

**Coding Manual:**  
**Alberta Biannual Documentation of Client Progress**  
Adapted from University of Washington's Coding Manual

## GENERAL INSTRUCTIONS

- The target end date for the 6-month Biannual is determined by adding 6 months onto the enrollment date (date consent form was signed), the 12-month Biannual by adding 12 months onto the enrollment date, and so on.  
*Ex. The client enrolled (signed PCAP consent) on January 7, 2013. The 6-month biannual's target end date is July 7, 2013. The 12-month biannual's target end date is January 7, 2014, etc.*
- The Baseline Biannual is to be completed within the first month of the client's service. The Baseline Biannual should report on the client's status at enrollment.
- The Biannual Documentation form is due within three weeks of the target END date.  
*Ex. The client enrolled (signed consent) on January 7, 2013. The 6-month biannual's target end date is July 7, 2013. The biannual is due on July 28, 2013- 3 weeks after the target end date.*
- "Currently" on the form refers to the date of the 6-month target end date. Information should be current as of the target end date, not the date the staff is completing the biannual (if after the target end date).  
*Ex. The question "Is client currently abstinent" is asking "Is client currently abstinent as of the last date this biannual documentation form covers." The client's target end date for this biannual is July 7. The staff completes the biannual on July 28. The question should be answered according to whether the client was abstinent until July 7, even if the answer changes after this date.*
- "-7 Don't Know" indicates that the staff person does not have enough information to answer the question. "-9 Never Asked" indicates that the staff person did not inquire with the client about the answer. These options should be used very rarely. If there is a pattern of using these answers, the PCAP Supervisor should review the forms with the staff person to ensure the Mentor is being thorough in their intervention and that they understand the question.

### Prepare the form by recording on the documentation form:

- Agency Name
  - Your site's 3 digit Site Number (assigned by AB PCAP Council, Ex. 123)
  - The client's 6-7 digit PCAP ID (Site Number + 3-4 digit Client Number, Ex. 123456)
  - The date that the form is completed (mm/dd/yyyy)
  - The initials of the staff person completing the form
  - When completed, the date that the form is entered into Penelope (if applicable) (mm/dd/yyyy)
- Under Section 0. General Information
- Mark the appropriate documentation month box (based on enrollment date)
  - The dates of the 6-month period covered by this documentation (mm/dd/yyyy)
  - Mark the appropriate box to indicate whether the PCAP service has been disrupted. If "Yes", provide a comment on why the service was disrupted (at least 6-mo no contact).
  - Mark the appropriate box to indicate whether the client is currently active. If "No", provide a comment on situation and last time client was contacted.

## SECTION 1. ALCOHOL/DRUG TREATMENT

Mark the appropriate box for each type of alcohol/drug treatment program listed to indicate whether or not client was involved in this type of program during the 6-month period and to what degree.

For the treatment programs, the following descriptors apply:

- ❖ **1-Yes, completed** = Completed a treatment program of this kind during the 6-month period
  - This can be a program that was in progress at the last Biannual Documentation Form if the completion date was within the 6-month period targeted by this documentation.
- ❖ **2-Yes, in progress** = Attended a treatment program of this kind during the 6-month period and was still involved at the 6-month target end date.
  - Any time you indicate a program was in progress at the end of the 6-month period, be sure to indicate how it turned out on the next biannual documentation (ex. eventually completed the program, dropped out, or still in progress)
- ❖ **3-Yes, but dropped** = Attended a treatment program of this kind but dropped out during the 6-month period.
  - If a woman attends a program even one time, mark this box.
- ❖ **0-No** = No treatment of this kind during the 6-month period.
- ❖ **-7 Don't know** = Advocate doesn't know whether she attended this type of program or not because advocate is out of contact with the client.
- ❖ **-9 Never asked** = Advocate has been in contact with client during the 6-month period but did not ask the client about this treatment program and has no information from other sources.

### Inpatient

Inpatient is divided into two types: programs that require 30 days or less to complete, and programs that require more than 30 days to complete. Be sure to indicate the correct type of inpatient treatment. If client attended an inpatient program of more than 30 days, be sure to complete the additional information requested. Under **Inpatient (more than 30 day)**, enter the **length of program** in days. Then enter the **time the client actually spent in the program**. For either, code “-7” if you are not sure. If she did not attend this type of program, skip to next question.

*EXAMPLE. A woman enters a 120-day treatment program and drops out after 8 days. This would be recorded as Inpatient (more than 30 day) “Yes, but dropped” length of program: 120 days, length of client's stay: 008 days.*

### Outpatient

Any outpatient program, regardless of length. Note that groups such as AA or NA by themselves are not outpatient treatment.

### Methadone dosing

If methadone dosing included other outpatient services as well, record as “Outpatient” for the outpatient services and record as “Methadone Dosing” for the methadone dosing service. If the client is attending a program that includes only methadone maintenance (no counselling, no other treatment), record only as methadone dosing.

### Alcohol/drug support group

Alcohol/drug support groups such as AA, NA, CA, etc. If yes, code type of group by marking the appropriate box below the question. If other type of group, note what kind. Mark only one box here (ex. *If both AA and NA, mark “3-both”*).

**Individual counselling**

Independent substance/abuse-related counselling. Not as part of an inpatient or outpatient treatment program already recorded. Note details in space provided.

