AFLP / CAL-LEARN / ASPPP

CODING INSTRUCTIONS – LODESTAR FORMS

(Last Revised 4/30/2013)

The Lodestar MIS was created, and is maintained, with funding from the Maternal and Child Health Branch of the California State Department of Health Services (MCH), and the Cal-Learn Section of the California Department of Social Services. Windows version developed and maintained by The Branagh Information Group, originally developed by Elizabeth Mandell of Lodestar Management/Research, Inc.

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INSTRUCTIONS FOR COMPLETING DATA ENTRY FORMS FOR THE LODESTAR SOFTWARE

GENERAL INSTRUCTIONS

DATA ENTRY FORMS AND INSTRUCTIONS

The Lodestar software captures data on demographics, health, risk factors and educational settings for clients case managed in accordance with standards developed by the Adolescent Family Life Program (AFLP), a program funded through the Maternal and Child Health Branch, State Department of Health Services (MCH).

Nine major forms are used for data entry into the Lodestar system. They are:

- **CLIENT IDENTIFICATION AND UPDATE FORM**
- **INTAKE FORM - Pregnant and Parenting Teens**
- **PREGNANCY OUTCOME FORM**
- **FOLLOW UP FORM - Pregnant and Parenting Teens**
- **SERVICE MATRIX FORM - Pregnant and Parenting Teens**
- **FREE CODES FORM**
- **CLIENT STATUS CHANGE FORM**
- **ADDITIONAL CHILD MATRIX FORM**
- **ADDITIONAL OUTCOMES FORM**

For Cal-Learn clients, three additional forms are used. These permit tracking of changes in school status and other educational items, report card schedules, outcomes, sanctions and tracking of problems in orientation attendance or participation problems. These also enable generation of related Cal-Learn forms and NOAs. These forms may, at the local site's option, be used for non-Cal-Learn pay sources as well. These forms are:

- **CAL-LEARN EDUCATION FORM**
- **REPORT CARD SCHEDULE/OUTCOME FORM**
- **CAL-LEARN ORIENTATION/PARTICIPATION PROBLEM FORM**

The data collected on all forms is entered into the Lodestar system, and transmitted by internet each month to the Branagh Information Group. The data is compiled for the entire state and distributed to the Maternal and Child Health Branch of the State Department of Health Services (MCH). MCH and CDSS then perform analyses of the statewide data.

Agencies under contract to MCH may download and print PDF copies of all forms and these coding instructions from www.branaghgroup.com/lodestar Agencies under contract to DSS may contract with Branagh information Group for the use of Lodestar.

WHO SHOULD USE THE FORMS AND WHEN TO COMPLETE THE FORMS

The forms are to be completed for <u>all agency clients</u> receiving comprehensive case management under AFLP standards. Each form should be completed, checked for accuracy and entered into the computer as close as possible to the end of the month when the data was collected. This ensures that the system statistical and management information reports will be accurate and up-to-date. A copy of each form should be kept in the client's folder for reference.

<u>Client ID Number</u>

A nine-digit Client ID Number assigned to each client upon the client's initial contact with your agency is the key data element that ties together all data associated with that client across all forms, funding sources, agencies and sites.

<u>It is vital that each client case managed by your agency have a unique Client ID Number that is never used by another client in your agency</u>, even if you are case managing clients at more than one site or in more than one program.

<u>Program Coordinators need to develop a scheme that will prevent duplicate ID numbers from being assigned within the agency</u>. A recommended method for doing this is to use for <u>new</u> clients the five digits of your site's Location Number (formerly called provider number or agency number) as the first five digits of the Client ID number. This is the number assigned by MCH to each computer system running Lodestar. For the last four digits, use numbers assigned sequentially to each new client. You may wish to maintain a logbook listing the four-digit sequential numbers and the names of the clients they are assigned to.

To insure that the original ID number remains with the client: If you are transferring a client to a different funding source, site or agency, provide the new funding source, site or agency with the Client ID Number you assigned. You may use Lodestar to generate a Transfer Sheet to facilitate client transfer. If a client is being transferred to you from a different funding source, site or agency, obtain the Client ID Number already assigned to them and use that number for the client in your program.

Originally the State recommended using Social Security numbers as the ID numbers. Since the HIPAA regulations came out this is no longer recommended and you are allowed to change the ID number of a client who is transferred to you with the Social Security number as their ID number.

Most Lodestar forms capture data about both the client and the **Index Child**. The Index Child is defined as follows:

- For clients who enter the program pregnant or (in the case of males) expecting, whether parenting or not, <u>the first child born in the program is the **Index Child**</u>.
- For clients who enter the program parenting and not pregnant or expecting, <u>the youngest child at the time of Intake is the **Index Child**</u>.

The Client Identification and Update Form

This is the first form that is completed for a client. It establishes a computer record for the client containing basic identifying data such as Client ID number, name, address, phone number, social security number, case manager ID code, and which program a client is entering. It should be filled out when a client is first identified as a participant in your program, or if an AFLP / ASPPP client is to be placed on a Waiting List for services or on Outreach.

For Cal-Learn Clients

Complete this form when a client is referred to your agency for Cal-Learn case management, even if the client is Deferred due to lack of available case management. You may elect to fill out the optional Cal-Learn Orientation/Participation Form as well, in order to have the Lodestar software generate the CL-1 form (Orientation Notice), the CL-2 form (Notice of Program Requirements), the CL-3 form (Notice of Participation Problem) or the CL-4 form (Informing Notice).

For AFLP Clients:

- The Client Identification/Update Form should be submitted along with the appropriate **Intake Form** (for either ASPPP Sibling clients or Pregnant and Parenting Teens) within 30 days of the start of client Active participation in the program.

- As of December 1 2011 AFLP agencies are required to enter Freecode MCH#A on page 2 of the Client Identification and Update Form. The form is to be submitted without the Intake if the client is initially Wait Listed or Outreached. The Intake should be done as soon as the client becomes Active.

The Intake Form

The Intake form is completed the first time a client enters your program, after the case manager has had an in-depth face-to-face Intake interview with the client and, the client has signed a consent form (if used) and case management is fully underway. This should take place within 30 days of the start of Client participation in the program.

Two versions of the form are used, one for Pregnant/Parenting teens (e.g. AFLP and Cal-Learn clients) and the other for ASPPP sibling clients. The Sibling version is similar to the Pregnant/Parenting teens version, except that certain items have been eliminated that are not applicable to Sibling clients, and questions around topics such as sexual activity, partner involvement and birth control have been tailored to the sibling population. Although the ASPPP Program has closed, we continue to offer the use of the sibling forms since some agencies have similar programs which need the ASPPP version.

Once a client has had an Intake form entered into the system they will not usually require another. For instance, when changing from AFLP to Cal-Learn, it is not necessary that another Intake form be completed (instead use the Status Change form). The exceptions to this are as follows:

- If the client has been exited from case management for more than 6 months.
  In this case, the Index Child, if still with the client, remains the same regardless of the "Entry Status" at the time the new Intake is completed (i.e. even if the client is pregnant or has given birth to another child who is now the youngest of the client's children). If the Index Child has died or the client has lost custody of her/him, use the new Intake form to record the new Index Child.

- If the client's Intake was entered into Lodestar on a different computer system or network. Hence, if a client moves from one satellite office of an agency to another (with separate Lodestar systems), each must have an Intake entered for the client.

- If the Intake form is used to effect a change of Index Child. (See "**Recording a Change of Index Child**," below.)

For Cal-Learn Clients

If you are unable to do an Intake interview because the client cannot be found, is uncooperative, or declines case management, you should complete the Intake form only up to the question regarding **Cal-Learn Case-Management Participation**. Select the appropriate choice which indicates the reason why the form may not be completed and leave the rest of the form blank. Enter this non-participatory intake into Lodestar by the end of the first 30 days the client is in the program. Continue to attempt to meet with the client to complete a full Intake form for entry into Lodestar.

If the client has gone off aid before the Intake interview, you do not need to complete an Intake form.

The Lodestar Pregnancy Outcome Form

This form is completed for female (only) AFLP or Cal-Learn clients whose pregnancy is resolved at any time **while** receiving case management whether thru fetal death or live birth. Pregnancy Outcomes are NOT done for male clients, nor is the form to be used for ASPPP sibling clients. A Sibling client who becomes pregnant should be transferred to AFLP and then have a Pregnancy Outcome completed at the appropriate time.

The case manager completing the form should select the appropriate response to indicate whether the Pregnancy Outcome is for the Index child or a non-Index child. The form should be completed as soon as is practical after re-establishing contact with the client once the child is born.

NOTE: If the client completed a pregnancy prior to the date they are given an active status in the program, the Pregnancy Outcome form is not filled out for the Index Child (the client is then coded with an Entry Status of "Parenting and not Pregnant" at Intake).

If a client exits a program, completes a pregnancy while outside the program, and then returns to the program, you need not complete a Pregnancy Outcome Form. In this case, any new non-Index children must be added to the client's information by completing a **Lodestar Additional Child Matrix Form** (see below).

For Cal-Learn Clients:
If the child is born while the client is in the program but you are unable to complete a pregnancy outcome interview because the client cannot be found or is uncooperative, fill out the Pregnancy Outcome form only up to the question regarding **Cal-Learn Case-Management Participation** and enter into Lodestar, leaving the rest blank. Continue to attempt to meet with the client to complete a full Pregnancy Outcome form for entry into Lodestar.

The Lodestar Follow Up Form

This form is used to obtain updated information on the client and Index Child (if applicable) at regular intervals throughout the client's participation in a program. Two versions of the Follow Up form exist, one for Pregnant and Parenting Teens and one for ASPPP Sibling clients. Rules for submitting Follow Up forms are as follows:

- **Pregnant and Parenting Teens**: This form is completed when the Index Child is six months old and every six months thereafter - in other words, when the Index Child is 6, 12, 18, 24, 30, etc., months old. These reporting points are known as Follow Ups. The form must be entered into Lodestar within 3 months of when it is due.

- <u>For Cal-Learn Clients:</u>
- If you are unable to locate the client, or the client is uncooperative when a Follow Up is due, fill out the form only up to the question regarding **Cal-Learn Case-Management Participation,** and enter into Lodestar. Continue to try to meet with the client to complete the form for entry into Lodestar.

- **ASPPP Sibling Clients**: This form is completed six months after the Intake date and every six months thereafter.

The reporting points that occur at Intake, Pregnancy Outcome and Follow Up are referred to as "Reporting Periods."

The Service Matrix Form

This form is to be filled out and attached to <u>all</u> Intake forms, all Pregnancy Outcome forms and all Follow Up forms. It collects data that must be reported at every Reporting Period. There are two versions one for pregnant and/or parenting clients and one for Sibling program clients.

Freecode Z is now required to be used by AFLP agencies as needed to document need or referral for reproductive coercion resistant birth control methods.

The Additional Outcomes Form

This form is to be filled out and attached to <u>all</u> Intake forms, all Pregnancy Outcome forms and all Follow Up forms. It collects data that must be reported at every Reporting Period. This form may be copied onto the reverse of the Service Matrix if you wish to avoid using a separate piece of paper.

The Additional Child Matrix Form

When a client enters the program parenting more than one child or parenting a child and pregnant, or gives birth while in the program to twins or triplets, this form is used to record information on all children other than the Index Child. Information captured includes name, gender, birth date and birth weight. If the client looses custody of the index child or the index child dies and a new index child needs to be recorded, the date the client lost custody or the child died will automatically be recorded in the Additional Child Matrix when the new Intake is done to record the new index child.

The Lodestar Free Codes Form

This form contains "free" codes that can be defined by each agency and used to collect agency-specific data at every reporting period. The use of these codes is optional. There are also five undefined codes reserved for the use of MCH. MCH will advise agencies as to how to fill these out if needed. Freecodes MCH#E and MCH#F are no longer used by AFLP.

When any of the free codes or MCH-reserved codes are used, the form should be completed and attached to all Intake, Pregnancy Outcome and Follow Up forms. See the section below on Managing Free Codes for more information about how to use free codes.

The Client Status Change Form

This form signals MCH and DSS of changes in funding source, transfers to a different site or agency, terminations, reinstatements, re-entries and other changes in client status. It is a very important form that enables the State to track clients across programs, sites and agencies. It should always be filled out:

- When you transfer a client to a different funding source or to a new case manager.
- When you transfer the client to a different "Location Number." This is an agency, site or funding source that uses a different computer not networked to yours. You must enter the new Location Number and name on the form. A list of Location Numbers and names is provided in the Appendix.

<u>For Cal-Learn Clients</u>, the Status Change Form is also used:

- When the client becomes deferred, exempt or ineligible for the program, including ineligibility due to a break-in-aid.
- When the client becomes active again upon termination of the exemption or deferral, or upon reinstatement into the program.

<u>For AFLP Clients</u>, the Status Change Form is also used:

- When case management terminates, with no transfer.
- When the client re-enters the AFLP program.
- To document months of Outreach status
- To record the ending date for Waivers.

The Lodestar Cal-Learn Education Form

This form is required for Cal-Learn Clients to capture current educational information <u>whenever there is a significant change in the client's school status</u>. If a client's status is in flux, the form need be submitted only once the status has stabilized, but never more than one month past the date that the last stable school status ceased to be current. Please DO NOT fill out an education for on the same day as any other form. The education information in that form is the same as on all the other forms and it can cause data errors if done on the same day.

Use of this form is optional for non-Cal-Learn clients.

The Lodestar Report Card Schedule/Outcome Form (optional)

This form is used to record the client's report card schedule and to enter information about outcomes for scheduled report card due dates. It can be used to generate a tickler report of report card due dates and to generate the CL-8 form (Notice of Report Card Submittal Schedule). It also tracks report card submittals, bonuses and sanctions. It can be used to generate a CL-9 (Notice of No Good Cause Determination), a CL-11 (Notice of Incomplete Grades) and the Adequate Progress NOA (769.632). It can also keep track of bonus and sanction recommendations or determinations. It contains free codes that can be used to track agency-specific information about the client's school. If used, the form should be filled out when the report card schedule has been determined (it can be updated and submitted for data entry whenever the report card schedule changes) and each time a report card is due. Program coordinators should decide if they wish to use this form.

The Cal-LEARN Orientation/Participation Problem Form (optional)

This form is used to track when the Cal-Learn clients are scheduled to complete orientation, whether they need to have the orientations re-scheduled and when they finally complete the orientation. The form can also be used to document appointments scheduled with the client to clarify the client's situation and reach agreement on ways to resolve various participation problems. It can be used to generate the CL-3 Problem and CL-4 Purpose of Appointment notices.

FILLING OUT THE FORMS

All items on all forms must be filled in with one of the valid codes or entries shown on the form and explained in the coding instructions, with the following exceptions:

1.) Items marked by a circled star (✪) are optional and can be used at the discretion of each agency. If use is established, care should be taken to insure that all case managers and data entry staff use these items consistently in order to maximize the value of tracking these items.

2.) Items marked by a diamond (◆) are mandatory for Cal-Learn clients, and optional for use with program clients in other funding sources.

3.) Items for which *explicit* directions on the form or in the coding instructions indicate that an item or items should or may be left blank in a given situation.

Check all forms for completeness and accuracy. Incomplete forms will not be accepted by the computer, except as mentioned above. Try to avoid using 9s, the conventional code for Unknown on all forms. Hold incomplete forms until you can obtain the missing data or, if absolutely necessary, enter 9s for Unknown for the missing data. However, NEVER submit a form with ALL 9s. If a client becomes unavailable, you can hold off completing a form for up to 90 days while you try to get in touch with the client. Do the following if you still cannot contact the client after that time: Terminate the client if they are in a voluntary program (AFLP or Sibling) by submitting a **LODESTAR CLIENT STATUS CHANGE FORM**. Clients in these programs may not be counted as being case-managed unless they are actively participating. Clients who later return may then be re-activated by submitting another Status Change Form.

- For Cal-Learn clients, submit the particular form due (Intake, Pregnancy Outcome or Follow Up) indicating that the client is not participating in case management, using the Cal-Learn Case Management Participation question (generally the first question after the form date item). Any answer to this question that indicates significant lack of participation (i.e., a 3, 4 or 5) will allow you to leave the rest of the form blank.

Submit completed and checked forms to supervisor or data clerk on a rolling basis or in time for data entry as close to the end of the month as possible. Inaccuracies in the required caseload reports may result if the forms are not received and data is not entered in a timely manner.

Managing Use of Free Codes

User-defined free codes are liberally provided to permit tracking of agency-specific data. These are all optional, and their definitions and values can be made up by each agency. 26 such codes, corresponding to the 26 letters of the alphabet, are included.

Free codes A through I are found on the Lodestar Client Identification and Update Form. These should be used to record one-time-only information about a client (data that change little, if any, over time), such as the client's WIC number. Codes J through T are found on the Lodestar Free Codes Form. These can be used to collect data relevant to all reporting periods. Depending on the information to be recorded, the free code may be used on some or all reporting periods, and must only be used for the chosen information.

Codes U through Z are found on the Service Matrix Form and should be used to track service referrals not already listed on the form. **Freecode Z is now required to be used by AFLP agencies to track referrals for coercion resistant birth control.**

Additional free codes (FREE_CL#A through J) have been provided on the Client Identification and Update Form and the optional Cal-Learn Report Card Outcome Form for the use of Cal-Learn case managers.

In addition to these user-defined free codes, MCH and DSS have reserved certain codes for future use. The State will inform you as to how to use these codes if required.

As of December 1, 2011 MCAH requires the use of MCH#A on the back of the Client ID form. (MCH#E and MCH#F on the Free Codes Form which was used with Intake, Pregnancy Outcome and Follow-ups were only used for a short time in 2012.)

If a program coordinator intends to use agency specific free codes, s/he will need to define what each free code means and what values are allowed. Type this out on a code sheet and give a copy to each of your case managers. <u>Once a free code is chosen to record certain information it must always be used only for that information.</u>

Making Corrections and Updates:

To correct or update the data in your own computer a case manager should obtain a blank copy of the data form containing the item(s) to be corrected or updated. Mark it "CORRECTION" at the top. Fill out only the client ID number, name and the item(s) to be corrected or updated and submit it to the Lodestar data entry clerk.

Recording Death or Custody Loss of an Index Child and a Change of Index Child:

When the Index Child is no longer in the program (i.e. there is a permanent loss of custody or the child dies) and the client is no longer eligible for the program (after any applicable grace period), submit a Lodestar Client Status Change Form indicating termination of case management (or ineligibility for Cal-Learn) with the appropriate reason.

