Biannual Documentation of Client Progress (Baseline)

Agency Name: _____ Site Number:_____ PCAP ID: _____

Date completed (mm/dd/yyyy): _ _ / _ _ / _ _ _ _ Completed by (initials): _____ Date entered (mm/dd/yyyy): _ _ / _ _ / _ _ _ _

SECTION 0. GENERAL INFORMATION

A. Documentation month (based on enrollment date):	**0-month biannual** Enrollment date (mm/dd/yyyy): _ _ / _ _ / _ _ _ _
D. Is the client currently active?	☐ Yes ☐ No *If no, explain:*
E. Has the client ever been involved in another PCAP program?	☐ Yes ☐ No *If yes, explain:*

SECTION 1. ALCOHOL/DRUG TREATMENT

Document client involvement with any and all alcohol/drug treatment prior to enrollment in PCAP.

	Yes, completed 1	Yes, in progress 2	Yes, but dropped 3	No 0	Don't know -7	Never Asked -9	Name of Treatment Facility/Agency
1. Inpatient *(30 days, or less than 30 days)*							
2. Inpatient *(more than 30 days)*							
If No, skip to Question 3: a. Length of program _ _ days							
b. Time spent IN program _ _ days							
3. Outpatient							
4. Methadone dosing							
5. Alcohol/drug support group							
If No, skip to Question 6: a. Type of group: ☐ AA ☐ NA/CA ☐ both ☐ other:							
6. Individual counselling							
7. Detox							
8. Treatment program while incarcerated							
9. Other treatment: *(specify what kind)*							

				*Not applicable -8	Don't know -7	Never asked -9
**Not applicable= not in treatment this 6-month period*						
10. Treatment was for:	☐ Alcohol	☐ Drugs	☐ Both			
11. Treatment was:	☐ Mandated	☐ Voluntary				
12. Was/were her child(ren) with her in treatment? *(inpatient only)*	☐ Yes	☐ No				
13. Any alcohol/drug assessment for treatment done?	☐ Yes	☐ No				
14. Did she have drug or alcohol monitoring? *(outside of treatment)*	☐ Yes	☐ No				

Comments on ALCOHOL/DRUG TREATMENT:

SECTION 2. ABSTINENCE FROM ALCOHOL & DRUGS

As of the date of enrollment in PCAP:	Yes 1	No 0	Don't know -7	Never asked -9
15. Is client currently abstinent from drugs? *(for at least one month)* *If Yes, skip to Question 17.*				
16. If using at time of enrollment, what drugs does client use now? *(check a response for each)*				
a. Cocaine				
b. Heroin				
c. Marijuana				
d. Crack				
e. Methamphetamine				
f. Other *Specify other:*_____				
17. How many months abstinent from drugs? _ _ months *(Code 00 if used in last month prior to enrollment)*				
18. Is the client currently abstinent from alcohol? *(for at least one month)*				
19. How many months currently abstinent? _ _ months *(Code 00 if used in last month prior to enrollment)*				
20. Does client have a problem with alcohol? *(answer even if client not currently drinking; baseline=client's perspective)*				
21. Prior to PCAP, what was the longest number of months in a row client has been sober with no relapses, even if currently using. _ _ months *(Do not count cigarettes & methadone use.)*				

Comments on ABSTINENCE FROM ALCOHOL & DRUGS:

SECTION 3. FAMILY PLANNING

As of the date of enrollment in PCAP:	Yes 1	No 0	Don't know -7	Never asked -9
22. Is client using birth control regularly? *(i.e., has a consistent birth control method)*				

	Yes, regular 1	Yes, irregular 2	No 0	Don't know -7	Never asked -9
23. What kinds of birth control does she currently use? *(check a response for each)*					
a. Depo Provera shots					
b. Norplant *(hormonal implant)*					
c. Tubal Ligation					
d. IUD					
e. Pills					
f. Condoms					
24.					
a. Morning-after pill					
b. Other method, specify*:*					
25. If <u>not</u> using birth control currently, reason:					
37. During the past 6 months, did the client use Family Planning Services? ☐ Yes, working well ☐ Yes, but problems ☐ No, but needed ☐ No, not needed					

