

Home Visiting Assessment



Winning Start
Winnebago



Home visiting is a free and voluntary program that promotes parent-child attachment, developmental screenings, connections to community resources and other family services.

First Name: _____ **Last Name:** _____ **Birthdate:** ____/____/____

Address: _____ **City:** _____ **ZIP Code:** _____

Cell Phone: _____ **Email:** _____

Text Me: Yes No

I Speak: English Spanish Other (Please Specify): _____

I Would Consider Myself (Select All That Apply):

- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native
- Other (Please Specify): _____
- Hispanic/Latino
- White/Caucasian

I Am Receiving (Select All That Apply):

- SNAP
- TANF/Cash Assistance
- Social Security (SSI/SSDI)
- Winning Start Winnebago
- Other (Please Specify): _____
- WIC
- Help From Family
- Home Visiting

My Insurance Is:

- Private
- Public (Medicaid, All Kids)
- Military (TriCare)
- No Insurance

I Have Completed:

- Middle School
- GED Classes
- None
- High School
- College

I Am Currently:

- Not Working
- Working Full-Time
- Working Part-Time
- Occasionally Working

Are You Pregnant: No Yes; If Yes, **Due Date Is:** ____/____/____; **Prenatal Care Started:** ____/____/____

My Child(ren)'s Other Parent is: Very Involved Somewhat Involved Not Involved At All

Please List All Of Your Children Ages 0-3:

| Child's Name (First & Last): | Sex: | Birthdate: | Do You Have Concerns About Child's Development? |
|------------------------------|---|----------------|---|
| _____ | <input type="checkbox"/> M <input type="checkbox"/> F | ____/____/____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| _____ | <input type="checkbox"/> M <input type="checkbox"/> F | ____/____/____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| _____ | <input type="checkbox"/> M <input type="checkbox"/> F | ____/____/____ | <input type="checkbox"/> No <input type="checkbox"/> Yes: |

Concerns: _____

I agree to have my information shared between the following agencies in order to assist in service delivery and evaluation: Winnebago County Health Department, YWCA LaVoz Latina, Easterseals of Rockford, City of Rockford-Early Head Start, Rockford School District #205, Brightpoint, Harlem School District #122, and the Illinois Department of Human Services. I understand that I may be contacted if more information is needed. If referrals are needed under the Plan of Care, I give permission to share my information with programs that provide those services and I understand I may be contacted by staff from those programs. I agree that my information will be entered into Visit Tracker/Integrated Referral and Intake System (IRIS) database for the sole purpose of coordinating services. All information will be kept confidential by all agencies.

Signature: _____ **Date:** _____