

DRAFT
9/15/2021

Parent-Child Assistance Program (PCAP)

Washington State

PCAP Clinical Intake

INTAKE INTERVIEW FACE SHEET

Make copy of this page for entry into tracing database

Date of Site Intake: _____
Date of UW-ASI (A): _____
CM #: _____

NOTICE TO STAFF: FILE CLINICAL INTERVIEW ALONG WITH FACE SHEET, SEPARATELY FROM DATA. STAPLE THIS FACE SHEET TO TOP. THIS INTERVIEW IS NOT DATA ENTERED. IF CLIENT TRANSFERS SITES, THIS INTERVIEW IS SENT TO NEW SITE ALONG WITH OTHER CLIENT INFORMATION, WHERE IT IS FILED SEPARATELY FROM DATA WITH OTHER CLINICAL INTERVIEWS.

Family I.D. # _____ Mother's birthdate: _____
Interviewer: _____ Enrollment date: _____ Delivery Hospital: _____

Child's Due Date/Birthdate: _____ Child's Gender: _____ Gestational Age: _____ weeks
Mother's PIC # _____
Child's PIC # _____

Tribal Affiliation and Enrollment Number: Mom: _____ Baby: _____

Name of child:	(first) _____	(middle) _____	(last) _____	(other) _____
Name of mother:	(first) _____	(middle) _____	(last) _____	(maiden/other) _____
(nicknames/aliases) _____				
Name of father:	(first) _____	(last) _____	(middle) _____	(other) _____
Who are you living with? Names and relationship: _____				
Address: _____				
Phone: () _____				
Name phone listed under: _____				
City _____ State _____ Zip _____				

If in treatment, probe: what was your housing situation before TX? Where do you plan to go after treatment?

INTERVIEWER: ASK FOR REFERENCES AT END OF INTERVIEW:

Could you give me the names of relatives or friends who might know your whereabouts if you move and we lose contact with you, or if there's an emergency?

Name: _____
Address: _____
City, State, Zip: _____
Phone: () _____
Name listed under: _____
Relationship to you: _____
Place of Employment: _____
(& phone) () _____

Name: _____
Address: _____
City, State, Zip: _____
Phone: () _____
Name listed under: _____
Relationship to you: _____
Place of Employment: _____
(& phone) () _____

Name: _____
Address: _____
City, State, Zip: _____
Phone: () _____
Name listed under: _____
Relationship to you: _____
Place of Employment: _____
(& phone) () _____

Father of Baby	Name: _____
	Address: _____
	City, State, Zip: _____
	Phone: () _____
	Name listed under: _____
	Place of Employment: _____
	(& phone) () _____

Note: At supervisor preference this form can be made editable so that it can be entered on computer then printed, or it can simply be filled out on paper. DO YOU WANT AN EDITABLE FORM OPTION?

PCAP Clinical Intake

Client ID: _____
 Date of Enrollment: _____
 Site: _____

For PCAP site use only. File securely with Face Sheet, not with data. Do not data enter or send to FADU.

Note that the Face Sheet is part of the Clinical Interview. For the Access Database: make a copy of the Face Sheet only and give to OA. Items in red dotted boxes are from the ASI and will no longer be data entered on the new ASI. For the transition period, if you administer the Intake ASI, so as to not repeat questions, you should get that information during your administration of the ASI. If you do not administer the ASI, ask all questions.