As of the date of enrollment in PCAP:		Yes 1	No 0	Don't know -7	Never asked -9
26. Was client pregnant in last 6 months? *If No, Yes currently, or Don't know, skip to Question 26.*	☐ Yes, currently ☐ Yes, but not now				
a. If pregnant in last 6 months but not now, what was the outcome of that pregnancy? **If outcome was gave birth to another child or stillbirth, submit a Notification of Subsequent Birth Form.*	☐ Gave birth to target child ☐ Gave birth to another child* ☐ Miscarried ☐ Terminated (abortion) ☐ Still birth*				
TC17. Was this pregnancy planned?	☐ -8 N/A, not pregnant				
TC18. IF NOT PLANNED, did client consider an abortion?	☐ -8 N/A, pregnancy planned				

Comments on FAMILY PLANNING:

SECTION 4. CONNECTION TO OTHER SERVICES

4A. SERVICES FOR HOUSEHOLD

What services has client's household used in the past 6 months prior to enrollment in PCAP? Check appropriate box for each service. If problems with service, please note what kind of problem in comments area.

	Yes, working well 1	Yes, but problems 2	No, but needed 3	No, not needed 4	Don't know -7	Never asked -9
27. Basic Needs *(food banks/clothing/supplies)*						
29. Emergency funds or emergency bill paying service *(utility vouchers/rent assistance, Salvation Army, etc.)*						
a. Specify type:						
30. Public Health Nurse						
31. Public Housing *(section 8, low income, subsidized)*						
a. On waiting list? ☐ No ☐ Yes ☐ Waiting list closed						
32. Emergency housing *(include shelters)*						
33. Transitional housing						
34. Child and Family Services (CFS) *If no, skip to Question 34b.*						
a. IF YES, Who: ☐ Target child ☐ Other child(ren) ☐ Both						
b. CFS report filed in last 6 months? ☐ No ☐ Yes *(if yes, describe in comments)*						
c. Report by: ☐ Advocate ☐ Client ☐ Other Person:						
d. Report on: ☐ Client ☐ Other Person:						
e. On behalf of: ☐ Target child ☐ Other child(ren) ☐ Both						

Comments on SERVICES FOR HOUSEHOLD:

4B. SERVICES FOR CLIENT during past 6 months prior to enrollment in PCAP

	Yes, working well 1	Yes, but problems 2	No, but needed 3	No, not needed 4	Don't know -7	Never asked -9
35. Healthcare Provider *(doctor)*						
36. Other Health Service						
a. Optometrist (eye doctor)						
b. Dentist						
c. Other, specify:						
38. Mental Health Counselling, Individual						
39. Mental Health Counselling, Group						
a. Specify type:						
40. Domestic Violence Service *(shelter, group, etc.)*						
a. Describe:						
41. Any Legal Services, Civil *(e.g., child custody, restraining order, etc.)*						
a. Describe:						
42. Any Legal Services, Criminal						
a. Describe:						
43. PDD/Disability *(incl. AISH, Medical Income; applications, hearings, etc.)*						
a. Describe:						
44. Academic/Vocational Skills Training *(applications, attending, tutoring)*						
a. Describe:						
45. Personal/Social Skills Training						
a. Describe:						
46. Positive Recreation/Enrichment *(exercise, library card, etc.)*						
a. Specify:						
47. Other Service						
a. Specify:						

Comments on SERVICES FOR CLIENT:

Was Target Child (TC) born prior to enrollment? If NO, skip this page (sections 4C and 4D).

Target Child indicates the child with whom the client was pregnant or six months post-partum at start of PCAP service.

