



# LODESTAR FOLLOW UP FORM: Pregnant and Parenting Teens

Items marked with a circled star (★) are optional.

Funding Source:  AFLP  Cal-Learn  Other\_\_ (1-6)

Client ID No. \_\_\_\_\_ Case Manager \_\_\_\_\_

Client Name \_\_\_\_\_  
First and Middle Last

### Reporting Period \_\_\_\_\_

Enter 06, 12, 18, 24, 30, etc., to denote age in months of Index Child at Follow Up. Use only multiples of 06.

Date Of Follow Up \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM / DD / YY

### Cal-Learn Case Management Participation \_\_\_\_\_

- 1-Usually available to meet w/ CM
- 2-Sporadic participation
- 3-None, unable to locate/contact
- 4-Client refuses case management - does not turn in report cards
- 5-Client declines case management, but turns in report cards
- 8-Not applicable (not Cal-Learn)

**If you answer 3-5 above, you need not complete the rest of this form**

### Marital Status \_\_\_\_\_

- 1-Single, never married
- 2-Married
- 3-Other
- 9-Unknown

### Work/Employment Status \_\_\_\_\_

- 1-Does not work
- 2-Seeking employment
- 3-Working
- 4-In job training
- 9-Unknown

### Total number of children the teen has given birth to (or fathered, if the client is male) \_\_\_\_\_

(Enter exact number 0-7, 8 if 8 or more, or 9 if unknown.)

**(If the client has given birth/fathered since the last reporting period, and no Pregnancy Outcome was done for that child, please attach an Additional Child Matrix Form).**

### Last Grade Completed \_\_\_\_\_

- 00-No formal education
- 01-1st, 02-2nd, 03-3rd, 04-4th, 05-5th, 06-6th, 07-7th, 08-8th, 09-9th, 10-10th, 11-11<sup>th</sup> grade, 12-12<sup>th</sup> grade
- 13-Completed GED pretest
- 14-Completed GED
- 15-Completed CHSPE
- 16-Some post secondary education
- 17-Other
- 99-Unknown

### K-12 School Status \_\_\_\_\_

#### 01-In School

(Includes: Enrolled - attending or not, School Break, Excused Absence, Suspended)

#### Not In School Because:

- 02-Transportation Barrier
- 03-Child Care Barrier
- 04-Educational Barrier
- 05-Psycho-Social Barrier
- 06-Medical Barrier
- 07-Expelled
- 08-Refuses to Attend
- 09-Other Reason
- 10-GED/CHSPE Completed
- 11-High School Diploma
- 99-Unknown

### Type Of School \_\_\_\_\_

- 01-Elementary school (1-6)
- 02-Middle/Intermediate/Jr HS (6-9)
- 03-Regular/Traditional Sr. HS (9-12)
- 04-Continuation/Alternative school
- 05-Court/community school
- 06-Adult Education
- 07-Private school (K-12)
- 08-Vocational/Tech Prep. HS (9-12)
- 09-Other
- 10-Charter school
- 88-Not enrolled/applicable
- 99-Unknown