**Detox**

Any alcohol or drug detox program

**Treatment program while incarcerated**

Any alcohol/drug treatment received in prison/jail. Note specifics.

**Other treatment**

Be sure to note any “Other” treatment program(s) by name and description. Do not list a program as Other if it can possibly fit in any of the previous categories

**If any “Yes” answer is selected for any treatment program** (completed, in progress, or dropped), be sure to indicate the following:

- Note the name of the treatment facility in the space provided after the type of treatment.
- **Treatment was for:** Indicate whether treatment(s) addressed drug or alcohol addiction, or both. Check “N/A” if she was not in treatment this 6-month period.
- **Treatment was:** Indicate whether treatment program was mandated or voluntary. Check “N/A” if she was not in treatment this 6-month period. If client was involved in more than one type of program and any were mandated, mark “mandated”.
- **Was/were her child(ren) with her in treatment?** Indicate whether any of her children were living with her in a treatment program by marking “Yes” or “No.” Mark “N/A” if she was not in inpatient treatment this 6-month period.
  - THIS APPLIES ONLY TO INPATIENT TREATMENT. If client was involved in more than one inpatient treatment program in the 6-month period and a child was with her in any of them, mark “Yes.”

**Was/were any alcohol/drug assessment for treatment done?**

If the client had an assessment for alcohol/drug treatment needs during this 6-month period, mark “Yes,” whether or not the client actually received the recommended treatment.

**Did she have drug or alcohol monitoring?**

Urinary analysis outside of treatment. If client was in a monitoring program during any portion of the 6-month period, mark “Yes.”

**SECTION 2. ABSTINENCE FROM ALCOHOL & DRUGS****Drugs****Is client currently abstinent from drugs?**

As of the date this 6-month period ends (i.e., on the target end date, not the date you complete the form), is client currently abstinent (hasn’t used any illicit drugs for a period of at least 1 month). If client is abstinent for at least 1 month, mark “Yes” and skip Question 16. If client is not abstinent or has been abstinent for less than 1 month, mark “No”. Note: this question **does not** include alcohol, even if the woman has a problem with alcohol.

**If using at the end of the 6-month period, what drugs does client use now?**

Identify the drugs she is currently using, or has used in the past month or so, by marking the appropriate boxes. Select either “Yes” or “No” for each.

#### **How many months currently abstinent?**

Count the full period of consecutive abstinence up to the target end date while in PCAP (i.e., not just the part that fell within the 6-month period). DO NOT COUNT time PRIOR to enrollment, nor time AFTER the 6-month target end date. If client is not abstinent, or has been abstinent for less than one month, code number of months as “00” for none.

*EXAMPLE 1. At the end of the 18-month end date the client is abstinent and has not used for 13 months. Code “Yes” for currently abstinent and 13 for 13 months abstinent.*

*EXAMPLE 2. Client relapsed 1 week before the 18-month end date after being abstinent for 13 months and was still currently using on the 6-month target end date. Code “No” for currently abstinent and “00” under months abstinent. However, you may be able to record the 13 months as the longest period of time the client has been abstinent and sober (Question 21). Mark the boxes of the drugs she is currently using.*

*EXAMPLE 3. Client relapsed 4 weeks before the 18-month end date after being abstinent for 13 months, but it was only a weekend binge and she stopped using again right away. Code “Yes” for currently abstinent, and 01 for months abstinent.*

*EXAMPLE 4. At the 18-month end date the client is abstinent and has not used for 20 months (she entered treatment and quit 2 months before enrollment). Code “Yes” for currently abstinent and 18 months abstinent (record only months while in program).*

*EXAMPLE 5. Client has been abstinent for 2 weeks. Code “No” for currently abstinent. Client must be abstinent at least 1 month before considered abstinent for purposes for this documentation. Likewise, if she is abstinent 5 months and 3 weeks, you would code 5 months abstinent, not 6.*

## Alcohol

#### **Is client currently abstinent from alcohol?**

The same as above for drugs (i.e., at least 1 month no alcohol as of the target end date for this documentation). Do record alcohol use here if woman drinks, even if woman has no problem with alcohol.

#### **How many months currently abstinent?**

Same as above for drugs.

#### **Does client have a problem with alcohol?**

Complete this every time you do a 6-month documentation form. Answer the question even if the woman is not currently drinking (i.e., if she were to drink, would it be a problem for her?).

## Longest Period of Abstinence

#### **Since starting PCAP, what is the longest number of months in a row client has been abstinent and sober with no relapses, even if currently using?**

Record your client’s longest consecutive period of abstinence since joining PCAP. It does not need to have occurred during the 6-month period. A relapse would end a period of abstinence, even if she immediately became abstinent again. Don’t count cigarettes or methadone use. Don’t count time she wasn’t enrolled in PCAP. Check previous biannual, if this number is less than previous biannual. Explain discrepancy.

## SECTION 3. BIRTH CONTROL & PREGNANCY

### Birth Control

#### Is client using birth control regularly?

As of the end date of the period of this Biannual Documentation Form Covers, is client currently using a consistent birth control method?

- Sporadic use (i.e., not every time) is recorded here as a “No”.
- If client is abstinent or lesbian, but she has a birth control method she can and will use (such as condoms in her possession) in the event she is sexually active with a male, you may record birth control as “Yes”.
- To count as a regular birth control method, Depo Provera shots must have been within last 4 months.