4C. CUSTODY OF TARGET CHILD

	Don't know -7	Never asked -9
48. Who has legal custody of target child prior to enrollment? ☐ Client ☐ Bio dad ☐ Child deceased ☐ Other family* ☐ CFS ☐ Other* ☐ Adoptive family *Other, who:_____		
49. Who does target child live with prior to enrollment? ☐ Client ☐ Bio dad ☐ Child deceased ☐ Other family* ☐ CFS ☐ Other* ☐ Adoptive family *Other, who:_____		
50. For how many months of the past 6 prior to enrollment did the target child live with client? __ months *(code 0 if none; if less than 1 month, code 1)*		
51. For how many months of the past 6 did the target child live in state-paid foster or family care? __ months *(code 0 if none; if less than 1 month, code 1)*		

Comments on CUSTODY OF TARGET CHILD:

4D. SERVICES FOR TARGET CHILD (TC) during past 6 months, prior to enrollment in PCAP

***Special Instructions**: 1. Use "Don't Know (-7)" if answer not known due to TC being adopted or in foster care EXCEPT for Question 64. 2. Use "N/A (-8)" if there is no TC due to stillbirth, miscarriage, or termination.*

	Yes, working well 1	Yes, but problems 2	No, but needed 3	No, not needed 4	N/A (no TC) -8	Don't know -7	Never asked -9
52. Healthcare Provider *(doctor)*							
53. Other Health Service							
a. Optometrist (eye doctor)							
b. Dentist							
c. Other, specify:							
54. High Risk Clinic *(Specialized medical treatment vs general medical care)*							
55. FAS Clinic *(FASD Assessments and Diagnostics)*							
56. Therapeutic Child Care Center *(Speech and language pathologists, OTs, ex. Glenrose, CASA, programs in schools)*							
57. Daycare/Childcare							
a. Where:							
58. Mental Health Counseling for Target Child							
a. If YES or needed, why?							
59. PDD/Disability *(incl. AISH, Medical Income; applications, hearings, etc.)*							
a. Describe:							
60. Other Service for Target Child							
a. If YES, what services?							
62. Are target child's immunizations up-to-date? ☐ Yes *(skip to Question 59)* ☐ No							
a. If not fully immunized, why not:							
63. Does TC have chronic medical condition or special healthcare needs? *(Includes FASD)* ☐ Yes ☐ No ☐ Possibly *(not diagnosed)*							
a. Describe:							
64. 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? ☐ Yes ☐ No ☐TC living with client							
*Other, who:							

Comments on SERVICES FOR TARGET CHILD:

SERVICES FOR OTHERS – GENERAL INFORMATION
5B. CLIENT'S BIOLOGICAL CHILDREN (INCLUDING TARGET CHILD)

Prior to enrollment in PCAP:		Don't know -7	Never asked -9
86. Location of client's biological children (including Target Child):			
a. How many of client's biological children live with client? *(code # of children; 00=none)*	__ __		
b. How many of client's biological children do NOT live with client?	__ __		

Comments on BIOLOGICAL CHILDREN:

4E. CLIENT'S OTHER CHILDREN:

	Yes 1	No 0	Don't know -7	Never asked -9
65. Did client have any children (**biological or not**) living with her in past 6 months?				
a. How many non-biological children were living with the client in the past 6 months? _ _				

Comments on CLIENT'S OTHER CHILDREN:

4F. CLIENT'S PARTNER(S)

	Yes 1	No 0	Don't know -7	Never asked -9
71. Did client have a partner(s) during the past 6 months prior to enrollment? *(supportive or not)*				
a. Comments on partner(s):				

Comments on CLIENT'S PARTNER

SECTION 5: FAMILY STABILITY & CLIENT ACTIVITY

5A. LIVING SITUATION/HOUSING

	Yes 1	No 0	Don't know -7	Never asked -9
72. In what housing situations has client lived during past 6 months? *(check yes or no for each)*				
a. Homeless (01) *(incl. couch surfing, emergency shelters)*				
b. Living in Shelters/Motels (02)				
c. Living with Friends/Relatives (03)				
d. Permanent Housing (04) *(renting or owning)*				
e. Transitional Housing (05)				
f. Transitional Clean & Sober Housing (06)				
g. Inpatient treatment (07) *(incl. mental health and alcohol/drug treatment)*				
h. Incarcerated (jail, prison, etc.) (08)				
i. Other situation (09):				
73. What is her CURRENT housing situation? *(Enter 2 digit number from above)* _ _				
74. Who lives with client in her current housing situation <u>prior to enrollment in PCAP</u>?				