★School District \_\_\_\_\_

★School Code \_\_\_\_\_

★School Name \_\_\_\_\_

Client ID No. \_\_\_\_\_

<p><b>Primary Instructional Strategy</b> _____</p> <p>1-Mainstream program                  2-Independent Study                  3-Temporary Home/Hospital instruction                  4-Self-contained classroom                  5-Correspondence School                  6-Legal Home Schooling                  8-Not enrolled in approved program                  9-Unknown OR Not Listed Above</p> <p><b>Is client enrolled in an education program for pregnant or parenting teens?</b> _____</p> <p>1-Yes                  2-No                  9-Unknown</p> <p><b>Educational Goal</b> _____</p> <p>1-HS Diploma                  2-GED                  3-CHSPE                  4-Post secondary                  5-None at this time                  9-Unknown</p> <p><b>Has Client ever had an IEP?</b> _____</p> <p>1-Yes                  2-No                  9-Unknown</p> <p><b>Has client passed the High School Exit Exam?</b> _____</p> <p>1-Yes                  2-No                  9-Unknown</p> <p><b>Post-Secondary School</b> _____</p> <p>1-Technical/vocational school                  2-Community college                  3-Four-year college/university                  4-Other                  8-N.A. (not currently enrolled)                  9-Unknown</p>	<p><b>Type Of Housing</b> _____</p> <p>1-House/apartment                  2-Public housing                  3-Hotel/motel                  4-Shelter                  5-Homeless                  6-Other                  7-Maternity home                  8-Foster/Group/Transitional home                  9-Unknown</p> <p><b>Number of times client has moved in the last 6 months.</b> _____</p> <p>0-None                  1 thru 7 – Use Exact Number                  8-Eight or more                  9-Unknown</p> <p><b>Who shares the client's domicile?</b> _____</p> <p>Enter the exact number (0-50) of each of the following individuals living with the client. Do not include the client or the client's children in the count. Enter 0 if none, 99 if unknown:</p> <p><b>Index Child's Other Parent</b> _____</p> <p><b>Client's Partner</b> _____                  (if not other parent)</p> <p><b>Client's Relatives</b></p> <p>- Adults _____</p> <p>- Minors _____</p> <p><b>Partner's Relatives</b></p> <p>- Adults _____</p> <p>- Minors _____</p> <p><b>Other Non-Relatives</b></p> <p>-Adults _____</p> <p>- Minors _____</p>	<p><b>Does client feel safe:</b></p> <p><b>With Index Child's other parent?</b> _____</p> <p><b>With partner (if not other parent)?</b> _____</p> <p align="center"><b>With family?</b> _____</p> <p align="center"><b>In the neighborhood?</b> _____</p> <p align="center"><b>In school?</b> _____</p> <p>Answer each:                  1-Yes                  2-No                  8-Not applicable                  9-Unknown</p> <p><b>Has client received a health exam Since last reporting period?</b> _____</p> <p>1-Yes                  2-No                  9-Unknown</p> <p><b>Has client received treatment for a chronic health problem since last reporting period?</b> _____</p> <p>1-No, client has no health problem                  2-No, client has health problem but has not received treatment                  3-Yes, client has received treatment                  9-Unknown</p> <p><b>Health Insurance Type</b> _____</p> <p>1-Medi-Cal                  2-Healthy Families                  3-Other Public                  4-Private                  5-None                  9-Unknown</p>
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Client ID No. \_\_\_\_\_

<p><b>Immunizations</b></p> <p align="right">Client _____</p> <p>1-Up to date 2-Not up to date/medical circumstances 3-Not up to date/other reasons 9-Unknown</p> <p align="right">Index Child _____</p> <p>1-Up to date for age 2-Not up to date/medical circumstances 3-Not up to date/other reasons 8-Not applicable (client pregnant) 9-Unknown</p> <p><b>Medical Condition</b></p> <p align="right">Client _____</p> <p align="right">Index Child _____</p> <p>1-Known 2-Suspected 3-None 9-Unknown</p> <p><b>Developmental Disability</b></p> <p align="right">Client _____</p> <p align="right">Index Child _____</p> <p>1-Known 2-Suspected 3-None 9-Unknown</p> <p><b>Does client have a Learning Disability?</b></p> <p>1-Known 2-Suspected 3-None 9-Unknown</p>	<p><b>Child Care Use</b> _____ (Index Child)</p> <p><b>Not Used Because:</b></p> <p>01-Index Child Not Yet Born 02-Medical Reasons (Child) 03-Not Safe 04-Enrollment Barrier 05-Transportation Barrier 06-Not Affordable 07-Not Available 08-Family/Cultural Barrier 09-Teen not enrolled in school 10-Not Needed/ Wanted 11-Other</p> <p><b>Used:</b></p> <p>12-More Needed 13-Client Satisfied 14-Client Not Satisfied 99-Unknown</p> <hr/> <p><b>Child Care Pay Source</b> _____ (Index Child)</p> <p>1-School 2-Cal-Learn 3-Free 4-Self-pay 5-Other 8-None - Not used 9-Unknown</p> <p><b>Type Of Child Care Used</b> _____ (Index Child)</p> <p>01-On-Site School Based Day Care 02-Large Licensed Family Day Care (&gt;8) 03-Small Licensed Family Day Care (&lt;9) 04-Child Care Center 05-Client's Home - Unlicensed Relative 06-Client's Home - Unlicensed Non-Relative 07-Other Home - Unlicensed Relative 08-Other Home - Unlicensed Non-Relative 09-Other 10-None / Not applicable 99-Unknown</p>	<p><b>Sexual Activity</b> _____</p> <p>1-Active 2-Not active / No partner 3-Not active / Has partner but Abstaining 9-Unknown</p> <p><b>Contraception Use</b> _____</p> <p>1-Active - Never uses 2-Active - Sometimes uses 3-Active - Always uses 4-Not sexually active 8-Client pregnant 9-Unknown</p> <p><b>Contraception Type</b> _____ (enter up to 2)</p> <p>01-Cervical cap (Fem Cap) _____ 02-Condoms 03-Contraceptive Injections (Depo) 04-Diaphragm 05-Spermicide 06-IUD 07-Contraceptive Implant (Implanon) 08-Pill (or other Oral Contraceptive) 09-Rhythm (Cyclebeads) 10-Sponge 11-Withdrawal 13-Patch 14-Vaginal Ring (NuvaRing) 15-Female Condom 33-Emergency Contraceptive (Plan B) 44-Sterilization 66-Currently Pregnant 77-Other _____ Specify _____ 88-Not applicable (doesn't use) 99-Unknown</p>
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**LODESTAR FOLLOW UP FORM: Pregnant and Parenting Teens - Page 4**