#### What kinds of birth control method does she currently use?

Document the methods she is currently using (or has used in the past month or so) by marking the appropriate boxes. Select either “Yes, regular”, “Yes, irregular”, or “No” for each. If you indicate “Other”, be sure to specify what kind (ex. “patch”, “only partner has vasectomy”, etc.).

*EXAMPLE 1. Client uses condoms with her partner sometimes, but doesn't other times, and uses no other regular method of birth control. Mark “No” as to whether client is using birth control method regularly, and “Yes, irregular” for “F. Condoms” and “No” for all other methods.*

*EXAMPLE 2. Client had a Depo Provera shot 5 months ago and is using no other method. Mark “No” as to whether client is using birth control method regularly, and “No” for all listed methods. For question 24: “If not using birth control currently, reason why not” note “Depo shot expired 5 months ago.”*

#### If not using birth control currently, reason

If client is NOT using consistent birth control, make a note here to indicate why not (ex. currently pregnant, sexually abstinent, lesbian, or other reason). Remember that if client is abstinent and has a method she can and will use (such as condoms and/or spermicide in her possession) in the event she is sexually active with a male, you may record consistent birth control use as “Yes”. Do not forget to record the method she has on hand under birth control methods.

#### During the past 6 months, did the client use Family Planning services?

Includes family planning, counselling, birth control and pregnancy termination services. Note in the comments who/what/where if service was used.

- “Yes, working well” = Adequately connected. Does not have to mean completely successful, as long as client obtained some benefit.
- “Yes but problems” = Attempted connection but there were major problems (ex. major barriers preventing client from benefiting from services, advocate made connection on client's behalf but client failed to follow through).
- “No, but needed” = No connection during the 6-months BUT there is a need for this kind of service.
- “No, not needed” = No connection during the 6-months AND there is no need for this kind of service.
- “Don't know” = Advocate doesn't know whether client connected with this service because advocate is out of contact with client.

## Pregnancy

### Was client pregnant in last 6 months?

If client is currently pregnant at the end date of this Biannual Documentation Form, mark “Yes, currently”. If client was pregnant at some point during the 6-month period, but is not now, mark “Yes, but not now”. If not pregnant during this period, mark “No”.

- **If pregnant in the 6 months but not now, what was the outcome of that pregnancy?** Mark the appropriate box indicating the outcome of that pregnancy. If client was not pregnant during the 6-months or is still currently pregnant, skip the question. If outcome was “Gave birth to another child” or “Stillbirth”, submit a “Notification of Subsequent Birth Form”. Do not submit subsequent birth form for target child (submit Intake Part B).

### Was this pregnancy planned?

Did client intend to get pregnant? Was pregnancy deliberate? If client says she doesn’t know, code “No” for unplanned.

### IF NOT PLANNED, did client consider an abortion?

If pregnancy was planned, code “-8 N/A”. If abortion was considered, code “Yes” and note why one was not obtained in the comments.

## SECTION 4. CONNECTION TO OTHER SERVICES

For each of the listed services, check the descriptor box best describing the client’s level of involvement during the 6-month:

For each connection to service, the following descriptors apply:

- ❖ **1-Yes, working well** = Adequately connected to this kind of service during the 6-month period.
  - “Adequately” does not have to mean completely successful, as long as client obtained some benefit from the service.
- ❖ **2-Yes, but problems** = Attempted connection to this kind of service but there were major problems.
  - This can include connections where barriers to services are so great that client cannot obtain a benefit from the service.
  - This can include incidents where advocate made the connection with the service on behalf of the client but the client failed to follow through.
- ❖ **3-No, but needed** = No connection to this kind of service during the 6-month period, BUT there is a need for this kind of service.
- ❖ **4-No, not needed** = No connection to this kind of service during the 6-month period AND there is no need for this kind of service.
- ❖ **-7 Don’t know** = Advocate doesn’t know whether she connected with this type of service or program because advocate is out of contact with the client.
- ❖ **-9 Never asked** = Advocate has been in contact with client during the 6-month period but did not ask client whether this service was used or needed and has no information from other sources.

Note that services are grouped by 1) Services for Household, 2) Services for Client, 3) Services for Target Child, and 4) Services for Others (including Children in the Household, Client’s Partner, and Any Other Family Member).

For the first three grouping (Household, Client, Target Child), list ALL services that you know of that the family was connected to during the 6-month period whether or not PCAP advocacy had anything to do with it, but be especially careful to document connections in which PCAP advocacy played some role.

For “4) Services for Others” list services ONLY where you know PCAP advocacy played a role. PCAP advocacy is defined as advocacy by you, by another advocate, or by the PCAP supervisor. If a service was not obtained in this way, mark the “No” box.

If “Yes, but problems” is marked for any service for household, client, or target child, please describe nature of problems briefly in comments (note which service, if specific reason applies to that service only).

## Services for Household

What services has client’s household used in the 6-month period? Household includes those who live with client, including client herself.

### Basic Needs

This includes all forms of non-money assistance to the family: food banks, clothing banks, etc.

### Emergency funds or emergency bill paying service

This includes all forms of money assistance to the family from an agency: utility vouchers, rent assistance, Salvation Army, cash. This does not include loans from private parties (individuals). If yes, describe who from in space provided.