Situations with no children
- ☐ Lives alone
- ☐ Lives with husband, no children
- ☐ Lives with boyfriend/girlfriend *(domestic partner, no children)*
- ☐ Lives with parents, grandparents, other family, no children
- ☐ Lives with in-laws &/or their family, no children
- ☐ Lives with non-related women/men (roommates), no children

Situations with children
- ☐ Lives with child(ren), no other adults
- ☐ Lives with husband & child(ren)
- ☐ Lives with boyfriend/girlfriend & child(ren)
- ☐ Lives with relatives & child(ren)
- ☐ Lives with in-laws &/or their family & child(ren)
- ☐ Lives with non-related roommates & child(ren)

☐ Some other situation: _____

75. During this 6-month period, was any housing PCAP contracted housing?				
76. Has client moved in past 6 months? Code # of moves. _ _ moves *(00=no moves; 66=too many moves to count)*				

Comments on LIVING SITUATION/HOUSING:

5C. SOURCES OF INCOME IN PAST 6 MONTHS

	Yes 1	No 0	Don't know -7	Never asked -9
87. What sources of income has client had in the past 6 months? *(check yes or no for each)*				
a. Employment *(hers)* (01)				
b. Odd jobs she does (02)				
c. Parent/grandparent (03)				
d. Other relative (04)				
e. Husband/wife/boyfriend/girlfriend (05)				
f. Friends/acquaintances (06)				
g. Income Support (SFI) (07)				
h. PDD/AISH (08)				
i. If yes, for psychiatric condition? ☐ Or medical condition? ☐				

	Yes 1	No 0	Don't know -7	Never asked -9
87. What sources of income has client had in the past 6 months? *(check yes or no for each)*				
j. Other government cheque (09), specify:				
k. Band payouts (10)				
l. Other (11), specify:				
m. Drug sales/prostitution (12)				
n. Fraud/cheque-kiting (13)				
o. Other illicit (14), specify:				
88. What is her main source of income prior to enrollment? *(Enter 2 digit number from above)* _ _				
89. Has client been employed during this 6-month period prior to enrollment, even if currently not?				
a. How long employed this 6-month period prior to enrollment: __ months __ weeks __ days				
b. Type of employment ☐ None ☐ Full-time (F/T) ☐ Part-time (P/T) ☐Irregular work ☐ Was employed, but don't know what type of employment				
c. Describe:				
90. Client is currently employed? ☐ No ☐ Yes, F/T ☐ Yes, P/T ☐Yes, Irregular work *(Currently=At end of 6-month period)* ☐ Yes employed, but don't know what type of employment				
a. Current job:				
91. Does client currently receive income support (SFI) for herself or her children?				
a. Number of months client/family received income support (SFI) during last 6 months: _ _ mos.				
b. Are health benefits included? Describe:				
92. During the past 6 months, did client: *(if no income support/SFI in past 6 months, code No):*				
a. STOP receiving income support (SFI) ☐ Yes, because of work ☐ Yes, other reason ☐ No Reason:				
b. START receiving income support (SFI) ☐ Yes, because of work ☐ Yes, other reason ☐ No Reason:				

Comments on SOURCES OF INCOME:

5D. OTHER EVENTS IN PAST 6 MONTHS

In the last 6 months prior to enrollment, have any of the following events occurred?	Yes 1	No 0	Don't know -7	Never asked -9
94. Client has a chronic medical condition? *(incl. chronic STD, Hepatitis)*				
a. Describe/Specify:				
M04. Are you taking any prescribed medication on a regular basis for a physical problem?				
What?				
P11. 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? *Whether or not she actually took the meds.*				