Client ID No. \_\_\_\_\_

**Smoking** \_\_\_\_\_  
 1-Never smoked  
 2-Stopped smoking  
 3-Smokes less than 1 pack a day  
 4-Smokes 1 pack or more a day  
 9-Unknown

**Does client live With a smoker?** \_\_\_\_\_  
 1-Yes  
 2-No  
 9-Unknown

**Intentional Injury, Self-Inflicted, since last reporting period (Client)** \_\_\_\_\_  
 1-Known  
 2-Suspected  
 3-None  
 9-Unknown

**Intentional Injury, Not Self-Inflicted, since last reporting period (Client)** \_\_\_\_\_  
 1-Known  
 2-Suspected  
 3-None  
 9-Unknown

**Was non-self-inflicted intentional injury the result of domestic violence?** \_\_\_\_\_  
 1-Yes  
 2-No  
 8-NA (no non-self-inflicted intentional injury)  
 9-Unknown

**# of Hospitalizations since last reporting period (Index Child)** \_\_\_\_\_  
 0-None  
 1... 7 for one to seven  
 8-Eight or more  
 9-Unknown

**# Of ER Visits since last reporting period (Index Child)** \_\_\_\_\_  
 0-None  
 1... 7 for one to seven  
 8-Eight or more  
 9-Unknown

**Abuse/Neglect Report since last reporting period (Index Child)** \_\_\_\_\_  
 1-Yes, initial complaint  
 2-Yes, subsequent complaint  
 3-No  
 9-Unknown

**Client Risk Factors**  
 Has the client experienced any of the following risk factors:

**Medical Condition:** Ever \_\_\_\_\_  
 In the last 6 months \_\_\_\_\_

**Hospitalization:** Ever \_\_\_\_\_  
 In the last 6 months \_\_\_\_\_

**ER Visit:** Ever \_\_\_\_\_  
 In the last 6 months \_\_\_\_\_

**Gang Involvement:** Ever \_\_\_\_\_  
 In the last 6 months \_\_\_\_\_

**Truancy:** Ever \_\_\_\_\_  
 In the last 6 months \_\_\_\_\_

**Arrested:** Ever \_\_\_\_\_  
 In the last 6 months \_\_\_\_\_

**Probation:** Ever \_\_\_\_\_  
 In the last 6 months \_\_\_\_\_

**Client Alcohol Abuse:** Ever \_\_\_\_\_  
 In the last 6 months \_\_\_\_\_

**Client Substance Abuse:** Ever \_\_\_\_\_  
 In the last 6 months \_\_\_\_\_

**Relationship/Domestic Viol:** Ever \_\_\_\_\_  
 In the last 6 months \_\_\_\_\_

**Restraining Orders:**

**Client Against Other:** Ever \_\_\_\_\_  
 In the last 6 months \_\_\_\_\_

**Other Against Client:** Ever \_\_\_\_\_  
 In the last 6 months \_\_\_\_\_

**Risk Factors (cont.)**

**Abuse:**

**Physical:**

**Client:** Ever \_\_\_\_\_  
 In the last 6 months \_\_\_\_\_

**Any of Client's Children:** Ever \_\_\_\_\_  
 In the last 6 months \_\_\_\_\_

**Sexual:**

**Client:** Ever \_\_\_\_\_  
 In the last 6 months \_\_\_\_\_

**Any of Client's Children:** Ever \_\_\_\_\_  
 In the last 6 months \_\_\_\_\_

**Emotional:**

**Client:** Ever \_\_\_\_\_  
 In the last 6 months \_\_\_\_\_

**Any of Client's Children:** Ever \_\_\_\_\_  
 In the last 6 months \_\_\_\_\_

Use the following codes:  
 1-Yes  
 2-No  
 3-Suspected (not forthcoming)  
 8-N/A (child only) if client pregnant  
 9-Unknown

**COMPLETE AND ATTACH SERVICE MATRIX FORM.**

**COMPLETE AND ATTACH FREE CODES FORM IF USED.**

**COMPLETE AND ATTACH ADDITIONAL CHILD MATRIX FORM IF NEEDED.**