### Public Health Nurse

Family was visited by a public health nurse in the 6-month period.

### Public Housing

Note whether or not client is on a waiting list for housing, or if waiting list is closed. If client has been placed in public housing or if client is on a waiting list for housing, check either “Yes, working well” or “Yes, but problems” after “Housing Service”.

### Emergency Housing/Shelters

This includes any type of emergency shelter that any member of client’s immediate family may have used in the 6-month period, such as domestic violence shelters, juvenile facilities, emergency housing.

### Transitional Housing

Alcohol and drug-free, etc.

## Child and Family Services (CFS)

- **CFS involvement** with this family during the 6-month period, code “Yes” or “No”. If “No”, skip to next section.
  - **If yes**, note on behalf of which child (target child, other child, or target child and other child[ren]), by checking appropriate box. If no connection to CFS, leave blank. This question **does not required that a CFS report has been made** in the 6-month period, only that there have been CFS involvement with family during the 6 months.
- **CFS report filed** in the 6-month period, code “yes” of “no”. The CFS report does not have to involve the client herself, just some member of her immediate family and at least one of her children.

- **If yes**, check the appropriate boxes to indicate:  
**Report by:** who made the report: advocate, client or other person (specify who)  
**Report on:** who the report was made on: client or other person (specify who)  
**On behalf of:** on whose behalf the report was made: target child, other child[ren], or target child plus others.

## Services for Client during past 6 months

### Healthcare

#### **Healthcare Provider (doctor)**

The client's healthcare provider, physician.

#### **Other Health Service:**

Other healthcare service used by the client, including eye doctor, dentist, physical therapy, etc.

### Mental health

For either individual or group, if you attempted to obtain mental health services for the client, spent a substantial amount of time trying to arrange it, but were unable to get client connected, check "Yes, but problems." Note problems in comments.

#### **Mental Health Counselling, Individual**

Crisis line can count. Note if telephone counselling only.

#### **Mental Health Counselling, Group**

Includes anger management classes ordered in domestic violence situation.

### Domestic Violence

#### **Domestic Violence Service**

This can be any type of domestic violence service: counselling, shelters, educational class, restraining order against an abusive party, etc. Note what services in the space below the question.

### Legal/Judicial

Whether client was involved with any legal/judicial service (lawyer, court). If client has been in litigation or resolved charges, old warrants, etc., code "Yes, working well". This question is asking about legal services received, not outcome. For example, if a client went to court for a custody hearing, was fairly represented, but lost custody of her child, this item would be coded "Yes, working well". The question is of the quality of the representation, not the outcome for the client.

#### **Any legal services, non-criminal**

Includes civil issues, child custody proceedings, divorce proceedings, parking tickets, small claims court, probation, restraining orders client obtains on others, etc. Note what services uses.

#### **Any legal services, criminal**

Includes arrests, sentencing, restraining orders placed on client. Note what services used.

## Other Services for Client

### **PDD/Disability**

Ex. AISH, Medical Income. Includes applications, hearings, etc.

### **Academic/Vocational Skills Training**

Includes applications, attending classes, tutoring, etc.

### **Personal/Social Skills Training**

### **Positive Recreation/Enrichment**

Includes exercise, obtaining a library card, etc. May also note in Section 5-Education/Training if considered a course or class.

### **Other Service**

Note what and where

## **Custody of Target Child**

### **Who has legal custody of the target child?**

This pertains to legal custody, not necessarily who the child lives with, as of the target end date for this documentation. If target child is deceased, check "Child deceased". If "Other" or "Other family" is selected, note exact relationship to child (not proper names) in space provided.

### **Who does target child live with at end of 6 months?**

Code who the child lives with (as of the end of this past 6-month period, ie. At the 6-month target end date). Exclude temporary visits. For example, if child was with mother for a few day visit at the 6-month target end date, but normally lives with the grandmother, code the grandmother as who child lives with, not the mother. If target child is deceased, check "Child deceased". If "Other" or "Other family" is selected, note exact relationship to child (not proper names) in space provided.

### **For how many months of the past 6 did the target child live with the client?**

Code number of months of the 6-month period that target child lived with his/her mother. This is not necessarily legal custody, just whether child was in her care. Round to nearest month (ex. 7 weeks would be coded as "2 months"). If less than one month, code as "1 month". Exclude visits of just a few days (ie. Do not count target child visits with the client in cases where the target child and the mother do not live together).

### **For how many months of the past 6 did the target child live in state-paid foster or family care?**

Code number of months of the 6-month period that target child lived in state-paid foster care, or with a family that received income from the province for caring for the child. Includes relatives or friends who are caring for the child and who are paid by the state for doing so. If they are not paid by the province for caring for the child, do not code as state-paid foster care. Round to nearest month (ex. 7 weeks would be coded as "2 months"). If less than one month, code as "1 month". If child never lived in state-paid foster care in the 6-month period, code as "0 months".

## Services for Target Child during past 6 months

All services are for target child only. In all cases, note who/what/where if service was used. Special Instructions: Target Child (TC) indicates the child with whom the client was pregnant or six months post-partum at start of PCAP service. Use “Don’t Know” if answer not known due to TC being adopted or in foster care EXCEPT for Question 64. Use “N/A” if there is no TC due to stillbirth, miscarriage, or termination.