In the last 6 months prior to enrollment, have any of the following events occurred?	Yes 1	No 0	Don't know -7	Never asked -9
95. Client has visited the Emergency Room (E. R.) for medical care for herself or a child? ***Inappropriate*** *use of service.* *If No, skip to Question 96.*				
a. Code # of times __ __ times				
96. Client has visited the Emergency Room (E. R.) for medical care for herself or a child? ***Appropriate*** *use of service.* *If No, skip to Question 96.*				
a. Code # of times __ __ times				
97. To help her maintain a sober lifestyle, does client have in her life: a. A supportive partner?				
b. A supportive person (other than partner or mentor)?				
c. A support system (social, church, 12-step sponsor)?				
Specify support system:				
98. During the past 6 months, has client been in what you would consider an abusive relationship with her partner(s)? *(If no partner, code No)*				
a. Describe:				
99. Has client assaulted anyone in past 6 months? *If No, skip to Question 100*				
a. If so, who: ☐ Child ☐ Partner ☐ Other:				
b. Situation:				

Comments on OTHER EVENTS:

5E. ARRESTS/JAIL

In the 6 months prior to enrollment, have any of the following events occurred?	Yes 1	No 0	Don't know -7	Never asked -9
100. Was client arrested in past 6 months? *If No, skip to Question 101.*				
a. Charges: ☐ L03.Shoplifting/Vandalism ☐ L04.Parole/Probation Violations ☐ L05.Drug Charges ☐ L06.Forgery ☐ L06a.Criminal Impersonation (Identity Theft) ☐ L07.Weapons Offense ☐ L08.Burglary/Larceny/Breaking & Entering ☐ L09.Robbery ☐ L09a.Other Theft Charge: ☐ L10.Assault ☐ L11.Arson ☐ L12.Sexual Assault ☐ L13.First or second degree murder/manslaughter ☐ L14.Solicitation/Communication for the Purposes of Prostitution ☐ L15.Obstruction of Justice ☐ L15a.Possession of Stolen Property ☐ L18.Disorderly conduct, vagrancy, public intoxication ☐ L19.Driving while intoxicated ☐ L20.Major driving violations ☐ L16.Other:				
b. Number of times arrested __ __ times				
c. Charges are: ☐ New charge ☐ Old warrant ☐ Both				
101. Was client jailed in past 6 months? *If No, skip to Question 102.*				
a. Number of times jailed __ __ times				
b. For what?				
c. Facility:				

In the 6 months prior to enrollment, have any of the following events occurred?	Yes 1	No 0	Don't know -7	Never asked -9
102. Was client in Home Detention at any time during past 6 months? *(ie. Conditional Sentence Order, incl. house arrest, court-imposed curfew)*				
103. Was client in Prison at any time during past 6 months? *If No, skip to Question 104.*				
a. Facility:				
b. # of months (of 6): __ __ mos				
104. Was client on Probation or Parole at any time during past 6 months?				
105. Did advocate play a role in type of sentence imposed in past 6 months?				
a. If yes, how so?				

Comments on ARRESTS/JAIL:

5F. EDUCATION/TRAINING

In past 6 months prior to enrollment, has client attended or completed:	Attended 1	Completed 2	No 0	Don't know -7	Never asked -9
93. Parenting classes					
a. Class:					
b. Code # of weeks attended (00=none) __ __ weeks					
106. GED classes					
a. Where:					
107. Community college					
a. Where:					
108. University					
a. Where:					
109. Vocational training class					
a. What/where:					
110. Training through work/employment					
a. What/where:					
111. Other course/class					
a. Specify:					

Comments on EDUCATION/TRAINING:

SECTION 6. VALIDITY

112. Advocate/Mentor is confident of accuracy of information presented in this report: ☐ Yes ☐ Mostly ☐ Not at all

Comments on validity: *(if you code Mostly or Not at all, note why)*

SECTION 7. FINAL COMMENTS

Comments on client's situation prior to enrollment in PCAP: