

Biannual Documentation of Client Progress (Baseline) – Mentor Questions (with Intake Form)

	Yes, working well 1	Yes, but problems 2	No, but needed 3	No, not needed 4	Don't know -7	Never asked -9
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 section 4D.

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
48. Healthcare Provider (doctor)							
49. Other Health Service							
a. Optometrist (eye doctor)							
b. Dentist							
c. Other, specify:							
50. High Risk Clinic (Specialized medical treatment vs general medical care)							
51. FAS Clinic (FASD Assessments and Diagnostics)							
52. Therapeutic Child Care Center (Speech and language pathologists, OTs, ex. Glenrose, CASA, programs in schools)							
53. Daycare/Childcare							
a. Where:							
54. Mental Health Counseling for Target Child							
a. If YES or needed, why?							
55. PDD/Disability (incl. AISH, Medical Income; applications, hearings, etc.)							
a. Describe:							
56. Other Service for Target Child							
a. If YES, what services?							

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58. Are target child's immunizations up-to-date? <input type="checkbox"/> Yes (<i>skip to Question 59</i>) <input type="checkbox"/> No			
a. If not fully immunized, why not:			
59. Does TC have chronic medical condition or special healthcare needs? (<i>Includes FASD</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly (<i>not diagnosed</i>)			
a. Describe:			
60. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> TC living with client			
*Other, who:			

Comments on SERVICES FOR TARGET CHILD:

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? (<i>incl. chronic STD, Hepatitis</i>)				
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 <u>not</u> a direct result of drug/alcohol use) in which she has been prescribed medication for any psychological/emotional problem? <i>Whether or not she actually took the meds.</i>				
95. Client has visited the Emergency Room (E. R.) for medical care for herself or a child? Inappropriate use of service. <i>If No, skip to Question 96.</i>				
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. <i>If No, skip to Question 96.</i>				
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)? (<i>If no partner, code No</i>)				
a. Describe:				
99. Has client assaulted anyone in past 6 months? <i>If No, skip to Question 100</i>				
a. If so, who: <input type="checkbox"/> Child <input type="checkbox"/> Partner <input type="checkbox"/> Other:				
b. Situation:				

Comments on OTHER EVENTS:

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					
100. GED classes					
a. Where:					
101. Community college					
a. Where:					
102. University					
a. Where:					
103. Vocational training class					
a. What/where:					
104. Training through work/employment					
a. What/where:					
105. Other course/class					
a. Specify:					

Comments on EDUCATION/TRAINING:

SECTION 6. VALIDITY

106. 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: