c. Sing songs to/with your child? _____

SCREENING & ASSESSMENTS COMPLETED *(check all that apply)*

☐ Demographic Intake/Update ☐ Relationship Assessment ☐ Edinburgh Depression
☐ ASQ-3 ___mos. ☐ ASQ: SE ____ mos. ☐ KIPS ☐ HITS (males only)

HOME VISIT SUMMARY

Referrals/Resources Initiated: ☐ Yes ☐ No

Materials left:

Next Visit Date:

Others involved in home visit: ☐ Father of child ☐ Mother of child ☐ Additional Caregiver
☐ Grandparent ☐ Child welfare staff ☐ Birth to Three Staff ☐ RFTS
☐ Other Adult(s) (provide #):____
☐ Other children (provide #):____