

LODESTAR INTAKE 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	M.I.
Last	
Client's Birth (maiden) Last Name _____	County of Birth _____
<i>(If different than above)</i>	<i>(If born in California)</i>
Gender _____	Date of Birth ____/____/____
1-Female	MM / DD / YY
2-Male	

If recording change of Index Child:

Date Lost Custody of Previous Index Child ____/____/____ -OR- **Date of Death of Previous Index Child** ____/____/____

MM / DD / YY MM / DD / YY

★ **Referral Source** _____ ★ _____

Code Name of referring individual, program or organization

<p>Intake Date ____/____/____</p> <p style="text-align: center;">MM / DD / YY</p> <p>Cal-Learn Case Management Participation _____</p> <p>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)</p> <p>If you answer 3-5 above, you need not complete the rest of this form</p>	<p>Trimester Of Pregnancy At Intake _____</p> <p>1-First (1-13 wks) 2-Second (14-26 wks) 3-Third (27+ wks) 4-Not Pregnant (Already Parenting) 9-Unknown</p>	<p>Birthweight ____ lbs. ____ oz.</p> <p>Enter: 88 in the lbs. field-If Not Yet Born 99 in the lbs. field-If Unknown</p> <p style="text-align: center;">If the client has parented other children please attach Additional Child Matrix Form.</p>
<p>Age Of Mother Of Index Child _____</p> <p>Age Of Father Of Index Child _____</p> <p>99-Unknown</p> <p>Entry Status _____</p> <p>1-Pregnant or expecting and not parenting other children 2-Pregnant or expecting and parenting 1 or more children 3-Parenting and not pregnant or expecting</p>	<p>Total Number Of Children The Teen Has Given Birth To (or Fathered, if the client is male) _____</p> <p>(Enter exact number 0-7, 8 if 8 or more, or 9 if unknown.)</p>	<p>Marital Status _____</p> <p>1-Single, never married 2-Married 3-Other 9-Unknown</p>
	<p style="text-align: center;">Index Child</p> <p>Name (if known)</p> <p>First _____ M.I. _____</p> <p>Last _____</p> <p>Birth Date/EDC ____/____/____</p> <p style="text-align: center;">MM / DD / YY</p> <p>Child Gender _____</p> <p>1-Female 2-Male</p> <p>★ Index Child's Social Security No.</p> <p>_____ - _____ - _____</p>	<p>Work/Employment Status _____</p> <p>1-Does not work 2-Seeking employment 3-Working 4-In job training 9-Unknown</p> <p>English Proficiency _____</p> <p>1-Fully English proficient 2-Limited English speaking 3-Non-English speaking 9-Unknown</p> <p>Client Primary Language _____</p> <p>100 English 101 Spanish 123 Hmong See Language List for other codes</p>

LODESTAR INTAKE FORM: Pregnant and Parenting Teens - Page 2

Client ID No. _____

Hispanic _____
 1-Yes
 2-No
 3-Undeclared

Provide the client with the race/ethnicity coding sheet asking: "Which of the following categories on the list you have before you best describes your race or ethnicity?" Case Manager should then enter the 3-digit code above.

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, 11-11th grade, 12-12th 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 _____

Primary Instructional Strategy _____
 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

Is client enrolled in an education program for pregnant or parenting teens? _____
 1-Yes
 2-No
 9-Unknown

Educational Goal _____
 1-HS Diploma
 2-GED
 3-CHSPE
 4-Post secondary
 5-None at this time
 9-Unknown

Has client ever had an IEP? _____
 1-Yes
 2-No
 9-Unknown

Has client passed High School Exit Exam? _____
 1-Yes
 2-No
 9-Unknown

Post-Secondary School _____
 1-Technical/vocational school
 2-Community college
 3-Four-year college/university
 4-Other
 8-N.A. (not currently enrolled)
 9-Unknown

Type Of Housing _____
 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

Number Of Times Client Has Moved In The Past 6 Months _____
 0-None
 1 thru 7 – Use Exact Number
 8-Eight or more
 9-Unknown

Client ID No. _____

Who shares the client's domicile?
 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:

Index Child's Other Parent _____

Client's Partner _____
 (if not other parent)

Client's Relatives

- Adults _____
- Minors _____

Partner's Relatives

- Adults _____
- Minors _____

Other Non-Relatives

- Adults _____
- Minors _____

Does client feel safe:

With Index Child's other parent? _____

With partner (if not other parent)? _____

With family? _____

In the neighborhood? _____

In school? _____

Answer each:
 1-Yes
 2-No
 8-Not applicable
 9-Unknown

Health Insurance Type _____

- 1-Medi-Cal
- 2-Healthy Families
- 3-Other public
- 4-Private
- 5-None
- 9-Unknown

Immunizations **Client** _____

- 1-Up to date
- 2-Not up to date/medical circumstances
- 3-Not up to date/other reasons
- 9-Unknown

Index Child _____

- 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

Medical Condition **Client** _____

Index Child _____

- 1-Known
- 2-Suspected
- 3-None
- 9-Unknown

Developmental Disability **Client** _____

Index Child _____

- 1-Known
- 2-Suspected
- 3-None
- 9-Unknown

Does client have a learning disability? _____

- 1-Known
- 2-Suspected
- 3-None
- 9-Unknown

Child Care Use _____
 (Index Child)

Not Used Because:

- 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

Used:

- 12-More Needed
- 13-Client Satisfied
- 14-Client Not Satisfied

99-Unknown

Child Care Pay Source _____
 (Index Child)

- 1-School
- 2-Cal-Learn
- 3-Free
- 4-Self-pay
- 5-Other
- 8-None - Not used
- 9-Unknown

Type Of Child Care Used _____
 (Index Child)

- 01-On-Site School Based Day Care
- 02-Large Licensed Family Day Care (>8)
- 03-Small Licensed Family Day Care (<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

Client ID No. _____

Sexual Activity _____

1-Active
 2-Not active / No partner
 3-Not active / Has partner but abstaining
 9-Unknown

Contraception Use _____

1-Active - Never uses
 2-Active - Sometimes uses
 3-Active - Always uses
 4-Not sexually active
 8-Client pregnant
 9-Unknown

Contraception Type _____

(enter up to 2)

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

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

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.