If the client remains eligible and continues in the program, you must record a change of Index Child. If the client is pregnant or expecting, the new Index Child is the child of that pregnancy. If the client is parenting and not pregnant or expecting, the new Index Child is the youngest remaining child. Fill out a Lodestar Intake Form (marked UPDATE at the top) completely, entering the **Date Lost Custody of Old Index Child** -OR- the **Date of Death of Old Index Child** in the box beneath the Client ID information. Enter the name and DOB or EDC of the new Index Child in the Index Child box, and make sure as you fill out the rest of the form that all items relating to the Index Child are filled out for the *new* Index Child, not the old one. Enter this form in Lodestar in addition to the previous form. Do not edit the previous Intake.

REPORTING TO THE STATE BY INTERNET

An internet transmission containing all mandatory items from forms completed during the previous month is to be transmitted to Branagh Information Group by the 7^{th} or the 17^{th} for the State. Instructions for entering data into the computer and transmitting are found in the Lodestar User's Manual. Transmission by the 7^{th} allows your automatic FFP verification information to be included in the first matching batch and results are available by the 15^{th}.

Please note that the MCH reporting month is the month before the month when the transmission is made. If you are making the transmission in April, for example, the MCH reporting month is March. This indicates when most of the activity being reported occurred.

CODING INSTRUCTIONS - LODESTAR CLIENT IDENTIFICATION AND UPDATE FORM

Items marked with a circled star (✪) are optional
Items marked with a diamond (◆) are for Cal Learn Clients. If relevant to other programs, they are optional.

ITEM	# DIGITS	CODING INSTRUCTIONS
✪ 4 solid lines at top of page, right		Use for internal control, such as to record who completed the form, date completed, who entered the data into the computer, date entered.
Funding Source		Mark box to indicate the initial funding source for a client new to your program. Enter a value of 1-6 in the blank when using an Other. You may decide which program(s) Other__ (1-6) represent in your agency. Must not be blank.
As Of	**8**	Enter date when billing to the above funding source commences in MM/DD/YY format. For AFLP clients, this will be the date of Intake. For Cal-Learn clients, the date will depend on how Cal-Learn is being implemented in your County. The most likely dates will be when the CL-1 or CL-2 forms were sent. Must not be blank.
Client ID No.	**9**	Enter the client ID number assigned to this client. *Each client must have a unique number. If the client has previously been enrolled in AFLP or Cal-Learn, use the client ID number initially assigned. Never reassign a client number to another client in your agency*. Nine digit or letter combinations are allowed. If your agency uses less than nine digits, enter the number with leading zeros to the left. Must not be blank.
Case Manager	**4**	Enter the ID code and the name of the case manager assigned to the client. Must not be blank.
Client Name		Enter client's first, middle and last name on the lines provided. Spell the name as you wish it to appear on all MIS screens and printouts. Must not be blank.
Client DOB	**6**	Enter the client's date of birth in MM/DD/YY format. Must not be blank.
Client Graduation Date	**6**	**After** the client completes high school graduation, enter the graduation date in MM/DD/YY format. If entered on Education form it will show here.
Sibling's ID Number *(Sibling Program Only)*	**9**	If a Sibling client's teen parent sister or brother is enrolled in AFLP or Cal-Learn at *this* agency, enter the ID code assigned to that teen parent. If the teen parent is enrolled at a *different* agency, enter the letters "SITE" + the five-digit Location Number of the other agency, e.g., "SITE12345". Otherwise, leave blank.
✪Sibling's Name		Optionally enter the name of the Sibling client's teen parent sister or brother,
Client MediCal No.	**15**	Enter the client's MediCal number if known.
Child MediCal No.	**15**	Enter index child MediCal number if known.

Mailing Address		Enter the street address, city, and zip code where mailings should be sent to the client**.**
Home Addr (if different than above)		Enter the client's home address if different than the mailing address.
Phone		Enter client's phone number.
Alternate Phone		Enter if client can be reached at another number.
Gender	**1**	Enter Client's gender. Must be numeric 1 or 2. Must not be blank. 1-Female 2-Male
✪Site	**3**	Site codes may be used optionally to indicate where the client is being case managed. Once used, site codes must be used consistently for all clients.

Minor Parent Services Eligibility	**1**	This question seeks to determine if client eligibility for Minor Parent Services, under AB908 guidelines, has been determined, and if so, whether such services are being received. Code the appropriate response using the numbers 1,2,3 or 9. Must not be blank. 1-Eligible – receiving 2-Eligible - not receiving 3-Not Eligible 9-Unknown
Is Other Biological Parent Being Case Managed By This Agency?	**1**	Enter 1-3, or 9 if Unknown. May not be blank. 1-Yes 2-No, but is eligible 3-No, is not eligible 9-Unknown

◆ Cal-Learn Information

Social Security No.	**9 + 2 dashes**	Enter the client's social security number in the usual format (###-##-####). ***This number may optionally be entered also for AFLP and other clients.***
CWD Case No.		Enter the client's county case number.
✪CWD Eligibility Worker	**4**	The ID code and name of any CWD Eligibility Worker assigned to the client may optionally be entered here.
AU Head (if not client)		Enter the name of the AU head if the client is not the head of the AU.

USER-DEFINED FREE CODES/OPTIONAL CASENOTES

✪Freecodes # A - I	**Various**	You may define and use these codes as you wish for agency-specific purposes. They should be used to record relatively permanent information about the client (for example, the client's WIC number), as they are collected only once on the Client Identification and Update Form and do not appear on any other forms.

◆Cal-Learn Free Codes - For Local Agency Use

✪Free_CL#A through F	**Various**	These are free codes to use as you wish to track agency-specific education items for Cal-Learn clients.

Free_DSS#A through F	**Various**	These codes are reserved for future use by DSS. DSS will advise how to fill them out if required.

Reserved For Future DSS Use

FREE_MCH#A Source of referral to AFLP. NEW	**2**	Enter the two digit code that best represents the entity referring this client to AFLP 01-Self 02-School , 03-Court 04-Medical Provider 05-Social Service Provider 06-Community Outreach 07-WIC 77-Other 99-Unknown
FREE_MCH#B - D	**2**	These codes are reserved for the use of MCH. MCH will advise how to fill them out if required.

Optional Casenotes	**Within space provided**	Use these lines to enter any information you are interested in keeping for this client. This information may then be entered into Lodestar.

CODING INSTRUCTIONS - LODESTAR INTAKE FORM: Pregnant and Parenting Teens

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

ITEM	# DIGITS	CODING INSTRUCTIONS
✪ 4 solid lines at top of page, right		Use for internal control, such as to record who completed the form, date completed, who entered it, date entered.
Funding Source		Check box to indicate current funding source for the client. (Enter a value of 1-6 in the blank when using an Other.)
Client ID Number	**9**	Enter the Client ID Number assigned to this client. Use the same number as that on the Client Identification and Update Form. *Each client must have a unique number. If the client has previously been enrolled in AFLP or Cal-Learn, use the client ID number initially assigned.* Nine digit or letter combinations are allowed. If your agency uses less than nine digits, enter the number with leading zeros to the left. Must not be blank.
Case Manager		Enter the code and name (or initials) of the client's case manager. Must not be blank.
Client Name		Enter client's first, middle and last names on the lines provided. Spell name identically on every form. Must not be blank.
Client's Birth (maiden) Last Name		If different than client's current last name, enter the birth (maiden) last name of client.
County of Birth	**2**	If the client was born in California, enter a two-digit code as supplied in the Appendix to indicate the client's county of birth.
Gender	**1**	Enter gender of client. Must be numeric, 1 or 2. Must not be blank. 1-Female 2-Male
Date of Birth	**8**	Enter client's date of birth in MM/DD/YY format. If unknown, subtract client's age from today's date and enter the resulting date. Must not be blank.
If recording change of Index Child: **Date Lost Custody of Previous Index Child** **Date of Death of Previous Index Child**	 **8** **8**	When entering an Intake form to record a change of Index child, you must enter a date in one of the available fields to indicate whether the client permanently lost custody of the previous Index Child -OR- whether the previous Index Child died. Enter date in MM/DD/YY format. If not recording a change of Index Child, leave these fields blank.

✪Referral Source	**3**	Enter a code to indicate the person, program or organization that referred the client to your program. Digits, letters or a combination may be used. Next, enter the name of the person, program or organization.

Intake Date	**8**	Enter the date when you have completed an in-depth Intake interview, the client has signed the consent form (if used) and comprehensive case management is underway. Enter date in MM/DD/YY format. Must not be blank.
<u>Cal-Learn</u> Case Management Participation	**1**	This question seeks to determine if Cal-Learn clients are actively meeting with their case manager. Select the response that best describes client's Cal-Learn participation, or select "8-Not applicable (not Cal-Learn)" if the client is in the AFLP, Sibling or other program. If your answer indicates significant non-participation (answers 3-5), *you need not complete the rest of the Intake form.* 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)

Age of Mother of Index Child	**2**	Enter actual age of mother of Index Child. Code 99 for unknown. May not be unknown if mother is the client. Must be numeric. Must not be blank.
Age of Father of Index Child	**2**	Enter actual age of father of Index Child. Code 99 for unknown. May not be unknown if father is the client. Must be numeric. Must not be blank.
Entry Status	**1**	Enter code for client's status at Intake. This code must never change over entire period of client's participation in your program. "Expecting" refers to male clients whose female counterparts (whether also clients or not) are pregnant with the Index child. Must be numeric, 1-3. Must not be blank. 1-Pregnant or expecting and not parenting other children 2-Pregnant or expecting and parenting one or more children. 3-Parenting and not pregnant or expecting.
Trimester Of Pregnancy At Intake	**1**	Enter one of the following codes for trimester of pregnancy at Intake. For males, code based on status of mother of Index Child. Must be numeric: 1-4, 9. Must not be blank. 1-First (1-13 weeks) 2-Second (14-26 weeks) 3-Third (27 weeks and over) 4-Not Pregnant (Already Parenting) 9-Unknown

Total Number Of Children the Teen Has <u>Given Birth To</u> (or <u>Fathered</u>, if the client is male)	**1**	Count all live births that the client has had (or fathered - if the client is male) to date, including any that occurred before the client entered the program. Do not count the current pregnancy if the client is pregnant/expecting. Enter exact number 0-7, 8 if 8 or more, or 9 if unknown.

	Index Child	
Name (if known)		Enter first and last name of Index Child, if known. Must not be blank if client is parenting only.
Birth Date/EDC	**8**	Enter the EDC (expected date of confinement) for a client who is pregnant or expecting at Intake. Enter the Index child's date of birth for a client who is parenting and not pregnant or expecting at Intake. Enter the date in MM/DD/YY format. Must not be blank.
Gender	**1**	Enter sex of child. Must be numeric, 1 or 2. Must not be blank. 1-Female 2-Male
✪Index Child Soc. Sec. #	**9 + 2 dashes**	Enter Social Security number of Index Child if known.
Birth weight	**2 for lbs. 3 (incl. decimal) for oz.**	Enter birth weight of index child in lbs. and oz. -OR- Enter: 88 in the lbs. field-If Not Yet Born 99 in the lbs. field-If Unknown Must not be blank if client is parenting only.

Marital Status	**1**	Enter the client's marital status. Must be numeric: 1-3, 9. Must not be blank 1-Single, never married 2-Married 3-Other [including separated, divorced or widowed] 9-Unknown
Work/Employment Status	**1**	Enter code for client's work/employment status. Must be numeric: 1-4, 9. Must not be blank. 1-Does not work 2-Seeking employment 3-Working 4-In job training 9-Unknown

English Proficiency	**1**	Enter one of the codes below. Code according to the judgment of the case manager. Must not be blank. 1-Fully English proficient 2-Limited English speaking 3-Non-English speaking 9-Unknown
Client Primary Language		This is the language the client uses most often. Enter one of the three digit codes below according to client's statement. If client's primary language is different, see the Language List for the code to enter. Must not be blank. 100-English 101-Spanish 123-Hmong

Hispanic	**1**	This coding structure provides compatibility with the revised U.S. Census Bureau standards of Race/Ethnicity as well as the Lodestar data previously collected and analyzed. To collect data for these items, the case manager should do the following: • Ask each client if she/he is of Hispanic origin. The client's response will be recorded as Yes, No, or 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.	**3**	• Give the client the AFLP/ASPPP/Cal-Learn Race/Ethnicity Codes sheet (see Appendix) and ask the client the following question: "Which of the following 3-digit codes on the list you have before you best describes your race or ethnicity?" • If the client has difficulty reading or understanding the list, the case manager should help the client make the determination. Note that different codes are used within the Inter-racial category based on which race/ethnicity is listed first (i.e. "612 - Caucasian and African- American" vs. "622 - African- American and Caucasian"). When statewide analyses are done that need to be comparable to earlier analyses (or to other analyses using a single race), the one listed first will be used.

Last Grade COMPLETED	**2**	Enter the last grade or educational level successfully completed by the client. For grades 1 through 9, enter the grade preceded by a 0; for grades 10-12 enter the grade. Must be non-blank numeric value 00 through 17. Enter 99 if unknown. 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, 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	**2**	The case manager should engage the client in a conversation of the client's school status. Based on this conversation the case manager should evaluate the validity of any barriers the client may state to being in school. If, in the opinion of the case manager, the client does not have a valid reason for not being in school, code "08-Refuses to Attend". 01-**In School** Currently in school or on school vacation (and was in school before the break began) - may be currently suspended or on an excused absence (e.g. pregnancy leave). **Not In School because:** 02-Transportation Barrier Not currently enrolled in any school program due to a lack of transportation to either school or child care. NOTE: Do not include clients unwilling to cross gang territory in this category. Instead code these as "05-Psycho-Social Barrier". 03-Child Care Barrier Not currently enrolled in any school program due to unavailability of affordable child care. NOTE: Do not count clients who have transportation barriers to child care in this category. Instead, code these as "02-Transportation Barrier". 04-Educational Barrier Not currently enrolled in any school program due to educational barriers such as lack of appropriate school program (i.e. ESL, Special Ed.), limited enrollment positions etc. NOTE: Do not include school expulsion in this category. Instead, code that as "07-Expelled". 05-Psycho-Social Barrier Not currently enrolled in any school program due to psycho-

K-12 School Status (cont.)	social barriers such personal safety concerns, homelessness, domestic violence, family/ cultural issues etc. 06-Medical Barrier Not currently enrolled in any school program due to physical or mental health problems of the client or any of her/his children. 07-Expelled Client not allowed to return to school, and no other school program is available. 08-Client Refuses Given the client's circumstances, it would be reasonable to expect that the client would be enrolled and attending school. There are no significant barriers preventing attendance (i.e. Transportation, Child Care, Educational, Psycho-Social, Medical or Expelled). 09-Other Reason Not currently enrolled in any school program due to a reason not listed above. 10-GED/CHSPE Complete 11-High School Diploma 99-**Unknown**

Type Of School	**2**	Enter the 2-digit code that best describes the type of school in which the client is enrolled. If the client is not enrolled, code "88-Not enrolled/applicable". Definitions of the school types are as follows: 01-Elementary school (1-6) Not a Private School (see 07). 02-Middle/Intermediate/Jr HS (6-9) Not a Private School (see 07). 03-Regular/Traditional Sr. HS (9-12) Not a Private School (see 07). Students participate in same classes as non-pregnant/parenting peers - minimum attendance is 240 minutes/day for non-seniors, 180 minutes/day for seniors; may include evening classes, regional opportunity program, or work experience education program, in which case the minimum attendance times are waived. 04-Continuation/Alternative school Not a Private School (see 07). Students may or may not participate in same classes as non-pregnant/parenting peers. Minimum attendance is 3 hours/day, with no more than 15 hours credited per week. Minimum attendance for students who are regularly employed is 4 hours/week. 05-Court/community school Schools operated by the county office of education that serve students who are expelled from school, homeless, or are referred by a School Attendance Review Board or Probation Board. Full time attendance is 240 minutes/day. 06-Adult Education Pregnant/Parenting students may participate either concurrently with a K-12 program or with adult status. Minimum daily attendance is 3 hours, with no more than 15 hours/week credited. 07-Private School (K-12) Private individuals, firms, associations, partnerships, or corporations offering elementary and/or high school education. (The school must have an affidavit exempting participating students from compulsory attendance at a public school). 08-Vocational/Tech Prep. HS (9-12) A High School degree program designed to provide the student with vocational or technical preparatory training. 09-Other (K-12) Any other educational program (not listed above) that is accepted as evidence of working toward a HS diploma or GED such as ESL classes, specialized programs set up under the directive of an IEP, etc. 10-Charter School (K-12) Alternative schools within the public education system that have charters spelling out certain expected results in exchange for freedom from some rules, regulations or statutes.