### Healthcare Provider

Target child has seen a physician or other primary healthcare provider in the 6-month period.

### Other Healthcare Services

Specialized healthcare services: eye doctor, dentist, physical therapy, etc. for the target child. Can include ER visits for injuries or illness. Note type of service in space provided. If ER visit, note way.

### High Risk Clinic

A specialized medical treatment for high-risk children (ex. born prematurely, with a birth defect, etc.) vs general medical care.

### FASD Clinic

Fetal Alcohol Spectrum Disorder Assessments and Diagnosis. Include application submitted, appointment made and on waiting list, or clinic visit. Note in comments. Very rare if TC is born shortly before or during PCAP services.

### Therapeutic Child Care Center

Includes speech and language pathologists, OTs. Ex. Glenrose, CASA, programs in schools

### Daycare/Childcare

Note where

### Mental Health Counselling for Target Child

Can include play therapy. If yes, describe problem in space provided.

### PDD/Disability

Ex. AISH, Medical Income. Includes applications, hearings, etc. If yes, describe what in space provided.

### Other Service for Target Child

If yes, describe in space provided.

## Target Child Healthcare Information

### Are target child’s immunizations up-to-date?

Target child is up-to-date on recommended immunizations, whether or not he/she actually had an immunization in the 6-month period (as long as she/he is keeping on schedule), whether or not target child is in the custody of the client or some other person. If not up-to-date on immunizations, note why.

### Does TC have chronic medical condition or special healthcare needs?

Chronic medical condition refers to a health condition that has been diagnosed by a doctor, such as asthma, digestive problems, FASD, etc., whether or not the condition is currently symptomatic. “Special

healthcare” needs refers to medical problems that require a specialized healthcare service such as physical therapy, eye doctor, developmental stimulation program, cranio-facial clinic, therapeutic daycare, FASD clinic, or any other special clinic.

*EXAMPLE. If target child has asthma, even if this does not require special healthcare service on a regular basis, and even if the child did not experience symptoms or problems with it during the past 6 months, this should be coded as “Yes”.*

### **If target child was living with someone other than client, did advocate help or try to help link foster parent/guardian to any direct services for the target child in the past 6 months?**

If target child lived with client, check “TC living with client”. If advocate tried to link other person to direct services for target child, check “Yes” and indicate who the person is (not by name, but by relationship to the target child, ex. foster parent, grandparent, bio dad, etc).

### **Services for Others during past 6 months-Only if PCAP advocacy played a role**

Code “Yes” next to the service ONLY if PCAP advocacy played some (any) role in obtaining it. “PCAP advocacy” is defined as advocacy by you, another advocate, or the PCAP supervisor. Code “No” if the service was not obtained through PCAP advocacy. Do not code “Don’t Know” unless it is possible the service was obtained through PCAP advocacy and you just don’t know (ex. a client was just transferred to you and you don’t know what the previous advocate did).

### **Client’s Biological Children (Including Target Child)**

#### **Location of client’s biological children (including Target Child)**

Note: The total of biological children who live with client and those who don’t should equal the total number of her living biological children. Include target child, unless not yet born. Do not include non-biological children (ie. Step children, foster children, grandchildren, etc.) in these totals.

- **How many of client’s biological children live with client?** At the 6-month target end date. Note total number of biological children who currently live with the client, including the target child. If you don’t know, check “Don’t Know” box. If client is currently pregnant, either with the target child or with another subsequent child, do not code that child here.
- **How many of client’s biological children do NOT live with client?** At the 6-month target end date. Note total number of her biological children who currently DO NOT live with her, including the target child if he/she is not with her. If you don’t know, check “Don’t Know” box.

### **Client’s Other Children**

#### **Did client have any children (biological or not) living with her in past 6 months?**

Includes non-biological children if they are living in the client’s household. Does NOT include the target child. If client has NO OTHER children living with her (biological or not) code “No” for each of the services. If client DOES HAVE other children living with her (biological or not) read down the list of services under this section and indicate the services that were obtained in the previous 6-month period (ONLY if PCAP advocacy played any role in obtaining the service) by checking the “Yes” box. If the service was not obtained through PCAP advocacy, or not obtained at all, code “No”. If you don’t know whether or not it was obtained, check the box indicating “Don’t Know”. If “Other” service(s) was/were obtained, note what in the space provided.

**Healthcare Services**

PCAP was involved in helping connect child in household (not Target Child) to the services of a physician, dentist, immunizations, or other primary healthcare provider in the 6-month period. Specify in space provided.

**Public Schools/Education**

PCAP was involved in helping connect child in household (not Target Child) to education-related services in the 6-month period. This includes public school conferences, educational counselling, tutoring, etc. Specify in space provided.

**Mental Health/Counselling**

PCAP was involved in helping connect child in household (not Target Child) to mental health-related services in the 6-month period. Specify in space provided.

**Recreational/Cultural Activities**

PCAP was involved in helping connect child in household (not Target Child) to recreational services in the 6-month period. This includes summer camps, cultural activities, after-school programs, YMCA, swimming or sports classes/teams, etc. Specify in space provided.

**Other service for other child(ren)**

PCAP was involved in helping connect child in household (not Target Child) to any other service not covered above in the 6-month period. Be sure to note what services in space provided.

**Client's Partner(s)****Did client have a partner(s) during the past 6 months?**

Check "Yes" if client had one or more partner, even if they are not currently together. Partner does not have to be supportive. Add comments on partner(s) including number of partners, if the client and partner are currently together, and if the partner(s) is/are supportive. If client had NO partner in the 6-month period, code "No" for each of the services. If client DID have a partner(s) read down the list of services under this section and indicate the services that were obtained for any partner in the previous 6-month period (ONLY if PCAP advocacy played any role in obtaining the service) by checking the "Yes" box. If the service was not obtained through PCAP advocacy, or not obtained at all, code "No". If you don't know whether or not it was obtained, check the box indicating "Don't Know".

**Alcohol/Drug Treatment**

PCAP was involved in helping connect client's partner(s) to alcohol/drug treatment. Includes assessment for treatment needs. Specify in space provided.

**Domestic Violence Counselling/Service**

PCAP was involved in helping connect client's partner(s) to domestic violence counselling or other domestic violence service. Includes court-ordered program if PCAP played a role. Specify in space provided.

**Employment/Job Training Assistance**

PCAP was involved in helping connect client's partner(s) to employment or job training assistance. Specify in space provided.

**Legal**

PCAP was involved in helping connect client's partner(s) to legal assistance. Includes legal counselling, criminal and/or civil. Also include here help with probation officer (PO) and immigration services. Specify in space provided.

**Other**

PCAP was involved in helping connect client's partner(s) to any other service not covered above in the 6-month period. Specify in space provided.

**Services for Other Family Members**

Read down the list of services under this section and indicate the services that were obtained in the previous 6-month period (ONLY if PCAP advocacy played any role in obtaining the service) by checking the "Yes" box. "PCAP advocacy" is defined as advocacy by you, another advocate, or the PCAP clinical supervisor. If the service was not obtained through PCAP advocacy, or not obtained at all, code "No". If you don't know whether or not it was obtained, check the box indicating "Don't Know". If services were obtained through PCAP advocacy for any other family member, note which family member(s) in the space provided.

**Alcohol/Drug Treatment**

PCAP was involved in helping a member of client's family to alcohol/drug treatment. Includes assessment for treatment needs. Specify in space provided.

**Domestic Violence Counselling/Service**

PCAP was involved in helping connect a member of client's family to domestic violence counselling or other domestic violence service. Includes court-ordered program if PCAP played a role. Specify in space provided.

**Employment/Job Training Assistance**

PCAP was involved in helping connect a member of client's family to employment or job training assistance. Specify in space provided.

**Other**

PCAP was involved in helping connect a member of client's family to any other service not covered above in the 6-month period. Specify in space provided.

**SECTION 5. FAMILY STABILITY & CLIENT ACTIVITY****Living Situation/Housing****In what situations has client lived in during past 6 months?**

Check "Yes", "No", or "Don't Know" for each of the housing situations listed, thinking about the 6-month period.

**What is her CURRENT housing situation?**

Enter the 2-digit number from the list above. The 2-digit number is the number in parentheses following each type of housing situation. If you do not know, check "Don't Know" box.

### **Who lives with client in her current housing situation at the END of this 6-month period?**

Applies to current housing situation only. Check the ONE appropriate box for the current housing situation at the end of the 6-month period. Note that situations are divided according to whether or not she lived in the situation with children (not necessarily the target child, not necessarily her biological children). The box checked should correspond with the current housing situation indicated in the item immediately above (“What is her current housing situation”). If you do not know, check “Don’t Know”.

### **During this 6-month period, was any housing PCAP contracted housing?**

Code “Yes”, “No” or “Don’t Know”

### **Has client moved in past 6 months?**

If client moved in the 6-month period, note number of times client moved. Do not count moves to jail or treatment. Do count moves between locations if a woman is staying with friends and relatives. If client has not moved, code “00” for no moves. If you do not know, check “Don’t Know”.

## **Sources of Income in Past 6 Months**

Include all sources of income from which client gets any money.

### Sources of Income

#### **What sources of income has client had in the past 6 months?**

Check all sources of income in past 6 months. Report all sources that you know of by checking “Yes” or “No” next to each type. If you do not know a specific source of income, check “Don’t Know”.

#### **What is her main source of income at end of 6-month period?**

Enter the 2-digit number from the list of sources of income above. The 2-digit number is the number in parentheses following each type of income source. If you do not know her source of income, check “Don’t Know”.

### **Has client been employed during this 6-month period, even if currently not?**

If client has had ANY licit (legal) employment in the 6-month period, even for just a day, check “Yes”. If she has not been licitly employed during this period, check “No”. If you don’t know, check “Don’t Know”. If she is not currently employed at the target end date, but she was employed at some point during the 6-month period, code this item “Yes”. Do not count illicit (illegal) employment, such as drug-dealing and prostitution, as employment here. You record them by checking the appropriate box under Sources of Income in Past 6 Months.

