



Outreach Specialist: \_\_\_\_\_

## Welcome Baby Prenatal Intake

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Length of visit: \_\_\_\_ hour(s) \_\_\_\_ minute(s)

Attempted call #1:  
\_\_\_\_\_  
(date)

Attempted call #2: \_\_\_\_\_  
(date)

Attempted call #3:  
\_\_\_\_\_  
(date)

Client name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(First Middle Last)

Home address: \_\_\_\_\_  
(Street address, City, State,  
Zip)

Home phone number: \_\_\_\_\_ Mobile phone number: \_\_\_\_\_

email: \_\_\_\_\_

EDD: \_\_\_\_/\_\_\_\_/\_\_\_\_

LMP: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Client Intake Verbal Consent Given: \_\_\_\_/\_\_\_\_/\_\_\_\_ (If no consent given stop here)

### Reason Case was Never Opened:

Client did Not Accept Welcome Baby (Please select reason below)

Does not feel a need for Services

Moving to a new location

Does not Have Time

Not Comfortable with Home Visits

Negative prior experiences

Participant is unavailable due to School/Employment

Family/Partner Object to Program

Decline to State

Other: \_\_\_\_\_

Unable to Contact Client

Delivering at Non-WB Hospital

Non WB Hospital

Non Best Start Client

Client Delivered Before First Home Visit

WB Hospital Undetermined

Client Prefers to Enroll at the Hospital

Case Transferred to another WB Program

Pregnancy is 38 Weeks Gestation or More

Case Referred to Another Home Visiting Program

Safety Issues for Staff

Miscarriage/Pregnancy Terminate

Other \_\_\_\_\_



**Client Characteristics**

**Marital status:**

- Single       Married       Separated       Divorced       Widowed
- Living together/  
Common law       Other: \_\_\_\_\_

**Born in the U.S.?**

- Yes       No       Declined to state

If No, Country of Birth: \_\_\_\_\_

If No, How Many Years in the U.S.? \_\_\_\_\_

**Primary language spoken at home:**

- English       Spanish       Cantonese       Mandarin       Vietnamese
- Korean       Hmong       Tagalog       Khmer       Unknown
- Other, Specify: \_\_\_\_\_

**Language client would like for services**

- English       Spanish       Cantonese       Mandarin       Vietnamese
- Korean       Hmong       Tagalog       Khmer       Unknown
- If Other, Specify: \_\_\_\_\_

**Race/Ethnicity: (select all that apply)**

- Alaska Native/American Indian       Black /African American       White       Middle Eastern

**Hispanic /Latino (if volunteered, select ethnic origin)**

- Mexican, Mexican American, Chicano       Puerto Rican       Cuban       Central American
- Other Hispanic/Latino

**Asian (if volunteered, select ethnic origin)**

- Asian Indian       Cambodian       Chinese       Filipino       Japanese       Korean
- Vietnamese       Other Asian

- Other, Specify: \_\_\_\_\_       Unknown       Decline to State



## Education & Employment

### Highest level completed:

- No formal schooling       8th grade or less       9<sup>th</sup> to 12<sup>th</sup> grade or vocational school       High School Diploma/GED Certificate
- Post high school vocational or technical training program, some college (no degree)       College graduate – bachelor's degree       Some graduate school       Graduate degree

### Type of Educational program currently enrolled in:

- Post-high school vocational certification, technical training       College       Adult school       High school       Middle School or lower
- Not enrolled in any program

### Employment Status:

- Employed Full Time (35 hours plus)       Employed Part Time (20 to 35 hours)       Employed Part Time (less than 20 hours)       Not Employed       Leave of Absence/Disability

### Household Income:

#### Which of the following categories best describes client's total household income in the last 12 months?

- Less than \$10,000 (*less than \$833/month*)       \$25,000 - \$29,999 (*\$2084 - \$2500/month*)       \$75,000 - \$99,999 (*\$6251 - \$8333/month*)
- \$10,000 - \$14,999 (*\$834 - \$1250/month*)       \$30,000 - \$39,999 (*\$2501 - \$3333/month*)       \$100,000 or more (*\$8334/month or more*)
- \$15,000 - \$19,999 (*\$1251 - \$1667/month*)       \$40,000 - \$49,999 (*\$3334 - \$4167/month*)       Do not know
- \$20,000 - \$24,999 (*\$1668 - \$2083/month*)       \$50,000 - \$74,999 (*\$4168 - \$6250/month*)       Decline to answer

# of people supported by household income: \_\_\_\_\_



## Prenatal Care and Pregnancy Outcomes

### Pregnancy history

Gravidity \_\_\_\_\_ # of pregnancies

Parity \_\_\_\_\_ # of births

### Health Care

Is the client covered by any of the following health insurance programs? (select all that apply)

Medi-Cal Presumptive Eligibility     Restricted Medi-Cal     Medi-Cal Managed Care     Full-Scope Medi-Cal

AIM     No Health Insurance

Private health insurance:

\_\_\_\_\_

Other:

\_\_\_\_\_

### Medical Providers Name:

No Medical Provider

Providers name: \_\_\_\_\_

Clinic's name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone number: \_\_\_\_\_

### Dental Insurance:

Denti-Cal     Private Dental Coverage     Other Dental Insurance     No Dental Insurance

### Dental Status

Client received an exam in the last 12 months.     Client has scheduled an appointment for a dental exam.     Dental referral made by WB.     Client received a referral from elsewhere.     Client opts out of dental services.

Client not receiving dental care in the last 12 months



**Public Benefits**

Is client's family receiving any of the following benefits? (select all that apply)

- CalWORKs     
  CalFresh     
  Homeless Assistance     
  WIC     
  SSI/SDI  
 General Relief     
  Other: \_\_\_\_\_     
  None     
  Decline to State

\*\*\*\*If needed, please make referral\*\*\*\*

**Secondary Caregiver Information**

No Secondary Caregiver

Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (First Middle Last)  Male  Female

**Relationship to baby?**

- Biological parent     
  Step-parent/ Parent's partner     
  Grandparent     
  Adoptive parent  
 Relative caregiver     
 Guardian     
 Other: \_\_\_\_\_

**Secondary Caregiver Race/Ethnicity: (select all that apply)**

- Alaska Native/American Indian     
 Black /African American     
 White     
 Middle Eastern  
 **Hispanic /Latino (if volunteered, select ethnic origin)**  
 Mexican, Mexican American, Chicano     
 Puerto Rican     
 Cuban     
 Central American  
 Other Hispanic/Latino  
 **Asian (if volunteered, select ethnic origin)**  
 Asian Indian     
 Cambodian     
 Chinese     
 Filipino     
 Japanese     
 Korean  
 Vietnamese     
 Other Asian  
 **Pacific Islander (if volunteered, select ethnic origin)**  
 Native Hawaiian     
 Guamanian or Chamorro     
 Samoan     
 Other Pacific Islander  
 Other, Specify: \_\_\_\_\_     
 Unknown     
 Decline to State

**Secondary Caregiver Employment Status:**

- Employed Full Time (35 hours plus)     
 Employed Part Time (20 to 35 hours)     
 Employed Part Time (less than 20 hours)     
 Not Employed     
 Leave of Absence/Disability



**Other Children in Household**

Name: \_\_\_\_\_  
(First Middle Last)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Male  Female

Name: \_\_\_\_\_  
(First Middle Last)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Male  Female

Name: \_\_\_\_\_  
(First Middle Last)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Male  Female

\_\_\_\_\_

Are there any concerns or issues that you currently need support with? (List in case notes)  
**\*\*Document Referrals**