Type Of School (cont.)		88-Not enrolled / applicable Client is not enrolled in school (for whatever reason), or has completed their secondary education. 99-Unknown For further information about school types contact California Department of Education, Curriculum and Instruction Branch (916) 319-0806
✪School District	**3**	Optional 3 digit user-defined code. May be any combination of numbers or letters. (May be left blank.)
✪School Code	**3**	Optional 3 digit user-defined code. May be any combination of numbers or letters. (May be left blank.)
✪School Name		Optional field. Enter the name of the school that corresponds to the School Code above. May be any combination of letters or other characters within the space provided. (May be left blank.)
Primary Instructional Strategy	**1**	Enter code for the principal method of instruction. Must be numeric: 1-6, 8 or 9. Must not be blank. 1-Mainstream program Classroom based instructional program in both traditional and continuation schools where students move from class to class during the school day. (See also 4-Self-contained classroom only). 2-Independent Study A public school program that allows the student to complete their academic work primarily outside a classroom in accordance with a voluntarily agreed to written agreement. It is expected that the teacher will assign a minimum of 20 hours per week of work. The student must complete assignments given by the teacher in accordance with the terms of the written agreement. 3-Temporary Home / Hospital instruction Individualized instruction provided in the student's home or hospital/residential health facility while the student is temporarily disabled. Each clock hour of teaching time counts as one day of attendance, with no more than 5 days credited per calendar week. 4-Self-contained classroom only Classroom based instructional program taught by one or two credentialed teachers where students remain in the same classroom through the school day separate and apart from their non-pregnant/ parenting or non-special needs peers. 5-Correspondence School Only UC Berkeley Extension is certified to provide study by correspondence. Students are accepted when for good cause the student is unable to attend a comparable class provided in a local school.-

Primary Instructional Strategy (cont.)		6 Legal Home Schooling Meets the legal definition of "Home Schooling" for the state of California. Otherwise, code the client as “8-Not enrolled in approved Program.” 8-Not enrolled in approved program Use this code if the client is not enrolled in school -OR- is attending a school program that is uncertified or not legally recognized. 9-Unknown OR Not Listed Above Use this code if the client’s instructional strategy is unknown or is not listed above.
Is client enrolled in an education program for pregnant or parenting teens?	**1**	Enter the 1 digit code that identifies the client's enrollment status in any school program that targets the special needs of pregnant or parenting teens. Must be numeric: 1-2, 9. Must not be blank. 1-Yes 2-No 9-Unknown
Educational Goal	**1**	Enter the 1 digit code that best describes the client's current educational goal. If the client has no stated intention of going beyond their current level of education, enter "5-None at this time," regardless of the current level achieved. 1-HS Diploma 2-GED 3-CHSPE 4-Post Secondary 5-None at this time 9-Unknown
Has client ever had an IEP?	**1**	Enter the 1 digit code that identifies whether the client has ever had an IEP (Individualized Education Program).The intent of the question is to capture how many clients may have special needs. Must be numeric: 1-2, 9. Must not be blank. 1-Yes 2-No 9-Unknown
Has client passed the High School Exit Exam?	**1**	Enter the 1 digit code that identifies whether the client has passed all sections of the exam. If client has not taken the exam or has only passed part of it the answer is no. Must be numeric: 1-2, 9. Must not be blank. 1-Yes 2-No 9-Unknown

Post-Secondary School	**1**	If the client is currently enrolled in a post-secondary school, enter a code for the type of school. Use code 8, "N.A. (not currently enrolled)" otherwise. Must be numeric: 1 - 4, 8, 9. Must not be blank. 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**	Choose the type of housing that best describes the client's primary place of residence. Choose "6-Other" if no other category matches. 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	**1**	Enter the number of times the client has moved during the past six months. Include moves to shelters, foster care, homeless, etc. Must be numeric: 0 - 9. Must not be blank. 0-None 1 thru 7 – Use Exact Number 8-Eight or more 9-Unknown

Who shares the client's domicile?	**1**	This series of items is designed to determine exactly who lives with the client. Enter the exact number (0-50, or 99 if unknown) for each category of individuals living with the client. Do not include the client or the client's children in the count. If the client divides a significant amount of her/his time between two domiciles the case manager should determine which is the client's primary residence and report on that. If the client lives in a group setting, estimate the number of individuals and list under "Other Non-Relatives - Adults" and/or "Other Non-Relatives - Minors". You will have a chance to indicate the type of group setting in the TYPE OF HOUSING question. • **Client's Relatives - Adults** includes parents, grandparents, aunts, uncles, adult cousins or adult siblings, over 17 years of age. • **Client's Relatives - Minors** includes minor siblings, minor cousins, or any other minor relative. • **Partner's Relatives - Adults** includes parents, grandparents, aunts, uncles, adult cousins or adult siblings of the client's partner who are over 17 years of age. • **Partner's Relatives - Minors** includes minor siblings, minor cousins, or any other minor relative of the client's partner. • **Other Non-Relatives - Adults** individuals, over 17 years of age, that are not related to the client, or any of the client's children. • **Other Non-Relatives - Minors** individuals, under 18 years of age, that are not related to the client, or any of the client's children.

Does client feel safe:		This question attempts to capture a client's feeling of safety in her/his environment (or lack thereof). For each category, enter one of the codes below. Best judgment of case manager should prevail. Use code "8-Not applicable", if the situation doesn't apply. Must be numeric: 1, 2, 8, or 9. Must not be blank. 1-Yes 2-No 8-Not applicable 9-Unknown
With Index Child's other parent?	**1**	
With partner (if not other parent)?	**1**	
With family?	**1**	
In the neighborhood?	**1**	
In school?	**1**	

Health Insurance Type	**1**	Enter the code that best describes the client's health insurance. Must be numeric, 1-5 or 9. Must not be blank. 1-Medi-Cal 2-Healthy Families 3-Other public 4-Private 5-None 9-Unknown

Immunizations - Client	**1**	Enter the code that best indicates the immunization status of the Client. "Medical circumstances" includes doctor deferment. 1-Up to date 2-Not up to date/medical circumstances 3-Not up to date/other reasons 9-Unknown To insure accurate data in this area, the case manager should obtain proof of immunization whenever possible.
Immunizations – Index Child	**1**	Enter the code that best indicates the immunization status of the Index Child. "Medical circumstances" includes doctor deferment. 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 To insure accurate data in this area, the case manager should obtain proof of immunization whenever possible.
Medical Condition - Client	**1**	Indicate whether Client has an acute/chronic medical condition. Examples of chronic medical conditions include heart disease, diabetes and other metabolic diseases, lung disease, cancer, kidney disease, sickle cell anemia, muscular dystrophy, rheumatoid arthritis, cystic fibrosis congenital disorders such as cleft palate, and genetic disorders such as Turner's Syndrome 1-Known 2-Suspected 3-None 9-Unknown
Medical Condition – Index Child	**1**	Indicate whether Index Child has an acute/chronic medical condition. 1-Known 2-Suspected 3-None 9-Unknown

Developmental Disability - Client	**1**	Enter a code below to indicate whether Client or Index Child has a developmental disability. A developmental disability is a severe, chronic disability which is attributable to a mental or physical impairment (or a combination of mental and physical impairments) which occurs before age 21, is likely to continue indefinitely, and results in substantial functional limitations in three or more of the following areas: self-care, language, learning, mobility, independent living, and economic self-sufficiency. Examples include mental retardation, cerebral palsy, spina bifida, blindness and deafness, and other genetic syndromes associated with mental deficiencies, such as Down's syndrome. Must be numeric: 1 - 3, 9. Must not be blank. 1-Known 2-Suspected 3-None 9-Unknown
Developmental Disability – Index Child	**1**	1-Known 2-Suspected 3-None 9-Unknown

Does client have a learning disability?	**1**	Indicate whether client may have any type of learning disability. Examples would be dyslexia or other visual or auditory processing disorder, ADD, ADHD. Must be numeric: 1 - 3, 9. Must not be blank. 1-Known 2-Suspected 3-None 9-Unknown.

The following series of three questions is designed to determine the client's use of child care; if not - why not; who's doing it and who's paying for it. The items are designed to be compatible with ACF 115 designations (a CWD-->CDSS monthly reporting form). We are only interested in capturing child care that is used on a regular basis for the purpose of furthering a teen's education/work or case management related goals, even if it is provided for free by a friend or family member. We are not attempting to capture the type of child care a teen occasionally uses when she/he goes shopping or out socializing.

Child Care Use (Index Child)	**1**	If the client would like to have child care in order to achieve her/his educational or work goal but is having difficulty obtaining it, choose the reason (01-09, see below) that best describes her/his primary obstacle to getting it, or else select "10-Not Needed/ Wanted." Only select "11-Other" if none of the listed reasons apply. **Not Used Because:** • 01-Index Child Not Yet Born Child care is not used because the Index Child is not yet born • 02-Medical Reasons (Child) Child care is not used due to a medical condition (of the Index Child) that, in the client's judgment, makes child care infeasible. • 03-Not Safe Child care is not used due to safety issues that, in the client's judgment, makes child care infeasible. • 04-Enrollment Barrier (System) Child care is not used due to system enrollment barriers that, in the client's judgment, makes child care infeasible, such as no available space in Child Care Center or enrollment requirements that the client feels unable to meet. • 05-Transportation Barrier(System) Child care is not used due to lack of transportation to and from child care facilities. May be due to lack of public transportation, distance, or weather (e.g. snow) related conditions. • 06-Not Affordable Resources are not available from the funding source and client lacks adequate resources to pay for child care. • 07-Not Available Child care is not available from any source either licensed or unlicensed. • 08-Family/Cultural Barrier Child care is not utilized because family refused to allow its use or it is considered culturally inappropriate. • 09-Teen not enrolled in school Child care is not utilized because the client is not currently enrolled in any approved educational program. • 10-Not Needed/ Wanted Client chooses not to avail themselves of child care services for personal reasons. • 11-Other Child care is not utilized for any other reason not listed above.

Child Care Use (cont.)		If a client is utilizing child care to obtain her/his educational/work goals, ascertain how she/he feels about the quantity and quality of it and select the best categorization described in item responses 12-14. **Used:** • 12-More Needed Amount of child care client is receiving is insufficient for client's needs, regardless of the quality of that child care. • 13-Client Satisfied Client is satisfied with both the amount and the quality of child care s/he is currently receiving. • 14-Client Not Satisfied Client is receiving sufficient amount of child care, but is unhappy with the *quality* of that care. • 99-**Unknown**
Child Care Pay Source (Index Child)	**1**	• If regular child care (of the Index Child) is utilized for the purpose of obtaining educational/ work or case management related goals, choose the category that best describes how it is paid for. If more than one pay source is used, choose the one providing the largest portion of childcare during school hours/educational periods, if any, or during work/other non-school periods otherwise. • 1 – School Use for all funding accessed through school sites. • 2 – Cal-Learn • 3 – Free • 4 – Self-pay • 5 – Other • 6 – Healthy Families • 8 – None – Not Used • 9 – Unknown • If a teen does not utilize child care for the purpose of obtaining educational/work or case management related goals, choose "8-None - Not used."

Type Of Child Care Used (Index Child)	**2**	Choose the category that best describes the type day care utilized for the Index Child, regardless of how it is paid for. Definitions of each type follows: • **01-On-Site School Based Day Care** Any day care program located on the client's school site that is managed in conjunction with the client's educational institution. If the day care program is affiliated with the school system, but is not on the client's campus, do NOT code the client as "01". • **02-Large Licensed Family Day Care** Any day care provider licensed by the state of California to provide day care for more than 8 children in the provider's home. • **03-Small Licensed Family Day Care** Any day care provider licensed by the state of California to provide day care for a maximum of 8 children in the provider's home. • **04-Child Care Center** A facility separate from the provider's home licensed by the state of California to provide child care. It may be affiliated with the client's school, but not located on the client's school site. • **05-Client's Home - Unlicensed Relative** Child care delivered by any unlicensed paid or unpaid relative of the child (other parent, aunt, uncle, grandparent etc. by blood, marriage, or court decree) within the confines of the client's home. • **06-Client's Home - Unlicensed Non-Relative** Child care delivered by any unlicensed paid or unpaid non-relative within the confines of the client's home. • **07-Other Home - Unlicensed Relative** Child care delivered by any unlicensed paid or unpaid relative (aunt, uncle, grandparent, etc. by blood, marriage, or court decree) outside the confines of the client's home. • **08-Other Home - Unlicensed Non-Relative** Child care delivered by any unlicensed paid or unpaid non-relative outside the confines of the client's home. • **09-Other** Any other type of child care not listed here. • **10-None / Not applicable** No child care used or child not yet born. • **99-Unknown**

Sexual Activity	**1**	Code the appropriate response using the numbers 1, 2, 3, or 9. Must not be blank. 1-Active 2-Not active / No partner 3-Not active / Has partner but abstaining 9-Unknown

Contraception Use	**1**	Code the appropriate response. If the client is pregnant, code as 8-Client pregnant, regardless of activity/usage. Usage may then be established under the "Contraception Type" question below. Must be numeric: 1, 2, 3, 4, 8 or 9. Must not be blank. 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)	**2 (& 2)**	Enter code for type of contraception used, or 88 for not applicable (doesn't use) or 66 if client is pregnant. Enter up to 2 codes. At least one code must be entered. Must be numeric: 01 - 12, 88, 99. First code line must not be blank. 01-Cervical 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**	Code smoking habit of client. Must be numeric: 1 - 4, 9. Must not be blank. 1-Never smoked 2-Stopped smoking 3-Smokes less than 1 pack a day 4-Smokes 1 pack or more per day 9-Unknown
Does client live with a smoker?	**1**	Enter one of the following codes. Must be numeric: 1, 2 or 9. Must not be blank. 1-Yes 2-No 9-Unknown

Client Risk Factors	**1 each ever** **1 each last 6 mos.**	This question seeks to identify risk factors that may have had a significant effect on the life of the client, both whether the client has <u>ever</u> experienced them <u>and</u> whether the client has experienced it <u>in the last 6 months</u>. If you mark yes for the last 6 months, it should also have yes marked under ever. These data items are primarily intended for the use of individual agencies in tracking client risk factors. Previous yes answers should automatically be marked in this form. • **Medical Condition** - Any acute or chronic condition that would impede the client's ability to obtain parenting, educational, or career goals. • **Hospitalization** - Any overnight stay in a medical facility. Do not include time spent giving birth unless there were significant problems encountered. • **ER Visit** - Emergency room visit in which the client was the patient. • **Gang Involvement** - Membership or significant gang related influence in the client's life. • **Truancy** - A pattern of unexcused absence from school. • **Arrested** - Legal arrest, even if client found not guilty. • **Probation** - Client is on probation. • **Client Alcohol Abuse** - Direct abuse by client. • **Client Substance Abuse** - Direct abuse by client. • **Relationship/Domestic Violence** - Client has a violent relationship • **Restraining Order:** **Client Against Other** - Client has a restraining order in place on their behalf against someone else. **Other Against Client** - Someone else has a restraining order in place against the client. • **Abuse:** **<u>Physical</u>:** **Client** - Client has been physically abused. **Any of Client's Children** - A child of the client has been physically abused. **<u>Sexual</u>:** **Client** - Client has been sexually abused. **Any of Client's Children** - A child of the client has been sexually abused. **<u>Emotional</u>:** **Client** - Client has been emotionally abused. **Any of Client's Children** - A child of the client has been emotionally abused. Select: **1-Yes** if client says yes. **2-No** if client says no. **3-Suspected** if the client is not forthcoming with the information, but it is strongly suspected by the case manager. **8-N/A** (Child only) if client is pregnant **9-Unknown**.

SERVICE MATRIX FORM: Pregnant and Parenting Teens

Complete and attach the Service Matrix Form for pregnant and parenting teens.

ADDITIONAL OUTCOMES FORM:

Complete and attach the Additional Outcomes Form.

FREE CODES FORM

Complete and attach the Free Codes form if any free codes are in use by your agency or MCH.

ADDITIONAL CHILD MATRIX FORM

Complete and attach the Additional Child Matrix Form if the client has any children other than the Index Child.

CODING INSTRUCTIONS - LODESTAR PREGNANCY OUTCOME FORM

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

ITEM	# DIGITS	CODING INSTRUCTIONS
✪ 4 Solid Lines At Top Of Page, Right		Use for internal control, such as to record who completed the form, date completed, who entered data into computer, date entered.
Funding Source		Check box to indicate funding source for the client. Enter a value of 1-6 in the blank when using an Other.
Client ID Number	**9**	Enter the client ID number assigned to this client at Intake. If the Intake occurred at another agency or site, use the ID number originally assigned. All nine spaces must be filled in; no blanks are allowed.
Case Manager		Enter the code and name (or initials) of the case manager assigned to this client. Must not be blank.
Client Name		Enter client's first, middle and last names on the lines provided. Spell name identically on every form. Must not be blank.
Index Child	**1**	Indicate whether outcome is for Index Child or not using the codes below. Must be numeric: 1 or 2. Must not be blank. 1-Index child birth outcome 2-Non-Index child birth outcome
DATE OF DELIVERY/ OTHER OUTCOME	**8**	Enter the date of delivery or other outcome for the Indexed Child in MM/DD/YY format. Must not be blank.
Cal-Learn Case Management Participation	**1**	This question seeks to determine if Cal-Learn clients are actively meeting with their case manager. Select the response that best describes client's Cal-Learn participation, or select "8-Not applicable (not Cal-Learn)" if the client is in the AFLP, Sibling or other program. If your answer indicates significant non-participation (answers 3-5), *you need not complete the rest of the Intake form.* 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)
Pregnancy Outcome	**1**	Enter the pregnancy outcome using the codes below. For miscarriage, stillbirth, fetal death, or spontaneous abortion, use code 2. Must be numeric: 1-3. Must not be blank. 1-Live birth 2-Fetal death 3-Other

Weeks Of Gestation	**2**	Enter the weeks of gestation at delivery. Enter 99 for unknown. Must be numeric: 00-99. Must not be blank.
Type Of Birth	**1**	Enter code for type of birth. Must be numeric: 1, 2. Must not be blank. If recording a multiple birth, you must complete and attach a **Lodestar Additional Child Matrix Form**. 1-Single 2-Multiple (twin, triplet, etc)

Child's Name (if known)		Enter the first and last names for the child for whom you are doing the outcome. If the child has not yet been named, or no name applies (e.g. fetal death), leave blank.
Child Gender	**1**	Enter sex of child. Must not be blank. 1-Female 2- Male
✪Index Child Soc. Sec. #	**9 + 2 dashes**	Enter Social Security number of Index Child only.
Birthweight	**2 for lbs. 3 (incl. decimal) for oz.**	Enter birth weight of child in lbs. and oz. -OR- Enter: 88 in the lbs. field-If No Live Birth 99 in the lbs. field-If Unknown Must not be blank if outcome is live birth.

Length Of Hospital Stay At Delivery (Client)	**1**	Enter code for length of time client remained in hospital at delivery. Use code 8 for fetal death or therapeutic abortion. Must be numeric: 1-4, 8 or 9. Must not be blank. 1-Less than 1 day 2-One - three days 3-Four or more days 4-Home birth 8-Not Applicable 9-Unknown
Length Of Hospital Stay At Delivery (Infant)	**1**	Enter code for length of time infant remained in hospital at delivery. Use code 8 for fetal death or therapeutic abortion. Must be numeric: 1-5, 8 or 9. Must not be blank. 1-Less than 1 day 2-One - three days 3-Four or more days 4-Over 1 month 5-Home birth 8-Not Applicable 9-Unknown

Trimester Prenatal Care Began	**1**	Code the trimester of pregnancy in which the client began receiving prenatal care. Code trimesters 1-3. If no care was provided, code 0. If unknown, code 9. Must be numeric: 0-3, 9. Must not be blank. 0-No prenatal care 1-First trimester of pregnancy (1-13 weeks) 2-Second trimester of pregnancy (14-26 weeks) 3-Third trimester of pregnancy (27 weeks and over) 9-Unknown
Prenatal Care Setting	**1**	Enter the type of provider who provided the major portion of medical prenatal care to the client. Must be numeric: 0-4, 9. Must not be blank. 1-Private office 2-Health care clinic 3-Other setting 4-No prenatal care 9-Unknown

Source Of Prenatal Care Payment	**1**	Use the following codes for payment source for prenatal care. Code the source of payment that contributed the most. Must be numeric: 1-4, 9. Must not be blank. 1-MediCal 2-Private insurance 3-Third-party payer 4-Self pay/Cash 9-Unknown
Total Number Of Children the Teen Has Given Birth To	**1**	Count all live births that the client has had to date, including any that occurred before the client entered the program. Enter exact number 0-7, 8 if 8 or more, or 9 if unknown.

Marital Status	**1**	Enter the client's marital status. Must be numeric: 1-3, 9. Must not be blank 1-Single, never married 2-Married 3-Other [including separated, divorced or widowed] 9-Unknown

Work/Employment Status	**1**	Enter code for client's work/employment status. Must be numeric: 1-4, 9. Must not be blank. 1-Does not work 2-Seeking employment 3-Working 4-In job training 9-Unknown

Last Grade COMPLETED	**2**	Enter the last grade or educational level successfully completed by the client. For grades 1 through 9, enter the grade preceded by a 0; for grades 10-12 enter the grade. Must be non-blank numeric value 00 through 17. Enter 99 if unknown. 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, 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	**2**	The case manager should engage the client in a conversation of the client's school status. Based on this conversation the case manager should evaluate the validity of any barriers the client may state to being in school. If, in the opinion of the case manager, the client does not have a valid reason for not being in school, code "08-Refuses to Attend". 01-**In School** Currently in school or on school vacation (and was in school before the break began) - may be currently suspended or on an excused absence (e.g. pregnancy leave). **Not In School because:** 02-Transportation Barrier Not currently enrolled in any school program due to a lack of transportation to either school or child care. NOTE: Do not include clients unwilling to cross gang territory in this category. Instead code these as "05-Psycho-Social Barrier". 03-Child Care Barrier Not currently enrolled in any school program due to unavailability of affordable child care. NOTE: Do not count clients who have transportation barriers to child care in this category. Instead, code these as "02-Transportation Barrier".

K-12 School Status (cont.)		04-Educational Barrier Not currently enrolled in any school program due to educational barriers such as lack of appropriate school program (i.e. ESL, Special Ed.), limited enrollment positions etc. NOTE: Do not include school expulsion in this category. Instead, code this as “07-Expelled”. 05-Psycho-Social Barrier Not currently enrolled in any school program due to psycho-social barriers such personal safety concerns, homelessness, domestic violence, family/ cultural issues etc. 06-Medical Barrier Not currently enrolled in any school program due to physical or mental health problems of the client or any of her/his children. 07-Expelled Client not allowed to return to school, and no other school program is available. 08-Client Refuses Given the client’s circumstances, it would be reasonable to expect that the client would be enrolled and attending school. There are no significant barriers preventing attendance (i.e. Transportation, Child Care, Educational, Psycho-Social, Medical or Expelled). 09-Other Reason Not currently enrolled in any school program due to a reason not listed above. 10-GED/CHSPE Complete 11-High School Diploma 99-**Unknown**
Type Of School	**2**	Enter the 2 digit code that best describes the type of school in which the client is enrolled. If the client is not enrolled, code “88-Not enrolled/applicable”. Definitions of the school types are as follows: 01-Elementary school (1-6) Not a Private School (see 07). 02-Middle/Intermediate/Jr HS (6-9) Not a Private School (see 07).

Type Of School (cont.)	03-Regular/Traditional Sr. HS (9-12) Not a Private School (see 07). Students participate in same classes as non-pregnant/parenting peers - minimum attendance is 240 minutes/day for non-seniors, 180 minutes/day for seniors; may include evening classes, regional opportunity program, or work experience education program, in which case the minimum attendance times are waived. 04-Continuation/Alternative school Not a Private School (see 07). Students may or may not participate in same classes as non-pregnant/parenting peers. Minimum attendance is 3 hours/day, with no more than 15 hours credited per week. Minimum attendance for students who are regularly employed is 4 hours/week. 05-Court/community school Schools operated by the county office of education that serve students who are expelled from school, homeless, or are referred by a School Attendance Review Board or Probation Board. Full time attendance is 240 minutes/day. 06-Adult Education Pregnant/Parenting students may participate either concurrently with a K-12 program or with adult status. Minimum daily attendance is 3 hours, with no more than 15 hours/week credited. 07-Private School (K-12) Private individuals, firms, associations, partnerships, or corporations offering elementary and/or high school education. (The school must have an affidavit exempting participating students from compulsory attendance at a public school). 08-Vocational/Tech Prep. HS (9-12) A High School degree program designed to provide the student with vocational or technical preparatory training. 09-Other (K-12) Any other educational program (not listed above) that is accepted as evidence of working toward a HS diploma or GED such as ESL classes, specialized programs set up under the directive of an IEP, etc. 10-Charter School (K-12) Alternative schools within the public education system that have charters spelling out certain expected results in exchange for freedom from some rules, regulations or statutes. 88-Not enrolled / applicable Client is not enrolled in school (for whatever reason), or has completed their secondary education. 99-Unknown For further information about school types contact California Department of Education, Curriculum and Instruction Branch (916) 319-0806

✪School District	**3**	Optional 3 digit user-defined code. May be any combination of numbers or letters. (May be left blank.)
✪School Code	**3**	Optional 3 digit user-defined code. May be any combination of numbers or letters. (May be left blank.)
✪School Name		Optional field. Enter the name of the school that corresponds to the School Code above. May be any combination of letters or other characters within the space provided. (May be left blank.)

Primary Instructional Strategy	**1**	Enter code for the principal method of instruction. Must be numeric: 1-6, 8 or 9. Must not be blank. 1-Mainstream program Classroom based instructional program in both traditional and continuation schools where students move from class to class during the school day. (See also 4-Self-contained classroom only). 2-Independent Study A public school program that allows the student to complete their academic work primarily outside a classroom in accordance with a voluntarily agreed to written agreement. It is expected that the teacher will assign a minimum of 20 hours per week of work. The student must complete assignments given by the teacher in accordance with the terms of the written agreement. 3-Temporary Home / Hospital instruction Individualized instruction provided in the student's home or hospital/residential health facility while the student is temporarily disabled. Each clock hour of teaching time counts as one day of attendance, with no more than 5 days credited per calendar week. 4-Self-contained classroom only Classroom based instructional program taught by one or two credentialed teachers where students remain in the same classroom through the school day separate and apart from their non-pregnant/ parenting or non-special needs peers. 5-Correspondence School Only UC Berkeley Extension is certified to provide study by correspondence. Students are accepted when for good cause the student is unable to attend a comparable class provided in a local school. 6-Legal Home Schooling Meets the legal definition of "Home Schooling" for the state of California. Otherwise, code the client as "8-Not enrolled in approved Program."

Primary Instructional Strategy (cont.)		8-Not enrolled in approved program Use this code if the client is not enrolled in school -OR- is attending a school program that is uncertified or not legally recognized. 9-Unknown OR Not Listed Above Use this code if the client's instructional strategy is unknown or is not listed above.
Is client enrolled in an education program for pregnant or parenting teens?	**1**	Enter the 1 digit code that identifies the client's enrollment status in any school program that targets the special needs of pregnant or parenting teens. Must be numeric: 1-2, 9. Must not be blank. 1-Yes 2-No 9-Unknown
Educational Goal	**1**	Enter the 1 digit code that best describes the client's current educational goal. If the client has no stated intention of going beyond their current level of education, enter "5-None at this time," regardless of the current level achieved. 1-HS Diploma 2-GED 3 -CHSPE 4-Post Secondary 5-None at this time 9-Unknown
Has client ever had an IEP?	**1**	Enter the 1 digit code that identifies whether the client has ever had an IEP (Individualized Education Program).The intent of the question is to capture how many clients may have special needs. Must be numeric: 1-2, 9. Must not be blank. 1-Yes 2-No 9-Unknown
Has client passed the High School Exit Exam?	**1**	Enter the 1 digit code that identifies whether the client has passed all sections of the exam. If they have never taken the exam the answer should be no. Must be numeric: 1-2, 9. Must not be blank. 1-Yes 2-No 9-Unknown
Post-Secondary School	**1**	If the client is currently enrolled in a post-secondary school, enter a code for the type of school. Use code 8, "N.A. (not currently enrolled)" otherwise. Must be numeric: 1 - 4, 8, 9. Must not be blank. 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**	Choose the type of housing that best describes the client's primary place of residence. Choose "6-Other" if no other category matches. 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	**1**	Enter the number of times the client has moved during the past six months. Include moves to shelters, foster care, homeless, etc. Must be numeric: 0 - 9. Must not be blank. 0-None 1 thru 7 – Use Exact Number 8-Eight or more 9-Unknown

Who shares the client's domicile?	**1**	This series of items is designed to determine exactly who lives with the client. Enter the exact number (0-50, or 99 if unknown) for each category of individuals living with the client. Do not include the client or the client's children in the count. If the client divides a significant amount of her/his time between two domiciles the case manager should determine which is the client's primary residence and report on that. If the client lives in a group setting, estimate the number of individuals and list under "Other Non-Relatives - Adults" and/or "Other Non-Relatives - Minors". You will have a chance to indicate the type of group setting in the TYPE OF HOUSING question. • **Client's Relatives - Adults** includes parents, grandparents, aunts, uncles, adult cousins or adult siblings, over 17 years of age. • **Client's Relatives - Minors** includes minor siblings, minor cousins, or any other minor relative. • **Partner's Relatives - Adults** includes parents, grandparents, aunts, uncles, adult cousins or adult siblings of the client's partner who are over 17 years of age. • **Partner's Relatives - Minors** includes minor siblings, minor cousins, or any other minor relative of the client's partner. • **Other Non-Relatives - Adults** individuals, over 17 years of age, that are not related to the client, or any of the client's children. • **Other Non-Relatives - Minors** individuals, under 18 years of age, that are not related to the client, or any of the client's children.

Does Client Feel Safe: **With Index Child's other parent?** **With partner (if not other parent)?** **With family?** **In the neighborhood?** **In school?**	 **1** **1** **1** **1** **1**	This question attempts to capture a client's feeling of safety in her/his environment (or lack thereof). For each category, enter one of the codes below. Best judgment of case manager should prevail. Use code "8-Not applicable", if the situation doesn't apply. Must be numeric: 1, 2, 8, or 9. Must not be blank. 1-Yes 2-No 8-Not applicable 9-Unknown

Health Insurance Type	**1**	Enter the 1 digit number that identifies the type of health insurance the client has. Must be numeric: 1 - 5, 9. Must not be blank. 1-Medi-Cal 2-Healthy Families 3-Other Public 4-Private 8-None 9-Unknown
Immunizations - Client	**1**	Enter the 1 digit number that identifies whether the client is up to date or not with immunizations. Must be numeric: 1 - 3, 9. Must not be blank. 1-Up to date 2-Not up to date/ medical circumstance 3- Not up to date/other reasons 9-Unknown
Medical Condition - Client	**1**	For all pregnancy outcomes, indicate whether Client has an acute/chronic medical condition. Examples of chronic medical conditions include heart disease, diabetes and other metabolic diseases, lung disease, cancer, kidney disease, sickle cell anemia, muscular dystrophy, rheumatoid arthritis, congenital disorders such as cleft palate, and genetic disorders such as Turner's Syndrome. 1-Known 2-Suspected 3-None 9-Unknown
Medical Condition – Index Child	**1**	For Index Child pregnancy outcomes only, indicate whether Index Child has an acute/chronic medical condition. 1-Known 2-Suspected 3-None 9-Unknown

Developmental Disability - Client	**1**	Enter a code below to indicate whether Index Child has a developmental disability. A developmental disability is a severe, chronic disability which is attributable to a mental or physical impairment (or a combination of mental and physical impairments) which occurs before age 21, is likely to continue indefinitely, and results in substantial functional limitations in three or more of the following areas: self-care, language, learning, mobility, independent living, and economic self-sufficiency. Examples include mental retardation, cerebral palsy, spina bifida, blindness and deafness, and other genetic syndromes associated with mental deficiencies, such as Down's syndrome. Must be numeric: 1 - 3, 9. Must not be blank. 1-Known 2-Suspected 3-None 9-Unknown

Does <u>client</u> have a learning disability?	**1**	Indicate whether client has any type of learning disability. Must be numeric: 1 - 3, or 9. Must not be blank. 1-Known 2-Suspected 3-None 9-Unknown.

Smoking	**1**	Code smoking habit of client. Must be numeric: 1 - 4, 9. Must not be blank. 1-Never smoked 2-Stopped smoking 3-Smokes less than 1 pack a day 4-Smokes 1 pack or more per day 9-Unknown
Does client live with a smoker?	**1**	Enter one of the following codes. Must be numeric: 1, 2 or 9. Must not be blank. 1-Yes 2-No 9-Unknown

Client Risk Factors	**1 each ever** **1 each last 6 mos**	This question seeks to identify risk factors that may have had a significant effect on the life of the client, both whether the client has <u>ever</u> experienced them <u>and</u> whether the client has experienced it <u>in the last 6 months</u>. If you mark yes for the last 6 months, it should also have yes marked under ever. These data items are primarily intended for the use of individual agencies in tracking client risk factors. Previous yes answers should automatically be marked in this form. • **Medical Condition** - Any acute or chronic condition that would impede the client's ability to obtain parenting, educational, or career goals. • **Hospitalization** - Any overnight stay in a medical facility. Do not include time spent giving birth unless there were significant problems encountered. • **ER Visit** - Emergency room visit in which the client was the patient. • **Gang Involvement** - Membership or significant gang related influence in the client's life. • **Truancy** - A pattern of unexcused absence from school. • **Arrested** - Legal arrest, even if client found not guilty. • **Probation** - Client is on probation. • **Client Alcohol Abuse** - Direct abuse by client. • **Client Substance Abuse** - Direct abuse by client. • **Relationship/Domestic Violence** - Client has a violent relationship • **Restraining Order:** **Client Against Other** - Client has a restraining order in place on their behalf against someone else. **Other Against Client** - Someone else has a restraining order in place against the client. • **Abuse:** **<u>Physical</u>:** **Client** - Client has been physically abused. **Any of Client's Children** - A child of the client has been physically abused. **<u>Sexual</u>:** **Client** - Client has been sexually abused. **Any of Client's Children** - A child of the client has been sexually abused. **<u>Emotional</u>:** **Client** - Client has been emotionally abused. **Any of Client's Children** - A child of the client has been emotionally abused. Select: **1-Yes** if client says yes. **2-No** if client says no. **3-Suspected** if the client is not forthcoming with the information, but it is strongly suspected by the case manager. **9-Unknown**

SERVICE MATRIX FORM: Pregnant and Parenting Teens

Complete and attach the Service Matrix Form for pregnant and parenting teens.

ADDITIONAL OUTCOMES FORM:

Complete and attach the Additional Outcomes Form.

FREE CODES FORM

Complete and attach the Free Codes form if any free codes are in use by your agency or MCH.

ADDITIONAL CHILD MATRIX FORM

Complete and attach the Additional Child Matrix Form if the outcome for this pregnancy was a multiple birth (twins, triplets, etc.).

CODING INSTRUCTIONS - LODESTAR FOLLOW UP FORM:
Pregnant and Parenting Teens

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

ITEM	# DIGITS	CODING INSTRUCTIONS
✪ 4 Solid Lines At Top Of Page, Right		Use for internal control, such as to record who completed the form, date completed, who entered it, date entered.
Funding Source		Check box to indicate funding source for the client. Enter a value of 1-6 in the blank when using an Other.
Client ID Number	**9**	Enter the client ID number assigned to this client at Intake. If the Intake occurred at another agency or site, use the ID number originally assigned. All nine spaces must be filled in; no blanks are allowed.
Case Manager		Enter the code and name (or initials) of the case manager assigned to this client. Must not be blank.
Client Name		Enter client's first, middle and last names on the lines provided. Spell name identically on every form. Must not be blank.
Reporting Period	**2**	Enter 06, 12, 18, 24, 30, etc, to indicate age in months of Index Child at this Follow Up. Round to closest multiple of 06. Must be numeric, 2 digits, in multiples of 06. Must not be blank.
Date Of Follow Up	**8**	Enter the date when you obtained most of the information and for which the data is current and accurate. Must not be blank.
Cal-Learn Case Management Participation	**1**	This question seeks to determine if Cal-Learn clients are actively meeting with their case manager. Select the response that best describes client's Cal-Learn participation, or select "8-Not applicable (not Cal-Learn)" if the client is in the AFLP, Sibling or other program. If your answer indicates significant non-participation (answers 3-5), *you need not complete the rest of the Follow Up form.* 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)
Marital Status	**1**	Enter the client's marital status. Must be numeric: 1-3, 9. Must not be blank 1-Single, never married 2-Married 3-Other [including separated, divorced or widowed] 9-Unknown

Work/Employment Status	**1**	Enter code for client's work/employment status. Must be numeric: 1-4, 9. Must not be blank. 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)	**1**	Count all live births that the client has had (or fathered - if the client is male) to date, including any that occurred before the client entered the program. Do not count the current pregnancy if the client is pregnant/expecting. Enter exact number 0-7, 8 if 8 or more, or 9 if unknown. If the client has given birth/fathered any child(ren) since the last reporting period, and no Pregnancy Outcome/Additional Child Matrix has been submitted to record the new child(ren) fill out an Additional Child Matrix Form and attach to this Follow Up. This may occur if a female client has left a program, had a child while out of the program, and later returned. It will also be required whenever a male client fathers any additional child(ren) since Pregnancy Outcomes are never done for male clients.
Last Grade COMPLETED	**2**	Enter the last grade or educational level successfully completed by the client. For grades 1 through 9, enter the grade preceded by a 0; for grades 10-12 enter the grade. Must be non-blank numeric value 00 through 17. Enter 99 if unknown. 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, 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	**2**	The case manager should engage the client in a conversation of the client's school status. Based on this conversation the case manager should evaluate the validity of any barriers the client may state to being in school. If, in the opinion of the case manager, the client does not have a valid reason for not being in school, code "08-Refuses to Attend". 01-**In School** Currently in school or on school vacation (and was in school before the break began) - may be currently suspended or on an excused absence (e.g. pregnancy leave). **Not In School because:** 02-Transportation Barrier Not currently enrolled in any school program due to a lack of transportation to either school or child care. NOTE: Do not include clients unwilling to cross gang territory in this category. Instead code these as "05-Psycho-Social Barrier". 03-Child Care Barrier Not currently enrolled in any school program due to unavailability of affordable child care. NOTE: Do not count clients who have transportation barriers to child care in this category. Instead, code these as "02-Transportation Barrier". 04-Educational Barrier Not currently enrolled in any school program due to educational barriers such as lack of appropriate school program (i.e. ESL, Special Ed.), limited enrollment positions etc. NOTE: Do not include school expulsion in this category. Instead, code this as "07-Expelled". 05-Psycho-Social Barrier Not currently enrolled in any school program due to psycho-social barriers such personal safety concerns, homelessness, domestic violence, family/ cultural issues etc. 06-Medical Barrier Not currently enrolled in any school program due to physical or mental health problems of the client or any of her/his children. 07-Expelled Client not allowed to return to school, and no other school program is available. 08-Client Refuses Given the client's circumstances, it would be reasonable to expect that the client would be enrolled and attending school. There are no significant barriers preventing attendance (i.e. Transportation, Child Care, Educational, Psycho-Social, Medical or Expelled).