- **How long employed this 6-month period:** If not employed during this 6-month period, code 0 months, 0 weeks, and 0 days for how long employed. If she was employed but you do not know how long employed, estimate if you can. If you truly do not know, code “-7” months, “-7” weeks, and “07” days for how long employed.
- **Type of employment:** If not employed during this 6-month period, code “None”. Otherwise, code the type of employment from the choices provided. Stable work over 35 hours a week is considered full-time. Part-time work can be distinguished from irregular by whether or not she works a regular schedule. If she worked more than one type of employment during the time period, code only one. Use the following decision rules to decide which type of employment is to be coded:
  - 1) If any full-time or part-time employment in the 6-month period, code the longest lasting job (either full or part-time)
  - 2) If no full or part-time employment in the 6-month, code as irregular work.

### Client is currently employed?

If not currently employed at end of 6-month period, code “No”. If she was working as of the 6-month target end date, code by whether job is full-time, part-time, or irregular work. If you do not know, check the “Don’t Know” box. Note that if you do not code a type of work because you don’t know the type, and she is currently working, your client may not show up as employed in the stats.

- **Current job:** Note in space provided what she does and where she currently works. Do not leave blank if she is currently working.

*EXAMPLE. During the 6-month period: 1) Client took a full-time job at McDonald’s and quit after 3 days; 2) then she took a 30 hour a week job at a store and worked for a month and a half as a temporary assignment; 3) she was paid to babysit for a neighbor’s child about three times a week at no particular set time (has been doing that for the past 2 months and is still doing that); 4) she sold some drugs a couple of times and was prostituting to make money whenever she wasn’t working a licit job.*

How to code this example:

- 1) **Has she been employed?** Yes
- 2) **How long employed?** 3 days (McDonalds) + 1 month 2 weeks (store) + 2 months (babysitting) = “3” months, “2” weeks and “3” days. The illicit work doesn’t count
- 3) **Type of employment:** Code “part-time work” as it is the longest of the full and part-time work. The babysitting work would not be coded even though it is the longest, as it was irregular work and there was full and part-time work in the same period. After “Describe” write “3 days FT McDonalds, 6 wks PT retail, 2 months IRREG babysitting”.
- 4) **Current job:** Babysitting job. Currently employed will be checked as “Yes, irregular work”, and would be listed as “babysitting neighbor’s child 3 times/week”.

### Income Support

#### Does client currently receive income support (SFI) for herself or her children?

This means cheque in hand. If client qualifies, but did not receive check during the 6-month period, check “No”. Does not include other government assistance such as PDD, or EI. Does not include Canada child benefit (paid to mother for any children in her care).

- **Number of months client/family received income support (SFI) during last 6 months:** Code the number of months during the 6-month period that the client received any amount of SFI, either for herself or her children. If none, code “0” months.
- **Are health benefits included? Describe:** Specify any health benefits included with income support.

#### During the 6 months covered by this documentation did the client:

- **Stop receiving welfare**  
If so, note the reason in the space provided (ex. because she was jailed, children were removed, she become employed, etc). If no welfare in past 6 months, code “No”.
- **Start receiving welfare**  
If so, note the reason in the space provided (ex. gave birth to subsequent child, regained custody of previous child, etc). If no welfare past 6 months, code “No”.

## Other Events in Past 6 Months

### Medical

#### Client has a chronic medical condition?

A chronic medical condition is an ongoing health problem that **has been diagnosed by a doctor**, not a problem she is experiencing temporarily. She does not necessarily have to be experiencing symptoms.

*EXAMPLE. If client has asthma, even if this does not require special healthcare service on a regular basis, and even if the client did not experience symptoms or problems with it during the past 6 months, this should be coded as “Yes”.*

#### Are you taking any prescribed medication on a regular basis for a physical problem?

If the medication was prescribed by a legitimate medical professional, for a medical (no psychiatric or substance abuse) condition, it should be counted, regardless of whether the client actually took the medication or not. Do not include meds for psychiatric conditions, or for short-term or temporary conditions (like colds, detox). Does not include birth control pills, Nicorette. Only the continued need for medication should be counted (ex. high blood pressure, epilepsy, diabetes, etc). Medication for sleep problems are usually temporary and generally considered psychiatric.

#### Has client had a significant period (that was not a direct result of drug/alcohol use) in which she has been prescribed medication for any psychological/emotional problem?

Medication must have been prescribed by a physician for a psychiatric or emotional problem. Can be family doctor or GP. Code “Yes” if the medication was prescribed, even if the client did not take the medication.

#### Client has visited the Emergency Room (ER) for medical care for herself or a child? Inappropriate use of service.

Code “Yes” if, during the 6-month period, the client OR a child in her custody visited an ER in an **inappropriate** use of the service. Note number of times this occurred in space provided. Appropriate use of the ER is a true medical emergency. Inappropriate use of the ER is healthcare that should have been provided at a clinic or through a primary care provider. If client says she used the ER for prenatal care that is considered an inappropriate use of service.

#### Client has visited the Emergency Room (ER) for medical care for herself or a child? Appropriate use of service.

Code “Yes” if, during the 6-month period, the client OR a child in her custody visited an ER in an **appropriate** use of the service. Note number of times this occurred in space provided. Appropriate use of the ER is a true medical emergency.

#### To help her maintain a sober lifestyle, does client have in her life:

Sources of emotional support to the client; people who can help her maintain a sober lifestyle.

- **A supportive partner?** Can be coded “Yes” whether or not he/she lives in the home.
- **A supportive person?** Either in the home or in the community. Can be a relative. Does NOT include PCAP mentor. Should be an adult and does not include the client’s children (unless they are grown). Do not code supportive partner here; a supportive partner is coded ONLY in the question above.
- **A support system?** Some system of support, can be social group, community group, church group, etc. Can be a sponsor associated with an AA, CA, NA or similar group. Does NOT include AA/NA if she does not have a sponsor. AA, CA, and NA are coded in Section 1. Does not include mental

health support group with mental health counsellor, or domestic violence group. Those are coded in Section 4-Services for Client.

### Assault/Domestic Violence

#### **During the past 6 months, has client been in what you would consider an abusive relationship with her partner(s)?**

If client has been in an abusive relationship with any partner during the 6-month period, check “Yes.” If not, check “No”. If you don’t know, check “Don’t Know”. Domestic violence is not limited to physical attack, and can include emotional or sexual abuse. Note circumstances, if known, in comments. If no partner, code “No”.

#### **Has client assaulted anyone in past 6 months?**

If client beat or assaulted someone else during the 6-month period, check “Yes”. If not, check “No” and skip to next question. If you don’t know, check “Don’t Know”. If “Yes”, indicate who by checking the appropriate box after item. If more than one, check those that apply. If “Other” be sure to note who (not by name, note general description, ex. “friend”, “stranger in a bar”, etc.). Briefly describe situation. Charges need NOT be filed. If client gets into a fight with a woman on the street or in treatment and inflicted physical injuries, it should be coded here. Verbal fights or minor scraps with no injuries are not counted.

### Arrests/Jail

#### **Was client arrested in past 6 months?**

If client has been arrested during this 6-month period, code “Yes”, if not, code “No”. If “Yes”, note the charges in the space provided and code # of times she was arrested during this 6-month period. If you know she has been arrested, but you don’t know how many times this past 6 months, code the minimum number you are sure of. Answer the question of whether charges are a result of a new charge, an old warrant before woman joined PCAP, or if both types. Code parole violations as new charges.

#### **Was client jailed in past 6 months?**

If “Yes”, note # of times, for what, and which facilities/jails in the spaces provided. If you know she has been jailed, but you don’t know how many times this past 6 months, code the minimum number you are sure of.

#### **Was client in Home Detention at any time during past 6 months?**

Code “Yes” if client was on home detention during some part of the 6-month period, code “No” if not. Includes house arrest, court-imposed curfew.

#### **Was client in Prison at any time during past 6 months?**

Code “Yes” if client was in prison during some part of the 6-month period, code “No” if not. If “No” or “Don’t Know” skip to next question. If “Yes”, note facility in space provided, and note total number of months in prison during the 6-month period. For example, if client has been in prison for 14 months, you would code 6 for the 6 months she has been in prison during this documentation period. If you don’t know # of months, code “-7”.

#### **Was client on Probation or Parole at any time during past 6 months?**

Code “Yes” if client was on probation during some part of the 6-month period, “No” if not.

### **Did advocate play a role in type of sentence imposed in past 6 months?**

Code “Yes”, if advocate played a role in the type of sentence imposed during this 6-month period, “No” if advocate did not. If “No” or “Don’t Know”, skip to next question.

### **Education/Training**

For each type of class, if client did not attend during the 6 months, code “No”. If she did, check either “Attended” or “Completed” depending on whether or not she completed the class. If you don’t know, check “Don’t Know”. If she both attended AND completed the education or training, check “Completed”. Exercise classes are coded ONLY in Section 4-Other Services for Client under “Positive Recreation/Enrichment”.

#### **Parenting classes**

If the client has not taken a parenting class, check “No” and skip a, b, and c. If client has taken a parenting class, whether or not she completed it, check “Yes” and note the a) name of class (or who provided it), and b) number of weeks she attended classes. If only one time, code “01” week.

*EXAMPLE. Client completed a 16-week class in the 6-month period; however, the class began in the previous 6-month period. Code 16 as the number of weeks attended, note name of class, and check “Completed”.*

#### **GED classes, Community college, University**

Specify where

#### **Vocational training class**

A “back-to-work” or preparation-for-employment course can be coded as either “Vocational training class” or “Other course/class” depending on the content of the course. If the course focuses on specific skills (ex. computer, office, parts stocking) it would be coded as “Vocational training class”. If the course focuses on general job-keeping strategies, such as hygiene, proper attire, getting to work on time, filling out an application, it would be coded as “Other course/class”. Specify what and where.

#### **Training through work/employment**

Can include on-the-job learning of skills if it is defined as training. For example, if a woman is hired as a counter clerk or cashier at a fast food restaurant and is instructed on how to do the job, or how to do specific element of the job, code “Yes” for training. If, however no specific instruction is given, you would code training through work/employment as “No”. Specify type of training.

#### **Other course/class**

Includes recreational courses, such as pottery, etc. Many of these courses may also be coded in Section 4-Other Services for Client under “Positive Recreation/Enrichment” if they also fall into that category. Also includes courses focusing on general job keeping strategies, such as hygiene, proper attire, getting to work on time, filling out an application, etc. Specify what and where.

## **SECTION 6. VALIDITY**

### **Advocate/Mentor is confident of accuracy of information presented in this report**

Check “Yes”, “Mostly”, or “Not at all”, depending on how confident you feel about the accuracy of the information on this biannual. If you check “Mostly” or “Not at All”, be sure to state clearly why you feel that way in the space provided.