K-12 School Status (cont.)		09-Other Reason Not currently enrolled in any school program due to a reason not listed above. 10-GED/CHSPE Complete 11-High School Diploma 99-**Unknown**

Type Of School	**2**	Enter the 2-digit code that best describes the type of school in which the client is enrolled. If the client is not enrolled, code “88-Not enrolled/applicable”. Definitions of the school types are as follows: 01-Elementary school (1-6) Not a Private School (see 07). 02-Middle/Intermediate/Jr HS (6-9) Not a Private School (see 07). 03-Regular/Traditional Sr. HS (9-12) Not a Private School (see 07). Students participate in same classes as non-pregnant/parenting peers - minimum attendance is 240 minutes/day for non-seniors, 180 minutes/day for seniors; may include evening classes, regional opportunity program, or work experience education program, in which case the minimum attendance times are waived. 04-Continuation/Alternative school Not a Private School (see 07). Students may or may not participate in same classes as non-pregnant/parenting peers. Minimum attendance is 3 hours/day, with no more than 15 hours credited per week. Minimum attendance for students who are regularly employed is 4 hours/week. 05-Court/community school Schools operated by the county office of education that serve students who are expelled from school, homeless, or are referred by a School Attendance Review Board or Probation Board. Full time attendance is 240 minutes/day. 06-Adult Education Pregnant/Parenting students may participate either concurrently with a K-12 program or with adult status. Minimum daily attendance is 3 hours, with no more than 15 hours/week credited. 07-Private School (K-12) Private individuals, firms, associations, partnerships, or corporations offering elementary and/or high school education. (The school must have an affidavit exempting participating students from compulsory attendance at a public school). 08-Vocational/Tech Prep. HS (9-12) A High School degree program designed to provide the

student with vocational or technical preparatory training.

09-Other (K-12)
Any other educational program (not listed above) that is accepted as evidence of working toward a HS diploma or GED such as ESL classes, specialized programs set up under the directive of an IEP, etc.

10-Charter School (K-12)
Alternative schools within the public education system that have charters spelling out certain expected results in exchange for freedom from some rules, regulations or statutes

88-Not enrolled / applicable
Client is not enrolled in school (for whatever reason), or has completed their secondary education.

99-Unknown

For further information about school types contact California Department of Education, Curriculum and Instruction Branch (916) 319-0806

✪School District	**3**	Optional 3 digit user-defined code. May be any combination of numbers or letters. (May be left blank.)
✪School Code	**3**	Optional 3 digit user-defined code. May be any combination of numbers or letters. (May be left blank.)
✪School Name		Optional field. Enter the name of the school that corresponds to the School Code above. May be any combination of letters or other characters within the space provided. (May be left blank.)
Primary Instructional Strategy	**1**	Enter code for the principal method of instruction. Must be numeric: 1-6, 8 or 9. Must not be blank. 1-Mainstream program Classroom based instructional program in both traditional and continuation schools where students move from class to class during the school day. (See also 4-Self-contained classroom only). 2-Independent Study A public school program that allows the student to complete their academic work primarily outside a classroom in accordance with a voluntarily agreed to written agreement. It is expected that the teacher will assign a minimum of 20 hours per week of work. The student must complete assignments given by the teacher in accordance with the terms of the written agreement.
Primary Instructional Strategy (cont.)		3-Temporary Home / Hospital instruction Individualized instruction provided in the student's home or hospital/residential health facility while the student is temporarily disabled. Each clock hour of teaching time counts as one day of attendance, with no more than 5 days credited per calendar week. 4-Self-contained classroom only Classroom based instructional program taught by one or two credentialed teachers where students remain in the same classroom through the school day separate and apart from their non-pregnant/ parenting or non-special needs peers. 5-Correspondence School Only UC Berkeley Extension is certified to provide study by correspondence. Students are accepted when for good cause the student is unable to attend a comparable class provided in a local school. 6-Legal Home Schooling Meets the legal definition of "Home Schooling" for the state of California. Otherwise, code the client as "8-Not enrolled in approved Program." 8-Not enrolled in approved program Use this code if the client is not enrolled in school -OR- is attending a school program that is uncertified or not legally recognized. 9-Unknown OR Not Listed Above Use this code if the client's instructional strategy is unknown or is not listed above.

Is client enrolled in an education program for pregnant or parenting teens?	**1**	Enter the 1 digit code that identifies the client's enrollment status in any school program that targets the special needs of pregnant or parenting teens. Must be numeric: 1-2 or 9. Must not be blank. 1-Yes 2-No 9-Unknown

Educational Goal	**1**	Enter the 1 digit code that best describes the client's current educational goal. If the client has no stated intention of going beyond their current level of education, enter "5-None at this time," regardless of the current level achieved. 1-HS Diploma 2-GED 3-CHSPE 4-Post secondary 5-None at this time 9-Unknown
Has client ever had an IEP?	**1**	Enter the 1 digit code that identifies whether the client has ever had an IEP (Individualized Education Program).The intent of the question is to capture how many clients may have special needs. Must be numeric: 1-2, 9. Must not be blank. 1-Yes 2-No 9-Unknown
Has client passed the High School Exit Exam?	**1**	Enter the 1 digit code that identifies whether the client has passed <u>all</u> sections of the exam. If they have never taken the exam the answer should be no. Must be numeric: 1-2, 9. Must not be blank 1-Yes 2-No 9-Unknown
Post-Secondary School	**1**	If the client is currently enrolled in a post-secondary school, enter a code for the type of school. Use code 8, "N.A. (not currently enrolled)" otherwise. Must be numeric: 1 - 4, 8, 9. Must not be blank. 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**	Choose the type of housing that best describes the client's primary place of residence. Choose "6-Other" if no other category matches. 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	**1**	Enter the number of times the client has moved during the past six months. Include moves to shelters, foster care, homeless, etc. Must be numeric: 0 - 9. Must not be blank. 0-None 1 thru 7 – Use Exact Number 8-Eight or more 9-Unknown

Who shares the client's domicile?	**1**	This series of items is designed to determine exactly who lives with the client. Enter the exact number (0-50, or 99 if unknown) for each category of individuals living with the client. Do not include the client or the client's children in the count. If the client divides a significant amount of her/his time between two domiciles the case manager should determine which is the client's primary residence and report on that. If the client lives in a group setting, estimate the number of individuals and list under "Other Non-Relatives - Adults" and/or "Other Non-Relatives - Minors". You will have a chance to indicate the type of group setting in the TYPE OF HOUSING question. • **Client's Relatives - Adults** includes parents, grandparents, aunts, uncles, adult cousins or adult siblings, over 17 years of age. • **Client's Relatives - Minors** includes minor siblings, minor cousins, or any other minor relative. • **Partner's Relatives - Adults** Includes parents, grandparents, aunts, uncles, adult cousins or adult siblings of the client's partner who are over 17 years of age. • **Partner's Relatives - Minors** Includes minor siblings, minor cousins, or any other minor relative of the client's partner.
Who shares the client's domicile? (cont.)		• **Other Non-Relatives - Adults** Individuals, over 17 years of age, that are not related to the client, or any of the client's children. • **Other Non-Relatives - Minors**

		Individuals, under 18 years of age, that are not related to the client, or any of the client's children.

Does Client Feel Safe: **With Index Child's other parent?** **With partner (if not other parent)?** **With family?** **In the neighborhood?** **In school?**	 **1** **1** **1** **1** **1**	This question attempts to capture a client's feeling of safety in her/his environment (or lack thereof). For each category, enter one of the codes below. Best judgment of case manager should prevail. Use code "8-Not applicable", if the situation doesn't apply. Must be numeric: 1, 2, 8, or 9. Must not be blank. 1-Yes 2-No 8-Not applicable 9-Unknown

Has Client Received A Health Exam Since Last Reporting Period?	**1**	Enter one of the codes below. Must be numeric: 1, 2 or 9. Must not be blank. 1-Yes 2-No 9-Unknown
Has Client Received Treatment For A Chronic Health Problem Since Last Reporting Period?	**1**	Enter one of the codes below. Must be numeric: 1-3, 9. Must not be blank. 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
Health Insurance Type	**1**	Enter the code that best describes the client's health insurance. Must be numeric, 1-5 or 9. Must not be blank. 1-Medi-Cal 2-Healthy Families 3-Other public 4-Private 5-None 9-Unknown
Immunizations - Client	**1**	Enter the code that best indicates the immunization status of the Client. "Medical circumstances" includes doctor deferment. 1-Up to date 2-Not up to date/medical circumstances 3-Not up to date/other reasons 9-Unknown To insure accurate data in this area, the case manager should obtain proof of immunization whenever possible.

Immunizations – Index Child	**1**	Enter the code that best indicates the immunization status of the Index Child. "Medical circumstances" includes doctor deferment. See the MCH Immunization Schedule in the appendix for details on the immunization schedule. 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 To insure accurate data in this area, the case manager should obtain proof of immunization whenever possible.
Medical Condition **Client** **Index Child**	 **1** **1**	Indicate whether Client and Index Child currently have an acute or chronic medical condition. Examples of chronic medical conditions include heart disease, diabetes and other metabolic diseases, lung disease, cancer, kidney disease, sickle cell anemia, muscular dystrophy, rheumatoid arthritis, congenital disorders such as cleft palate, and genetic disorders such as Turner's Syndrome. 1-Known 2-Suspected 3-None 9-Unknown 1-Known 2-Suspected 3-None 9-Unknown

Developmental Disability - Client	**1**	Enter a code below to indicate whether Index Child has a developmental disability. A developmental disability is a severe, chronic disability which is attributable to a mental or physical impairment (or a combination of mental and physical impairments) which occurs before age 21, is likely to continue indefinitely, and results in substantial functional limitations in three or more of the following areas: self-care, language, learning, mobility, independent living, and economic self-sufficiency. Examples include mental retardation, cerebral palsy, spina bifida, blindness and deafness, and other genetic syndromes associated with mental deficiencies, such as Down's syndrome. Must be numeric: 1 - 3, 9. Must not be blank. 1-Known 2-Suspected 3-None 9-Unknown
Developmental Disability – Index Child	**1**	1-Known 2-Suspected 3-None 9-Unknown
Does client have a learning disability?	**1**	Indicate whether client may have any type of learning disability. Examples would be dyslexia or other visual or auditory processing disorder, ADD, ADHD., Must be numeric: 1 - 3, 9. Must not be blank. 1-Known 2-Suspected 3-None 9-Unknown.

The following series of three questions is designed to determine the client's use of child care; if not - why not; who's doing it and who's paying for it. The items are designed to be compatible with ACF 115 designations (a CWD-->CDSS monthly reporting form). We are only interested in capturing child care that is used on a regular basis for the purpose of furthering a teen's education/work or case management related goals, even if it is provided for free by a friend or family member. We are not attempting to capture the type of child care a teen occasionally uses when she/he goes shopping or out socializing.

Child Care Use (Index Child)	**1**	If the client would like to have child care in order to achieve her/his educational or work goal but is having difficulty obtaining it, choose the reason (01-09, see below) that best describes her/his primary obstacle to getting it, or else select "10-Not Needed/ Wanted." Only select "11-Other" if none of the listed reasons apply. **Not Used Because:** • 01-Index Child Not Yet Born Child care is not used because the Index Child is not yet born • 02-Medical Reasons (Child) Child care is not used due to a medical condition (of the Index Child) that, in the client's judgment, makes child care infeasible. • 03-Not Safe Child care is not used due to safety issues that, in the client's judgment, makes child care infeasible. • 04-Enrollment Barrier (System) Child care is not used due to system enrollment barriers that, in the client's judgment, makes child care infeasible, such as no available space in Child Care Center or enrollment requirements that the client feels unable to meet. • 05-Transportation Barrier(System) Child care is not used due to lack of transportation to and from child care facilities. May be due to lack of public transportation, distance, or weather (e.g. snow) related conditions. • 06-Not Affordable Resources are not available from the funding source and client lacks adequate resources to pay for child care. • 07-Not Available Child care is not available from any source either licensed or unlicensed. • 08-Family/Cultural Barrier Child care is not utilized because family refused to allow its use or it is considered culturally inappropriate. • 09-Teen not enrolled in school Child care is not utilized because the client is not currently enrolled in any approved educational program. • 10-Not Needed/ Wanted Client chooses not to avail themselves of child care services for personal reasons. • 11-Other

		Child care is not utilized for any other reason not listed above. If a client is utilizing child care to obtain her/his educational/work goals, ascertain how she/he feels about the quantity and quality of it and select the best categorization described in item responses 12-14. **Used:** • 12-More Needed Amount of child care client is receiving is insufficient for client's needs, regardless of the quality of that child care. • 13-Client Satisfied Client is satisfied with both the amount and the quality of child care s/he is currently receiving. • 14-Client Not Satisfied Client is receiving sufficient amount of child care, but is unhappy with the *quality* of that care. • 99-**Unknown**
Child Care Pay Source (Index Child)	**1**	• If regular child care (of the Index Child) is utilized for the purpose of obtaining educational/ work or case management related goals, choose the category that best describes how it is paid for. If more than one pay source is used, choose the one providing the largest portion of childcare during school hours/educational periods, if any, or during work/other non-school periods otherwise. • 1 – School Use for all funding accessed through school sites. • 2 – Cal-Learn • 3 – Free • 4 – Self-pay • 5 – Other • 6 – Healthy Families • 8 – None – Not Used • 9 – Unknown • If a teen does not utilize child care for the purpose of obtaining educational/work or case management related goals, choose “8-None - Not used.”
Type Of Child Care Used (Index Child)	**2**	Choose the category that best describes the type day care utilized for the Index Child, regardless of how it is paid for. Definitions of each type follows: • **01-On-Site School Based Day Care** Any day care program located on the client’s school site that is managed in conjunction with the client’s educational institution. If the day care program is affiliated with the school system, but is not on the client’s campus, do NOT code the client as “01”. • **02-Large Licensed Family Day Care** Any day care provider licensed by the state of California to provide day care for more than 8 children in the provider’s home. • **03-Small Licensed Family Day Care** Any day care provider licensed by the state of California to provide day

		care for a maximum of 8 children in the provider's home. • **04-Child Care Center** A facility separate from the provider's home licensed by the state of California to provide child care. It may be affiliated with the client's school, but not located on the client's school site. • **05-Client's Home - Unlicensed Relative** Child care delivered by any unlicensed paid or unpaid relative of the child (other parent, aunt, uncle, grandparent etc. by blood, marriage, or court decree) within the confines of the client's home. • **06-Client's Home - Unlicensed Non-Relative** Child care delivered by any unlicensed paid or unpaid non-relative within the confines of the client's home. • **07-Other Home - Unlicensed Relative** Child care delivered by any unlicensed paid or unpaid relative (aunt, uncle, grandparent, etc. by blood, marriage, or court decree) outside the confines of the client's home. • **08-Other Home - Unlicensed Non-Relative** Child care delivered by any unlicensed paid or unpaid non-relative outside the confines of the client's home. • **09-Other** Any other type of child care not listed here. • **10-None / Not applicable** No child care used or child not yet born. • **99-Unknown**

Sexual Activity	**1**	Code the appropriate response using the numbers 1, 2, 3, or 9. Must not be blank. 1-Active 2-Not active / No partner 3-Not active / Has partner but abstaining 9-Unknown

Contraception Use	**1**	Code the appropriate response. If the client is pregnant, code as 8-Client pregnant, regardless of activity/usage. Usage may then be established under the "Contraception Type" question below. Must be numeric: 1, 2, 3, 4, 8 or 9. Must not be blank. 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)	**2 (& 2)**	Enter code for type of contraception used, or 88 for not applicable (doesn't use) or 66 if client is pregnant. Enter up to 2 codes. At least one code must be entered. Must be numeric: 01 - 12, 88, 99. First code line must not be blank. 01-Cervical 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**	Code smoking habit of client. Must be numeric: 1 - 4, 9. Must not be blank. 1-Never smoked 2-Stopped smoking 3-Smokes less than 1 pack a day 4-Smokes 1 pack or more per day 9-Unknown
Does client live with a smoker?	**1**	Enter one of the following codes. Must be numeric: 1, 2 or 9. Must not be blank. 1-Yes 2-No 9-Unknown

Intentional Injury, Self-Inflicted, Since Last Reporting Period (Client)	**1**	Since the last Reporting Period, has there been an intentional self-inflicted injury on the part of the client? Must be numeric: 1 -3, 9. Must not be blank. 1-Known 2-Suspected 3-None 9-Unknown

Intentional Injury, Not Self-Inflicted, Since Last Reporting Period (Client)	**1**	Since the last Reporting Period, has there been an intentional injury inflicted on client by another person? Must be numeric: 1 - 3 or 9. Must not be blank. 1-Known 2-Suspected 3-None 9-Unknown
Was Non Self-Inflicted Injury The Result Of Domestic Violence?	**1**	If there has been an intentional injury inflicted on client by another person since last reporting period, was it the result of domestic violence? Must be numeric: 1,2,8 or 9. Must not be blank. 1-Yes 2-No 8-Not applicable (no non self-inflicted intentional injury) 9-Unknown

# Of Hospitalizations Since Last Reporting Period (Index Child)	**1**	Enter a code to indicate how many times the Index Child has been hospitalized since the last Reporting Period. If 1 - 7 times, enter exact number. Must be numeric: 0 - 9. Must not be blank. 0-None 1... 7 for one to seven 8-Eight or more 9-Unknown

# Of ER Visits Since Last Reporting Period (Index Child)	**1**	Enter a code to indicate how many times the Index Child has been in a medical emergency room since the last Reporting Period. If 1 - 7 times, enter exact number. Must be numeric: 0 - 9. Must not be blank. 0-None 1... 7 for one to seven 8-Eight or more 9-Unknown
Abuse/Neglect Report Since Last Reporting Period (Index Child)	**1**	Since the last reporting period, has a complaint been filed alleging that the Index Child is a victim of child abuse or neglect? Must be numeric: 1-3, 9. Must not be blank. 1-Yes, initial complaint 2-Yes, complaints also filed in previous period(s) 3-No 9-Unknown

Client Risk Factors	**1 each ever** **1 each last 6 mos**	This question seeks to identify risk factors that may have had a significant effect on the life of the client, both whether the client has <u>ever</u> experienced them <u>and</u> whether the client has experienced it <u>in the last 6 months</u>. If you mark yes for the last 6 months, it should also have yes marked under ever. These data items are primarily intended for the use of individual agencies in tracking client risk factors. Previous yes answers should automatically be marked in this form. • **Medical Condition** – Any acute or chronic condition that would impede the client's ability to obtain parenting, educational, or career goals. • **Hospitalization** - Any overnight stay in a medical facility. Do not include time spent giving birth unless there were significant problems encountered. • **ER Visit** - Emergency room visit in which the client was the patient. • **Gang Involvement** - Membership or significant gang related influence in the client's life. • **Truancy** - A pattern of unexcused absence from school. • **Arrested** - Legal arrest, even if client found not guilty. • **Probation** - Client is on probation. • **Client Alcohol Abuse** - Direct abuse by client. • **Client Substance Abuse** - Direct abuse by client. • **Relationship/Domestic Violence** –Client has a violent relationship. • **Restraining Order:** **Client Against Other** - Client has a restraining order in place on their behalf against someone else. **Other Against Client** - Someone else has a restraining order in place against the client. • **Abuse:** **<u>Physical</u>:** **Client** - Client has been physically abused. **Any of Client's Children** - A child of the client has been physically abused. **<u>Sexual</u>:** **Client** - Client has been sexually abused. **Any of Client's Children** - A child of the client has been sexually abused. **<u>Emotional</u>:** **Client** - Client has been emotionally abused. **Any of Client's Children** - A child of the client has been emotionally abused. Select: **1-Yes** if client says yes. **2-No** if client says no. **3-Suspected** if the client is not forthcoming with the information, but it is strongly suspected by the case manager. **8-N/A** (child only) if the client is pregnant **9-Unknown**

SERVICE MATRIX FORM: Pregnant and Parenting Teens

Complete and attach the Service Matrix Form for pregnant and parenting teens.

ADDITIONAL OUTCOMES FORM:

Complete and attach the Additional Outcomes Form.

FREE CODES FORM

Complete and attach the Free Codes form if any free codes are in use by your agency or MCH.

ADDITIONAL CHILD MATRIX FORM

Complete and attach the Additional Child Matrix Form to record/edit information on any of the client's children other than the Index Child.

CODING INSTRUCTIONS - LODESTAR SERVICE MATRIX FORM:
Pregnant and Parenting Teens
This form is required for all clients.

ITEM	# DIGITS	CODING INSTRUCTIONS
Reporting Period	**2**	Enter the two-digit code for the Reporting Period for which services are being tracked. Must be numeric. Must not be blank. 01-Intake 03-Index Child Pregnancy Outcome 04-Non-Index Child Pregnancy Outcome ##-Enter number to indicate the age in months of the Index Child at the Reporting Period for which the form is being filled out. Must be in multiples of 06 (06, 12, 18, 24, 30, etc.)
Date of Reporting Period	**8**	Enter the date in MM/DD/YY format that corresponds to the date on the Reporting Period form to which the Service Matrix is being attached. For Intake, use the date of Intake. For Pregnancy Outcome, use the date of delivery or other outcome. For Follow Up periods, use the date of follow up.
Client ID No.	**9**	Enter the client ID number assigned to this client at Intake. If the Intake occurred at another agency or site, use the ID number originally assigned. All nine spaces must be filled in; no blanks are allowed.
Client Name		Enter the client's first, middle and last names. Must not be blank.
Case Manager		Enter the code and name (or initials) of the case manager assigned to the client. Must not be blank.
All listed services	**1 each**	Enter one of the codes shown on the right-hand side of the form for each of the services listed. Enter a code in both the Client box and the Index Child box except where the boxes are darkened. Do not leave any box blank. Avoid using code 9, Unknown, unless absolutely necessary. At Intake, select the code that matches the situation just prior to the in-depth Intake interview. For all other Reporting Periods, select the code that matches the situation at the time the information was collected. If there has been no change in the status of a referral since the last reporting period, use the same code as that used at the last reporting period. If you want to track additional services not listed, you may define and use the six free codes (#s U through Z) at the bottom of the form. Be sure to attach a Service Matrix Form to each reporting period form.
Freecode # Z Client New	**1**	For need or referral for coercion resistant birth control.

CODING INSTRUCTIONS - SERVICE MATRIX FORM: Pregnant and Parenting Teens

Abuse Victim Counseling

Refers to emotional, physical or sexual abuse of client or child.

Child Development Intervention

Includes assessment, therapy, rehabilitation, and specialist intervention.

Substance Abuse Treatment

Can include counseling as well as more comprehensive treatment.

Domestic Violence Intervention

Rape crisis treatment, police, anger abatement, conflict resolution.

CODING INSTRUCTIONS - LODESTAR ADDITIONAL OUTCOMES FORM

Items marked with a circled star (✪) are optional. This form is required for all clients.

ITEM	# DIGITS	CODING INSTRUCTIONS
✪ 4 solid lines at top of page, right		Use for internal control, such as to record who completed the form, date completed, who entered it, date entered.
Client ID Number	**9**	Enter the Client ID Number assigned to this client. Use the same number as that on the Client Identification and Update Form. *Each client must have a unique number. If the client has previously been enrolled in AFLP or Cal-Learn, use the client ID number initially assigned.* Nine digit or letter combinations are allowed. If your agency uses less than nine digits, enter the number with leading zeros to the left. Must not be blank.
Case Manager		Enter the code and name (or initials) of the client's case manager. Must not be blank.
Client Name		Enter client's first, middle and last names on the lines provided. Spell name identically on every form. Must not be blank.

Reporting Period	**2**	Enter the two-digit code for the Reporting Period for which services are being tracked. Must be numeric. Must not be blank. 01-Intake 03-Index Child Pregnancy Outcome 04-Non-Index Child Pregnancy Outcome ##-Enter number to indicate the age in months of the Index Child at the Reporting Period for which the form is being filled out. Must be in multiples of 06 (06, 12, 18, 24, 30, etc.)

Has the client received dental services in the past six months?	**1**	1-Yes The client should have been examined by a dental professional to determine dental needs or have received some form of treatment (teeth cleaning, fillings, x-rays, etc.). 2-No, too expensive and/or no insurance. Client did not have the money to pay for the service or did not have any form of subsidy to cover the cost. 3-No, couldn't find a provider. The client or someone on their behalf needed to have made attempts to contact dental providers and was unsuccessful. This may include there not being dentists that are accessible because of distance and lack of transportation, or dentist does not take medi-cal or clients medical insurance or can not take on any new patients. 4-No, didn't need to go. Client did not need to go for dental services or had already received a routine annual exam and/or services. 5-No, Other Client needed to go but didn't. 9-Unknown

How often does the client wear a seatbelt when riding in a car?	**1**	1-Never 2-Sometimes 3-Most of the time 4-Always 8-Not Applicable Client does not ride in a car, Client takes public transportation or transportation that does not have seatbelts (school bus, Public transit, motorcycle etc.) 9-Unknown

How often does your baby ride in a car seat while in a car? (car seat must be strapped down)	**1**	1-Never 2-Sometimes 3-Most of the time 4-Always 8-Not Applicable – baby not yet born

During the past six months, how often has the client felt sad, depressed or hopeless?	**1**	1-Never 2-Sometimes 3-Most of the time 4-Always 9-Unknown Case manager was unable to screen for depression prior to responding to this question.

Physical Activity: **In how many of the past seven days did the client do any physical activity (for at least 20 minutes) that made her sweat and breathe hard – such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing or similar aerobic activities, including school PE?**	**1**	0-None 1 to 7-Select the number of Days 8-Not applicable Client has a medical/physical condition that prevents client from exercising 9-Unknown Case manager was unable to screen for physical activity prior to responding to this question.

Breastfeeding: If pregnant:	**1**	1-Plans to exclusively breastfeed Client will only feed her baby breast milk, either by breastfeeding or expressed and given by bottle. 2-Plans to exclusively formula feed Client will only feed her baby formula 3-Plans to breast and formula feed Client plans to feed her baby both formula and breast milk 4-Undecided Client is unsure what she will feed the baby 8-Not Applicable -Client has a medical condition or legal/illegal drug use which prevents breast feeding -Plans on adoption -Not pregnant 9-Unknown Case manager was unable to screen for breastfeeding prior to responding to this question.

For client with baby less than one year of age, for how long was breastfeeding the exclusive milk source? (expressed breast milk fed by bottle is considered breastfeeding)	**1**	1-Currently breastfeeding Client is exclusively breastfeeding at this time 2-Less than one week Client exclusively breastfed for less than 7 days 3-Between one week and two months Client exclusively breastfed for more than a week but less than two months 4-Between two and six months Client exclusively breastfed for more than two months but less than six months 5-Longer than six months Client exclusively breastfed the index child for more than 6 months 6-Breast milk was never exclusively the milk source 8-Not applicable -Client or child have a medical condition, or legal/illegal drug use which prevents breast feeding -No children under 1 year of age 9-Unknown Case manager was unable to screen for breastfeeding prior to responding to this question.

Stopped breastfeeding (or never breastfed) because:	**2**	01-Client couldn't get enough information/help 02-Client didn't make enough milk 03-Breastfeeding was too painful for client 04-Client felt Baby preferred formula 05-Formula was easier 06-Client wanted partner to be able to feed the baby, too 07-A doctor/nurse/midwife said Client should stop 08-Client's boyfriend and/or the father of the baby didn't want her to breastfeed 09-Client's friends/family didn't want her to breastfeed 10-Client needed to go back to work or school 11-Client was embarrassed about breastfeeding 12-Client thought child is too old 88-Not Applicable 99-Unknown Case manager was unable to screen for breastfeeding prior to responding to this question.

CODING INSTRUCTIONS - FREE CODES FORM

The Free Codes Form may be on the reverse of the Service Matrix Form or may be on a separate sheet. These free codes (#J through T), plus five codes reserved for MCH, are available for optional use at every reporting period and may be defined by each agency as desired to track agency-specific data.

If the Free Codes Form has been photocopied onto the back of the Service Matrix Form, you do not need to fill out the box at the top of the form, nor do you need to indicate which reporting period the free codes are being completed for. If the form is on a separate page, please fill out the box and the Reporting Period as indicated.

ITEM	# DIGITS	CODING INSTRUCTIONS
Client ID No.	**9**	Enter the client ID number assigned to this client at Intake. If the Intake occurred at another agency or site, use the ID number originally assigned. When used, all nine spaces must be filled in.
Case Manager		Enter the ID code/name of the case manager assigned to the client. Must not be blank.
Client Name		Enter the client's first, middle and last names. Must not be blank.
Reporting Period	**2**	Enter the two-digit code for the Reporting Period for which services are being tracked. Must be numeric. Must not be blank. 01-Intake 03-Index Child Pregnancy Outcome 04-Index Child Pregnancy Outcome ##-Month Follow Up (Enter 2 digits to indicate age of Index Child in months at follow up -OR- number of months since Intake [Sibling Clients Only]). Use multiples of 06 (06, 12, 18, 24, 30, etc.)

All free codes, except those reserved for MCH or DSS, are user definable and can be used to collect agency-specific data at each reporting period. If you intend to use any of the codes, you will need to prepare a coding sheet for your case managers. Alternately, you may photocopy your codes, values and descriptions onto the back of the Service Matrix Form. An example of a coding sheet for free codes is shown below.

<u>Do not use the same free code to collect different pieces of information at different reporting periods</u>.

SAMPLE FREE CODE DEFINITIONS

FREECODE NAME & FORM FOUND ON	USE FOR:	COLLECT WHEN:	CODES TO USE:
Freecode#B - Client Identification & Update Form	Whether client is former AFLP, Cal-Learn or Sibling client	Identification of client	01-Former AFLP client 02-Former Cal-Learn client 03-Former Sibling client 99-Unknown
Freecode#J - Free Codes Form	# pregnancies client has had	Intake, Pregnancy Outcome, Follow Up	Enter number of pregnancies client has had to date.
Freecode#U - Service Matrix Form	Whether client has attended in-house parenting group.	Intake, Pregnancy Outcome, Follow up, Exit	Use codes on Service Matrix Form.
Free_CL#A – Client ID and Update Form	Name of client's school guidance counselor	When complete or update Education form.	Enter name of client's school guidance counselor.

CODING INSTRUCTIONS - LODESTAR CLIENT STATUS CHANGE FORM

Fill in date and use form for status changes and for transfers to a different funding source and/or location

ITEM	**# DIGITS**	**CODING INSTRUCTIONS**
✪ 4 solid lines at top of page, right		Use for internal control, such as to record who completed the form, date completed, who checked it, date entered.
Funding Source		Mark box to indicate the current funding source of the client in your program for whom you are recording a change in status. Enter a value (3-6) when using any of these additional Other funding sources. Must not be blank.
Client ID No.	**9**	Enter the Client Identification Number assigned to this client. The number must be the same as that on the Lodestar Client Identification Form. If your agency uses less than nine digits, enter the number with leading zeros to the left. Must not be blank.
Case Manager		Enter the code and name (or initials) of the client's case manager. Must not be blank.
Client Name		Enter client's first, middle and last names on the lines provided. Must not be blank.
➔ Change Status and/or Transfer Client As Of: ___/___/___	**8**	For all changes: Enter date when status change took effect in MM/DD/YY format. Must not be blank.
New Status:		
❑ (**1**) **ACTIVE (No longer Exempt, Deferred, Ineligible or Terminated)**		Check box if a Cal-Learn client is no longer exempt, deferred or ineligible (in other words, is an active client again), or if an AFLP or Sibling client re-enters the program after a termination.
AFLP Waiver End Date __/__/__		Enter the date in MM/DD/YY format that the 18 and 18 waiver or the 19 year old waiver ends for active AFLP clients.
❑ (**2**) **AFLP/SIBLING CASE MANAGEMENT TERMINATE**		Check the box and select the reason for the AFLP or Sibling client termination.
(Select Reason) ❑ 1-Self sufficient, attained goals ❑ 2-Client voluntarily exited ❑ 3-No longer eligible ❑ 4-Moved - no case management transfer ❑ 5-Unable to locate/unresponsive ❑ 6-Case management unavailable ❑ 7-Death - index child ❑ 8-Death - client ❑ 9-Transfer to another funding source and/or location number ❑ 10-Other ❑ 11-Sibling became pregnant	**8**	If the client is transferring to Cal-Learn, complete the reverse of the form also under Transfer. If a sibling client became pregnant, enter the EDC of the Index Child in the space provided: → → EDC of Index Child ___/___/___ Scroll WAY down or just enter the number 77 and enter new CM's code. It will automatically make a new

❑ 77-New Case Manager	**(for date)**	Active with the code of the new case manager.

❑ **(3) WAIT-LISTED AFLP** (Select reason) ❑ 1-Active Wait List ❑ 2-Inactive Wait List		If an AFLP client must be wait listed check the Active Wait List Box. If they cannot then become Active they should be moved to the Inactive Wait List and will not show up on reports.
❑ **(4) DEFERRED CAL-LEARN** (Select reason & enter date below) ❑ 1-Needs services temporarily unavailable ❑ 2-Case management not available ❑ 3-Has special need that precludes teen's ability to participate ❑ 4-Needs time to recover from childbirth		If a Cal-Learn client becomes Deferred, check box and select reason. Then enter the date when the deferral should be reviewed in the space below.
Exemption/Deferral Review Date ___/___/___	**8**	Enter date when exemption or deferral should be reviewed in MM/DD/YY format. Must not be blank. Check box if you wish Lodestar to generate the CL-10 form: ❑ Print Exemption/Deferral Notice
❑ **(5) EXEMPT CAL-LEARN** (Select Reason & enter date above) ❑ 1-Ill, injured, or physically unable to go to school ❑ 2-Expelled and no other school can be arranged ❑ 3-Cannot get child care or transportation ❑ 4-CalWORKs-foster care payment is made on behalf of teen parent. ❑ 5-Support services unavailable (3 months or more)		If a Cal-Learn client becomes Exempt, check box and select reason. Then enter the date when the exemption should be reviewed in the space above.
❑ **(6) INELIGIBLE FOR CAL-LEARN** (Select reason) ❑ 1-Turned 20 ❑ 2-Graduated high school or equivalent ❑ 3-Child no longer in CalWORKs assistance unit ❑ 4-No longer getting cash aid ❑ 5-County Transfer ❑ 6-Erroneously referred to Cal-Learn ❑ 7-Age 19, chose not to continue to participate in the Cal-Learn Program ❑ 8-Age 19, not eligible to volunteer to continue participating in the Cal-Learn Program ❑ 9-Other_________________________ ❑ 77-New Case Manager		If client is ineligible for Cal-Learn, check box and select reason. Check box if you wish Lodestar to generate the notice of ineligibility: ❑ Print Ineligibility Notice #6 refers to clients who should not have been referred, e.g. because they were too old or not receiving cash aid at the time. Scroll WAY down or just enter the number 77 and enter new CM's code. It will automatically make a new Active with the code of the new case manager.

❑ **<u>(8) OUTREACHED FOR AFLP</u>**	To document up to 2 months of outreach for AFLP clients, check this box as the client's beginning status if they have <u>never</u> been in the program before. If they have previously been in AFLP or Cal-Learn they may not be Outreached. If they are Outreached and cannot then become Active they should be moved to the Inactive Wait List with the same CM and will not show up on reports.

Transfer Client to a Different Funding Source and/or Location Number

Complete this section if you are transferring the client to a different funding source and/or location number.

A different location number is an agency, site or program that runs Lodestar on a different computer not networked (linked electronically) to yours or that does not run Lodestar at all.

Pick One

- ❑ Transfer within this Location Number
- ❑ Transfer to a different Location Number

Check one of the two boxes to indicate whether you are transferring the client within your location number or to a different location number.

If funding source after transfer is AFLP or Cal-Learn, enter new Location Number and Name:

A list of location numbers is found in the Appendix and will be periodically updated. If you cannot find the new location number in the

Appendix, you must <u>at a minimum</u> fill in the first two digits of the location number with the County code used by MCH and DSS to identify counties in California. These codes are also found in the Appendix.

___ ___ - ___ ___ ___ **5**
Location Number

Enter the 5-digit number of the new location number.

____
Agency or Site Name

Fill in the name of the agency or site to which you are transferring the client.

Is case management slot assured?
· **<u>Y</u>**ES · **<u>N</u>**O · **<u>U</u>**NSURE

Check box to indicate whether a case management slot is available at the new agency or site.

Funding source after transfer

- ❑ 1-AFLP
- ❑ 2-Cal-Learn
- ❑ 3-Other1
- ❑ 4-Other2
- ❑ 5-Sibling
- ❑ (6-9)-Other___(3-6)
- ❑ 0-None

Check a box to indicate the funding source after the transfer. Check a box no matter whether you are transferring the client to a different funding source or you are transferring the client to a different location number or both.

Check box if you wish Lodestar to generate a transfer sheet that provides the Client ID Number and other essential information to the new agency or site:

❑ Print client transfer sheet

CODING INSTRUCTIONS - LODESTAR ADDITIONAL CHILD MATRIX FORM

ITEM	#DIGITS	CODING INSTRUCTIONS
✪ 4 Solid Lines At Top Of Page, Right		Use for internal control, such as to record who completed the form, date completed, who entered data into computer, date entered.
Client Name		Enter client's first, middle and last names on the lines provided. Spell name identically on every form. Must not be blank.
Client ID Number	**9**	Enter the client ID number assigned to this client at Intake. If the Intake occurred at another agency or site, use the ID number originally assigned. All nine spaces must be filled in; no blanks are allowed. Use this form when a client enters the program with more than one child, or enters pregnant with any additional children, to record information about a client's natural or adopted children *other than the Index Child*, up to a total of five. The form tracks names, gender, birth dates, birth weights and, if applicable, any subsequent dates on which legal custody of a child is lost or the child dies. Enter all children starting with the *youngest child* first. If a Pregnancy Outcome form or Non-index Pregnancy Outcome form has been filled out and entered into Lodestar the appropriate information will automatically be filled into the Additional Child Matrix in Lodestar. You may also use this form to submit changes to information already entered on a previous form. If you do, make sure you indicate clearly on the form what information you want changed so there is no confusion among your data entry staff as to which values of which child's information need to be updated.

For each child (up to five total) enter:

Name		Enter the first and last names of the child. Must not be blank if the corresponding Birth Date or Birthweight fields are completed.
Birth Date		Enter the child's date of birth in MM/DD/YY format. Must not be blank if the corresponding Name or Birthweight fields are completed.
Child Gender	**1**	Enter child gender. Must be numerical 1 or 2. Must not be blank 1-Female 2-Male
Birthweight	**2 for lbs. 3 (incl. decimal) for oz.**	Enter the birthweight of the child in lbs. and oz. Enter 99 in the lbs. field if Unknown. Must not be blank if the corresponding Name or Birth Date fields are completed.

Date Lost Custody	**8**	If the client has lost legal custody of a child listed, enter the date on which custody was lost. Otherwise, *leave blank*.
Date Child Died-	**8**	If a listed child dies, enter the date of the child's death. Otherwise, *leave blank*.

CODING INSTRUCTIONS – CLIENT CONTACT LOG

Mandatory form (for AFLP clients only) to be filled in for each contact a case manager has with or for a client in the month.

The Lodestar Client Contact Log is produced from the Clients list in the Reports Screen in Lodestar. Print the Logs just before the beginning of each month and give them to each case manager to fill out. If your agency has many clients and a designated data entry person, you may want to have the Log printed at the beginning of the month and again in the middle of them month, when the first one is turned in, so your data entry person is not swamped with contacts at the end of the month. A sample is shown below:

Fake Agency

Lodestar Client Contact Log

Report Data: All Agency Clients - Ignoring CM Changes -
Dates 11/01/2012 to 11/01/2012
Sorted By Case Mgr / Client Name

Contacts for the month of: November, 2012

Type Code Legend:	Time Legend:	PYD Code Legend:
100 - Home Visit	Missed = 0	(last 2 digits only)
200 - Office Visit	1-15min = 0.25	MR - My Life Plan Roadmap
300 - Field Visit	16-30min = 0.5	MG - My Goal Sheet(s)
400 - Group Meeting	31-45min = 0.75	ML - Me & My Life
500 - Telephone Contact	46-60min = 1.0	TM - Taking Care of Me
600 - Collateral Facilitation	61-75min = 1.25	TB - Taking Care of my Baby
700 - Correspondence Sent	eg:2hrs23min=2.5	RS - Reproductive Health/Safer Sex
800, 900 & A00 - User Defined		HR - Healthy Relationships
ISP - Individual Service Plan		EM - Education, Career, and Money
CBA - Comprehensive Baseline Assessment		eg: 1ML = Home Visit + Me & My Life
RAI - Relationship Abuse Information		

Case Manager: 008 - Kineks Manager **Month of: November, 2012**

Client Name / Status	Client ID / Last 100, 200 or 300 Contact	Type	Time	Type	Time	Type	Time	Type	Time	Type	Time	Type	Time
Agatason, Agata 08/10/2011 AFLP - Active	122222222												
Ahemson, Ahem 08/28/2012 AFLP - Active	133333333												

Each client contact is tracked by recording the Type Code and Time Spent in the boxes provided, up to eighteen per client in the given month. Seven preset types of contacts, two specific MCH contacts for AFLP, and three user defined contacts are tracked. They are categorized as follows:

100 - Home Visit	Takes place at the client's home and includes a case manager and the client in a face to face meeting. Others may or may not be present.
200 - Office Visit	Takes place at the AFLP/Cal Learn agency office and includes a case manager and the client in a face to face meeting. Others may or may not be present.
300 - Field Visit	Takes place away from the client's home or AFLP/Cal Learn agency office and includes a case manager and the client in a face to face meeting. Others may or may not be present.
400 - Group Meeting	Takes place during a group activity conducted by the AFLP/Cal-Learn agency at which two or more clients are present. The client's case manager may or may not be involved
500 - Telephone Contact	Occurs when a case manager speaks, texts or emails with the CLIENT over the phone
600 - Collateral Facilitation	Consists of a face to face or telephone, fax, email or internet contact on behalf of the client, the client's child, or the client's family with any individual who plays a significant role in that individual's health, education, or welfare.
700 - Correspondence Sent	Information that is mailed, emailed or faxed to the client that relates to the activities of the current ISP. You may count the time used to in the preparation of the materials if they are specific to this client. Do not count the time spent in preparing materials sent to multiple clients.
800, 900 & A00 – User Defined	User defined by agency. Always use for the same defined purpose and attach information on the purpose to Contact Log sheet

CBA, ISP	Use this code to indicate when an ISP or CBA was done for an AFLP client. Bo the initial ISP and CBA and quarterly ISP review and Annual CBA reassessme need to be noted. If the ISP or CBA takes more than one visit only enter it whe the ISP or CBA is finished. Since this may be done while on a home visit or in i your office you will also enter the code for a home or office visit. Enter the full amount of time for the home or office visit and only the minimum .25 for the CB or ISP.
RAI	Use this code to document when you give each of your clients the Safety Cards with information about reproductive coercion and relationship abuse in a face to face visit. The Safety Cards are to be given at least two times each year or more often if needed. Enter .25 as time for the RAI, and document the full time of the face to face visit with the appropriate type code.

Note that while a Home Visit is coded as a 100, individual agencies may opt to use the second and third digits to encode additional information about the contact. For instance, you may wish to record the date of the month in which the visit took place. If it happened to be on the 15th of the month, the home visit Type would be recorded as 115. A CBA would be C15 and an ISP would be I15. If you use the last two digits for dates be sure that you make the I for ISP look very different from a 1 to avoid confusion. For summary reporting purposes, Lodestar will ignore the last two digits.

NOTE FOR AFLP PYD AGENCIES: *An additional set of AFLP PYD codes have been created. AFLP PYD sites are required to record any time spent on a My Life Plan module and/or form in separate Type entries. For any contacts or portion of contact <u>that does not include work on a</u> MLP module(s) or form, AFLP PYD sites are now required to use the second and third digits to record the date of the month in which the visit took place. For example, if an office contact happened to be on the 15th of the month, the office visit Type would be recorded as 215 and the time spent during the visit on case management activities or discussions not related to a MLP module or form information would be recorded along with that Type. A MLP form such as My Goal Sheet would be noted using the first digit as the numeric code for the contact Type and using the last two digits for the AFLP PYD code. So for that same office contact during which a portion was spent reviewing My Goal Sheet, that Type would be listed as 2MG and the time spent would be recorded along with that Type.*

The time spent on the MLP tool and time spent on other case management activities/discussions should add up to the total time of the visit. For example the client visit would be coded like this:
2MG – 0.5, 215 - 0.25 (=a office visit on the 15th of the month during which the case manger spent 16-30 minutes working on a Goal Sheet and 1-15 minutes on other case management activities (i.e. addressing basic needs, check in, etc.)

The last previous face to face contact will be documented on the ***Contact Log*** when it is printed out each month. A line will show in the same box as the client's name. It will say something like "100 in 3/2007 by AB20", meaning the last home visit was in March 2007 by Case Manager AB20. 200, 300 or 400 could be listed instead.

To code the Time spent on a client contact, it is necessary to round **<u>up</u>** to the nearest quarter hour and convert to a decimal value. If a contact is attempted and missed for any reason, record the time as 0 (zero). Using this scheme, a contact that was 2 hours and 23 minutes long would be recorded as 2.5; a 10-minute contact would be recorded as 0.25. Since ISPs and CBAs will be done in conjunction with a home or office visit, you will enter the full amount of time with the code for the Type of visit and enter .25 only with the CBA or ISP code.

The three User Defined categories can be used to track other contact information that your agency wants to gather. Please provide your case managers with a list describing the purpose of any user defined categories you will use. Make sure that you always use the categories according to that list and never change the purpose of a category that has been used. Lodestar will not include these categories in summary reports.

If a new client has not been entered into the Lodestar system when the Client Contact Log is produced, the case manager should write in the name and ID # of the client at the bottom of the list and record contacts as usual.

CODING INSTRUCTIONS - MY LIFE PLAN CONTACT LOG

AFLP PYD sites are required to enter Contact Codes for all work done with clients on the My Life Plan (MLP) modules and forms. MLP forms such as *My Goal Sheet* will be noted using the first digit as the numeric code for the contact Type and using the last two digits for the appropriate AFLP PYD code. So, for a field contact during which a portion was spent working on the *My Goal Sheet* form, that Type would be listed as 3MG and the Time spent would be recorded along with that Type. Example shown below.

Type	Time	Type	Time
3MG	.5	313	.25

For any contacts or portion of contact that does not include work on an MLP module(s) or form, AFLP PYD sites are now required to use the second and third digits to record the date of the month in which the visit took place. If that same field contact was on the 13th of the month, the field visit Type would be recorded as 313 and any Time not spent working on a MLP module and/or form would be recorded along with that Type. Example shown above.

The time spent on the MLP tool and time spent on other case management activities/discussions should add up to the total time of the visit.

If a Case Manager intended to work on a MLP module or form during a visit but was not able to do so (i.e. in order to address a basic need or crisis situation), the appropriate AFLP PYD code should be used along with a code of 0 (zero) Time to show an Attempt. The Contact code and date for that contact would be noted along with the total Time of the visit.

Type	Time	Type	Time
209	1.5	2EM	Ø

<u>AFLP PYD CODES</u>
These codes are to be used to record time spent explaining, working on, updating, or discussing My Life Plan modules and forms.

<u>My Life Plan Forms:</u>
MR – My Life Plan Road Map Time spent explaining, working on, updating, or discussing the *My Life Plan Road Map* form

MG – My Goal Sheet(s) Time spent explaining, working on, updating, or discussing a *My Goal Sheet (s)* form

My Life Plan Modules:

ML – Me and My Life Module Time spent explaining, working on, updating, or discussing activities in the *Me and My Life* module

TM – Taking Care of Me Module Time spent explaining, working on, updating, or discussing activities in the *Taking Care of Me* module

TB – Taking Care of My Baby Module Time spent explaining, working on, updating, or discussing activities in the *Taking Care of My Baby* module

RS – Reproductive Health & Safer Sex Module Time spent explaining, working on, updating, or discussing activities in the *Reproductive Health & Safer Sex* module

HR – Healthy Relationships Module Time spent explaining, working on, updating, or discussing activities in the *Healthy Relationships* module

EM – Education, Career, and Money Module Time spent explaining, working on, updating, or discussing activities in *Education, Career, and Money* module

Case Manager: 008 - Kineks Manager											Month of:
Client Name **Status**	**Client ID** **Last 100, 200 or 300 Contact**	**Type**	**Time**	**Type**	**Time**	**Type**	**Time**	**Type**	**Time**	**Type**	**Time**
Anatason, Anata	177777777	IMR	.75	IMG	.25	115	.25	519	.25	427	1.0
06/13/2012 AFLP - Active											

While there may be overlap of topics, and subjects covered in the modules may come up naturally during case management or when checking in with a client about the four AFLP program priorities (contraceptive use & empowerment, education, healthy relationships, and access to health care), only code time for modules or forms that you and your client are actively working on together. For example if work on the *Education, Career, and Money* module includes a discussion of a partner who is not supportive of the client's education, do not code for the *Healthy relationships* module. AFLP PYD codes should only be used for time spent on MLP module activities and forms, not general subject areas or topics.

Data entry instructions for all Contacts can be found in the Lodestar User Manual.

CODING INSTRUCTIONS - LODESTAR CAL-LEARN EDUCATION FORM

Mandatory form (for Cal-Learn clients only) to be completed whenever a Cal-Learn client's school status changes.

ITEM	#DIGITS	CODING INSTRUCTIONS
✪ 4 Solid Lines At Top Of Page, Right		Use for internal control, such as to record who completed the form, date completed, who entered data into computer, date entered.
Client ID Number	**9**	Enter the client ID number assigned to this client at Intake. If the Intake occurred at another agency or site, use the ID number originally assigned. All nine spaces must be filled in; no blanks are allowed.
Case Manager		Enter the name of the case manager assigned to this client. Must not be blank.
Client Name		Enter client's first, middle and last names on the lines provided. Spell name identically on every form. Must not be blank.
School Status Change Date	**8**	Enter date when SCHOOL STATUS CHANGED in MM/DD/YY format. Must not be blank.
Last Grade COMPLETED	**2**	Enter the last grade or educational level successfully completed by the client. For grades 1 through 9, enter the grade preceded by a 0; for grades 10-12 enter the grade. Must be non-blank numeric value 00 through 17. Enter 99 if unknown. 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, 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	**2**	The case manager should engage the client in a conversation of the client's school status. Based on this conversation the case manager should evaluate the validity of any barriers the client may state to being in school. If, in the opinion of the case manager, the client does not have a valid reason for not being in school, code "08-Refuses to Attend". 01-**In School** Currently in school or on school vacation (and was in school before the break began) - may be currently suspended or on an excused absence (e.g. pregnancy leave).

K-12 School Status (cont.)

Not In School because:

02-Transportation Barrier

Not currently enrolled in any school program due to a lack of transportation to either school or child care.

NOTE: Do not include clients unwilling to cross gang territory in this category. Instead code these as "05-Psycho-Social Barrier".

03-Child Care Barrier

Not currently enrolled in any school program due to unavailability of affordable child care.

NOTE: Do not count clients who have transportation barriers to child care in this category. Instead, code these as "02-Transportation Barrier".

04-Educational Barrier

Not currently enrolled in any school program due to educational barriers such as lack of appropriate school program (i.e. ESL, Special Ed.), limited enrollment positions etc.

NOTE: Do not include school expulsion in this category. Instead, code this as "07-Expelled".

05-Psycho-Social Barrier

Not currently enrolled in any school program due to psycho-social barriers such personal safety concerns, homelessness, domestic violence, family/ cultural issues etc.

06-Medical Barrier

Not currently enrolled in any school program due to physical or mental health problems of the client or any of her/his children.

07-Expelled

Client not allowed to return to school, and no other school program is available.

08-Client Refuses

Given the client's circumstances, it would be reasonable to expect that the client would be enrolled and attending school. There are no significant barriers preventing attendance (i.e. Transportation, Child Care, Educational, Psycho-Social, Medical or Expelled).

09-Other Reason

Not currently enrolled in any school program due to a reason not listed above.

10-GED/CHSPE Complete

11-High School Diploma

99-**Unknown**

Type Of School	**2**	Enter the 2 digit code that best describes the type of school in which the client is enrolled. If the client is not enrolled, code "88-Not enrolled/applicable". Definitions of the school types are as follows: 01-Elementary school (1-6) Not a Private School (see 07). 02-Middle/Intermediate/Jr HS (6-9) Not a Private School (see 07). 03-Regular/Traditional Sr. HS (9-12) Not a Private School (see 07). Students participate in same classes as non-pregnant/parenting peers - minimum attendance is 240 minutes/day for non-seniors, 180 minutes/day for seniors; may include evening classes, regional opportunity program, or work experience education program, in which case the minimum attendance times are waived. 04-Continuation/Alternative school Not a Private School (see 07). Students may or may not participate in same classes as non-pregnant/parenting peers. Minimum attendance is 3 hours/day, with no more than 15 hours credited per week. Minimum attendance for students who are regularly employed is 4 hours/week. 05-Court/community school Schools operated by the county office of education that serve students who are expelled from school, homeless, or are referred by a School Attendance Review Board or Probation Board. Full time attendance is 240 minutes/day. 06-Adult Education Pregnant/Parenting students may participate either concurrently with a K-12 program or with adult status. Minimum daily attendance is 3 hours, with no more than 15 hours/week credited. 07-Private School (K-12) Private individuals, firms, associations, partnerships, or corporations offering elementary and/or high school education. (The school must have an affidavit exempting participating students from compulsory attendance at a public school). 08-Vocational/Tech Prep. HS (9-12) A High School degree program designed to provide the student with vocational or technical preparatory training. 09-Other (K-12) Any other educational program (not listed above) that is accepted as evidence of working toward a HS diploma or GED such as ESL classes, specialized programs set up under the directive of an IEP, etc.

Type Of School (cont.)		10-Charter School (K-12) Alternative schools within the public education system that have charters spelling out certain expected results in exchange for freedom from some rules, regulations or statutes. 88-Not enrolled / applicable Client is not enrolled in school (for whatever reason), or has completed their secondary education. 99-Unknown For further information about school types contact California Department of Education, Curriculum and Instruction Branch (916) 319-0806
✪School District	**3**	Optional 3 digit user-defined code. May be any combination of numbers or letters. (May be left blank.)
✪School Code	**3**	Optional 3 digit user-defined code. May be any combination of numbers or letters. (May be left blank.)
✪School Name		Optional field. Enter the name of the school that corresponds to the School Code above. May be any combination of letters or other characters within the space provided. (May be left blank.)
Primary Instructional Strategy	**1**	Enter code for the principal method of instruction. Must be numeric: 1-6, 8 or 9. Must not be blank. 1-Mainstream program Classroom based instructional program in both traditional and continuation schools where students move from class to class during the school day. (See also 4-Self-contained classroom only). 2-Independent Study A public school program that allows the student to complete their academic work primarily outside a classroom in accordance with a voluntarily agreed to written agreement. It is expected that the teacher will assign a minimum of 20 hours per week of work. The student must complete assignments given by the teacher in accordance with the terms of the written agreement. 3-Temporary Home / Hospital instruction Individualized instruction provided in the student's home or hospital/residential health facility while the student is temporarily disabled. Each clock hour of teaching time counts as one day of attendance, with no more than 5 days credited per calendar week. 4-Self-contained classroom only Classroom based instructional program taught by one or two credentialed teachers where students remain in the same classroom through the school day separate and apart from their non-pregnant/ parenting or non-special needs peers.

		5-Correspondence School Only UC Berkeley Extension is certified to provide study by correspondence. Students are accepted when for good cause the student is unable to attend a comparable class provided in a local school.
Primary Instructional Strategy		6-Legal Home Schooling Meets the legal definition of "Home Schooling" for the state of California. Otherwise, code the client as “8-Not enrolled in approved Program.”
		8-Not enrolled in approved program Use this code if the client is not enrolled in school -OR- is attending a school program that is uncertified or not legally recognized.
		9-Unknown OR Not Listed Above Use this code if the client’s instructional strategy is unknown or is not listed above.

Is client enrolled in an education program for pregnant or parenting teens?	**1**	Enter the 1 digit code that identifies the client's enrollment status in any school program that targets the special needs of pregnant or parenting teens. Must be numeric: 1-2 or 9. Must not be blank. 1-Yes 2-No 9-Unknown
Educational Goal	**1**	Enter the 1 digit code that best describes the client's current educational goal. If the client has no stated intention of going beyond their current level of education, enter "5-None at this time," regardless of the current level achieved. 1-HS Diploma 2-GED 3-CHSPE 4-Post Secondary 5-None at this time 9-Unknown
Has client ever had an IEP?	**1**	Enter the 1 digit code that identifies whether the client has ever had an IEP (Individualized Education Program).The intent of the question is to capture how many clients may have special needs. Must be numeric: 1-2, 9. Must not be blank.. 1-Yes 2-No 9-Unknown

Has client passed the High School Exit Exam?	**1**	Enter the 1 digit code that identifies whether the client has passed <u>all</u> sections of the exam. If they have never taken the exam the answer should be no. Must be numeric: 1-2, 9. Must not be blank. 1-Yes 2-No 9-Unknown
Client Graduation Date	**6**	<u>After</u> the client completes high school graduation, enter the graduation date in MM/DD/YY format. Entering this form into Lodestar will also fill in the graduation date on the main client screen.
Post-Secondary School	**1**	If the client is currently enrolled in a post-secondary school, enter a code for the type of school. Use code 8, "N.A. (not currently enrolled)" otherwise. Must be numeric: 1 - 4, 8, 9. Must not be blank. 1-Technical/vocational school 2-Community college 3-Four year college/university 4-Other 8-N.A. (not currently enrolled) 9-Unknown

FREE CODES FORM

Complete and attach the Free Codes form if any free codes are in use by your agency or MCH.

CODING INSTRUCTIONS - LODESTAR REPORT CARD SCHEDULE/OUTCOME FORM

Form is for Cal-Learn clients and is optional. If used, items marked with ✪ are optional

ITEM	#DIGITS	CODING INSTRUCTIONS
✪ 4 Solid Lines At Top Of Page, Right		Use for internal control, such as to record who completed the form, date completed, who entered data into computer, date entered.
Client ID Number	**9**	Enter the client ID number assigned to this client at Intake. If the Intake occurred at another agency or site, use the ID number originally assigned. All nine spaces must be filled in; no blanks are allowed.
Case Manager		Enter the name of the case manager assigned to this client. Must not be blank.
Client Name		Enter client's first, middle and last names on the lines provided. Spell name identically on every form. Must not be blank.

Report Card Schedule

On ___/___/___ ▪ we ▪ case manager determined that your report card will be due on the following dates: 1. ___/___/___ 2. ___/___/___ 3. ___/___/___ 4. ___/___/___	**8 for all dates**	Items in this box are from the CL-8 form (Notice of Report Card Submittal Schedule). Enter the determination date, check either the "we" or "case manager" box (depending on who made the determination) and enter dates for up to four report cards.
▪ Generate Notice of Report Card Submittal Schedule (CL-8)		If you wish to generate this form, place a check in the box provided.

Report Card Due Date: ___/___/___	**8**	Enter the date in MM/DD/YY format when the report card is due.
▪ Edit Date ▪ Delete Date		If the date the report card is due is an edit from a previous entry, or the report card in question is to be deleted, check the appropriate box.
Report Card Submitted: ___/___/___	**8**	Enter date report card was submitted or form date if "Not Submitted."
1▪ On time 2▪ Late 3▪ Not submitted 4▪ Incomplete		Check the appropriate box to indicate submittal status of report card.

Cal-Learn Action: 1▪ Bonus	Check if a bonus was recommended or determined.
2▪ Sanction Reason:1▪ Did not turn in rpt card 2▪ Did not get a "D" or better 3▪ Did not make progress in school	Check if a sanction was recommended or determined, and indicate reason for sanction.
3▪ Adequate Progress Reason:▪ Received D average ▪ Other__________________ 4▪ Good Cause	If neither a bonus nor sanction was recommended (determined), check box to indicate adequate progress was maintained, or that the client had good cause for not making adequate progress. If adequate progress was maintained, check the reason. If Other, write in specific reason.
Bonus/Sanction Amount 1▪ $50 2▪ $100 4▪ $500	If a Bonus or Sanction was recommended or determined, enter the amount of Bonus or Sanction. Each provider can decide whether these checks refer to recommendations or determinations.
Report Card Forms: ▪ Generate Notice of Incomplete Grades (CL-11)	If report card was incomplete, check box if you wish to generate the CL-11 form.
Client has ____ days from ___/___/___ to give case mgr a rpt card with complete grade(s)	If you wish to generate the CL form, complete entries for number of days the client has and the date from which the days are counted to give a complete report card to the case manager.
▪ Generate Notice of No Good Cause Determination (CL-9)	Check box if you wish to generate the notice of No Good Cause Determination (CL-9)
Schedule appt. ___/___/___ at ___:___ o'clock at ___________________	If you wish to generate the CL-9, enter date, time and location when appointment is scheduled.
▪ Generate Adequate Progress NOA (769.632)	If adequate progress was maintained, check box if you wish to generate the Adequate Progress NOA (769.632)

✪FREE_CL#G through J	**various**	These are free codes to use as you wish to track agency-specific report card outcome items. Evaluation counties may be directed by the evaluation team to use certain ones.

FREE_DSS#G through J	**various**	These codes are reserved for future use by DSS. DSS will advise how to fill them out if required.

CODING INSTRUCTIONS - CAL-LEARN ORIENTATION/PARTICIPATION PROBLEM FORM

Form is for Cal-Learn clients and is optional. If used, items marked with ✪ are optional

ITEM	#DIGITS	CODING INSTRUCTIONS
✪ 4 Solid Lines At Top Of Page, Right		Use for internal control, such as to record who completed the form, date completed, who entered data into computer, date entered.
Client ID Number	**9**	Enter the client ID number assigned to this client at Intake. If the Intake occurred at another agency or site, use the ID number originally assigned. All nine spaces must be filled in; no blanks are allowed.
Case Manager		Enter the 3 or 4-digit code and name of the case manager assigned to this client. Must not be blank.
Client Name		Enter client's name. Must not be blank.

Orientation

ITEM	#DIGITS	CODING INSTRUCTIONS
Issue Date ____/____/____ MM / DD / YY	**8**	Enter the issue date to be placed on the CL-1 form (Orientation Notice) in MM/DD/YY format.
Original Orientation Date ____/____/____ MM / DD / YY	**8**	Enter the date when original orientation is (or was) scheduled.
Time____________________		Enter the time when orientation is scheduled.
Location_________________		Use pulldown to choose the location where orientation is scheduled.
Re-schedule w/_______________		If client needs to reschedule the orientation, use pulldown to choose code for and the name of the case manager with whom the orientation is being rescheduled.
By ____/____/____ MM / DD / YY	**8**	If the orientation needs to be rescheduled, enter the date by when the client needs to call to reschedule.
Reschedule Type		Use pulldown to choose type.
Attended? ▪ No/Not Yet ▪ Yes		Mark box to indicate whether or not the client attended the scheduled orientation.
Date Attended ____/____/____ MM / DD / YY	**8**	Enter date that client attended orientation.
Total Number of Orientations scheduled		Enter a number for total orientations scheduled.
▪ Print Orientation Notice (CL-1)		Check box if you are printing this notice. Click Print button. Last date printed will show to the right.
▪ Print Program Requirements (CL-2)		Check box if you are printing this notice. Click Print button. Last date printed will show to the right.

Participation Problem

Issue Date ____/____/____ MM / DD / YY	**8**	Enter the issue date to be placed on the CL-3 form (Notice of Participation Problem) or CL-4 form (Purpose of Appointment), in MM/DD/YY format.
Interview scheduled ____/____/____ MM / DD / YY	**8**	If the client has one of the participation problems, enter the date when the client is scheduled to be interviewed.
At _______ o'clock		Enter the time when the client is scheduled to be interviewed.
Location_________________		Use pulldown to enter the location where the client is scheduled to be interviewed
Problem________________________		Use pulldown to choose the problem type or, for 5-Other, enter problem in lower box.
Call by ____/____/____ MM / DD / YY	**8**	If the client cannot attend at the scheduled interview time, enter the date by when the client must call to reschedule.

Participation Problem (cont.)

CL-3 Problem: ❑ 1-Unsatisfactory progress in school ❑ 2-You did not come to your Cal-Learn orientation ❑ 3-You did not turn in your report card or progress report ❑ 4-You did not go to school ❑ 5-Other_______________________	These are the choices for the CL-3 if you are generating a notice. Note that Other will be written in below the pulldown. To generate either notice, check the appropriate box and click the Print button. The last printed date will show to the right.
CL-4 Purpose of Appointment: ❑ 1-To see if there is a good reason why… ❑ 2-To come to an agreement on a plan	If generating a CL-4, use pulldown to choose the appropriate line to indicate the purpose of appointment.

APPENDIX

LODESTAR AGENCY LIST

County	Organization	Agency #
Alameda	Tiburcio Vasquez	01-006
Alameda	Brighter Beginnings	01-093
Alpine	Alpine County Dept Social Services	02-512
Amador	Amador County Dept Social Services	03-515
Butte	Northern Valley Catholic Social Service	04-094
Calaveras	Calaveras County Dept Social Services	05-521
Colusa	Colusa County Dept Social Services	06-530
Contra Costa	Brighter Beginnings	07-095
Del Norte	Del Norte County Dept Public Health	08-538
El Dorado	El Dorado County Cal-learn	09-541
Fresno	Fresno County DSS	10-096
Glenn	Glenn County AFLP	11-543
Humboldt	Humboldt County Cal Learn	12-100
Imperial	Imperial County AFLP	13-201
Imperial	Imperial County GAIN	13-556
Inyo	Inyo County HHS-Cal-Learn	14-559
Kern	Clinica Sierra Vista	15-057
Kings	Kings County Community Action	16-013
Lake	Lake County Teen Parenting Services	17-098
Lassen	Lassen County AFLP/Cal-Learn	18-573
Los Angeles	El Nido Services	19-070
Los Angeles	Children's Hospital - Project NATEEN	19-099
Los Angeles	Foothill Family Services - Pasadena	19-100
Los Angeles	Altamed Health Services - East LA	19-101
Los Angeles	Altamed Health Services - Long Beach	19-109
Madera	Madera County AFLP	20-588
Marin	Marin County GAIN	21-588
Mariposa	Mariposa County Dept Social Services	22-590
Mendocino	Mendocino Cal Learn & AFLP	23-592
Merced	Merced County Young Parents Program	24-028
Merced	Merced County Human Services Agency	24-594
Monterey	County of Monterey Cal-Learn	27-202

Napa	Napa County Planned Parenthood	28-603
Nevada	Nevada Joint Union High	29-102
Nevada	Nevada County Cal Learn	29-555
Orange	Orange County AFLP	30-030
Orange	Orange County Cal Learn	30-607
Placer	Placer County Health Department	31-103
Riverside	Riverside County Health Department	33-032
Sacramento	Sutter Center for Women's Health	34-033
San Benito	San Benito AFLP	35-627
San Bernardino	DPH Perinatal & Adolescent Life Section	36-035
San Diego	SANDAPP/CAL-LEARN Program	37-104
San Francisco	Family Services of San Francisco	38-040
San Francisco	San Francisco Cal Learn	38-222
San Joaquin	San Joaquin Public Health, AFLP	39-107
San Luis Obispo	SLO County Public Health Dept.	40-659
San Mateo	San Mateo County Health Services	41-203
Santa Barbara	Santa Barbara County CL	42-108
Santa Barbara	Santa Barbara TAPP AFLP	42-333
Santa Clara	Santa Clara Planned Parenthood Marmonte	43-109
Santa Cruz	Santa Cruz AFLP	44-204
Santa Cruz	Santa Cruz County Human Resources Agency	44-676
Shasta	N Valley Catholic Social Services	45-110
Sierra	Sierra County Dept Social Services	46-681
Siskiyou	Siskiyou County Office of Education	47-210
Solano	Solano County Planned Parenthood	48-205
Sonoma	Sonoma County Health Department	49-056
Stanislaus	Stanislaus County Health Department	50-051
Sutter	Sutter County Employment Services	51-696
Tehama	Tehama County Cal-Learn	52-500
Tehama	Tehama AFLP	52-698
Trinity	Trinity County Dept Health & Human Svcs	53-670
Tulare	Tulare Co Health & Human Services Agency	54-052
Tuolumne	Tuolumne County Dept Social Services	55-724
Ventura	Ventura County Cal Learn Program	56-112
Yolo	Yolo County Cal-Learn	57-113
Yolo	Yolo AFLP	57-444
Yuba	Yuba County Dept of Social Services	58-683

AFLP / ASPPP / Cal Learn Race / Ethnicity Codes

Choose the Category That You Most Identify With

100 ASIAN or PACIFIC ISLANDER

110 Chinese
120 Japanese
130 Korean

Southeast Asian
- 141 Vietnamese
- 142 Cambodian
- 143 Hmong
- 144 Laotian
- 145 Thai
- 149 Other Southeast Asian

150 Other Asian
- 151 Asian Indian

Polynesian
- 161 Hawaiian
- 162 Samoan
- 163 Tongan
- 169 Other Polynesian

Micronesian
- 171 Guamanian
- 179 Other Micronesian

180 Melanesian
185 Filipino
190 Other Pacific Islander

200 AFRICAN AMERICAN (Black)

300 CAUCASIAN (White)

400 HISPANIC / LATINO

Central American
- 411 Mexican
- 412 Guatemalan
- 413 Costa Rican
- 414 Salvadoran
- 415 Nicaraguan
- 416 Panamanian
- 429 Other Central American

South American
- 431 Argentinean
- 432 Bolivian
- 433 Chilean
- 434 Colombian
- 435 Ecuadorian
- 436 Paraguayan
- 437 Peruvian
- 438 Uruguayan
- 439 Venezuelan
- 459 Other South American

Other Hispanic/Latino
- 461 Cuban
- 462 Puerto Rican
- 463 Dominican
- 464 Spaniard
- 499 Other Hispanic/Latino not listed

500 AMERICAN INDIAN / ALASKAN NATIVE

510 North American Indian

570 Central American Indian

580 South American Indian

590 Alaskan Native
- 591 Eskimo (Caizo)
- 592 Aleut

INTER-RACIAL

Caucasian and
- 611 Asian/Pacific Islander
- 612 African American
- 613 American Indian
- 614 Hispanic/Latino
- 619 Other Caucasian combination

African American and
- 621 Asian/Pacific Islander
- 622 Caucasian
- 623 American Indian
- 624 Hispanic/Latino
- 629 Other African American combination

Asian/Pacific Islander and
- 631 African American
- 632 Caucasian
- 633 American Indian
- 634 Hispanic/Latino
- 639 Other Asian/Pacific Islander combination

American Indian and
- 641 African American
- 642 Caucasian
- 643 Asian/Pacific Islander
- 644 Hispanic/Latino
- 649 Other American Indian combination

Hispanic/Latino and
- 651 African American
- 652 Caucasian
- 653 American Indian
- 654 Asian/Pacific Islander
- 659 Other Hispanic/Latino combination

700 OTHER
999 REFUSE TO ANSWER

AFLP Primary Language List

Code	Language
156	Albanian
170	American Sign Language
111	Arabic
112	Armenian
142	Assyrian
161	Bengali
113	Burmese
103	Cantonese
136	Cebuano
154	Chaldean (Visayan)
120	Chamorro (Guamanian)
139	Chaozhou (Chiuchow)
115	Dutch
100	English
116	Farsi (Persian)
105	Filipino (Pilipino or Tagalog)
117	French
118	German
119	Greek
143	Gujarati
121	Hebrew
122	Hindi
123	Hmong
124	Hungarian
125	Ilocano
126	Indonesian
127	Italian
108	Japanese
109	Khmer (Cambodian)
150	Khmu
104	Korean

Code	Language
151	Kurdish (Kurdi, Kurmanji
147	Lahu
110	Lao
107	Mandarin (Putonghua)
148	Marshallese
144	Mien (Yao)
149	Mixteco
140	Pashto
141	Polish
106	Portuguese
128	Punjabi
145	Rumanian
129	Russian
130	Samoan
152	Serbo-Croatian (Bosnian,Croatian,Serbian)
160	Somali
101	Spanish
146	Taiwanese
132	Thai
157	Tigrinya
153	Toishanese
134	Tongan
133	Turkish
138	Ukranian
135	Urdu
102	Vietnamese
188	Refused to answer
199	All other Non-English languages

Lodestar Form Schedule

	AFLP		Cal-Learn	
FORM	Female	Male (Whether or not mother of Index Child case managed by this agency)	Female	Male (Whether or not mother of Index Child case managed by this agency)
Client ID	Yes	Yes	Yes	Yes
Intake	Yes	Yes	Yes	Yes
Pregnancy Outcome	For each birth while client is being case managed	No	For each birth while client is being case managed	No
Follow Up	6 Month Intervals of Index Child's DOB	6 Month Intervals of Index Child's DOB	6 Month Intervals of Index Child's DOB	6 Month Intervals of Index Child's DOB
Service Matrix	Yes (with each reporting period)	Yes (with each reporting period)	Yes (with each reporting period)	Yes (with each reporting period)
Additional Outcomes	Yes (with each reporting period)	Yes (with each reporting period)	Yes (with each reporting period)	Yes (with each reporting period)
Status Change	As Needed	As Needed	As Needed	As Needed
Additional Child Matrix	As Needed	As Needed	As Needed	As Needed
Cal-Learn Orientation/ Participation Problem	NA	NA	Optional	Optional
Education	Optional	Optional	Yes	Yes
Report Card Outcome	Optional	Optional	Optional	Optional
Free Codes	Optional (with any reporting period)	Optional (with any reporting period)	Optional (with any reporting period)	Optional (with any reporting period)