Date of Interview: _____ Int/Sup #: _____ 1) Referral Source: _____ Referral Code: _____	Do not forget to enter source and code into DatStat Edit Client page so that you can review the information
2) Client age, other names, pronouns <i>Name/address, see facesheet</i> Client's birthdate: _____ Age: _____	other names? pronouns?
3) Father of Baby <i>Name/address, see facesheet</i> FOB's birthdate: _____ Age: _____ FOB involved? Concerns? <i>Probes: Still with the baby's father? Current status of relationship? How much is baby's father's extended family involved?</i>	other names? pronouns? Situation?
4) Tribal involvement <i>Tribal affiliation numbers for mom and baby, see facesheet.</i> Client enrolled in a tribe?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not enrolled, but eligible FOB enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No TC enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No Tribe involved with child?	Name of tribe(s), situation if involved with child
5) Current housing/shelter <i>Current address, see facesheet</i> Other addresses where you might be found? Any plans to move in the next few months? Where to? If you go to shelters/emergency housing, where do you go? Contacts: Who are the best people to contact on your behalf? Anyone we should not contact? Why?	
6) PCAP is a home visiting program. Anything your caseworker should know? (<i>probe for dangerous conditions, unsafe people, etc.</i>)	

<p>Children & other family</p> <p>7) Target Child</p> <p>Medical care: Where do you plan to take baby for checkups and medical care? If the baby is not yet born, where do you go for prenatal care? _____</p> <p>Do you have any special concerns about _____ (<i>the baby</i>)?</p> <p>CPS/DCYF: Current status of CPS/DCYF involvement with baby: Name of CPS/DCYF worker: What do you understand is being asked of you re: CPS/DCYF Service Plan? Is PCAP a CPS/DCYF contract condition or a SEN referral?</p>	<p><i>List concerns, details</i></p>
<p>8) Other Children</p> <p>Other children who live with you now? (names, ages)</p> <p>Other children who do not currently live with you? (names, ages, custody status)</p> <p>CPS/DCYF ever involved with previous children? currently?</p> <p>Custody or other concerns with any of your children?</p> <p>Do they need anything at this time that we may be able to help with?</p>	<p><i>List names ages, concerns</i></p>
<p>9) Current Partner</p> <p>Tell me about your current partner: Any concerns re: current partner?</p>	
<p>10) Extended Family</p> <p>Other family involved in your daily life? Who? Is your extended family involved with you/your children? Any concerns re: other family?</p>	

11) Client phone & other resources

Best phone # for you: _____

Any issues or limitations with your phone?

Probes: free government phone? do you purchase minutes?

Is your phone shared with anyone? Does anyone monitor your phone? Is it OK to leave a detailed message?

Can you FaceTime or have other video app?

Do you have access to a computer?

Access to WIFI?

Is transportation usually a problem for you?

How do you usually get around?

Do you have a Valid Driver's License?

Other form of picture ID?

12) Basic needs

Food Insecurity?

What do you do to meet your family's food needs? Do you get food stamps? Amount?

How do you support yourself and your family (TANF, other income)?

Are you in adequate, safe housing?

Do you need help with housing?

Have you used Section 8/low income housing?

Do you have a voucher? Yes No

Barriers? Evictions in history? Felonies?

13) DV

DV or other family Issues?

Prompts: Restraining orders against anyone (including client)?

Situation? Who?

What DV services/family support services have you used?

<p>14) Sex work Involved with sex work, prostitution, trading sex for money? <i>Prompts: using sex as a source of income, include OnlyFans, "sugaring," sex trafficking, etc.</i> Are you comfortable with it? Does someone have power over you?</p>	
<p>15) Alcohol/Drug Use</p> <p>Drug(s) of choice? (include alcohol, marijuana)</p> <p>Preferred pattern? How much, how frequent, when?</p> <p>What other drugs/alcohol do you use when you are using?</p> <p>How does your drug use affect you? Your family?</p> <p>When you're using, where are you likely to go, where might we find you?</p>	<p><i>Describe</i></p>
<p>16) To probe for alcohol problems: ALCOHOL USE, THE T-ACE</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>I'd like to ask a series of questions about your alcohol use:</p> <ul style="list-style-type: none"> • How many drinks does it take to make you feel high? (<i>Tolerance</i>) _____ • Have people <u>A</u>nnoyed you by criticizing your drinking? Y/N • Have you felt you ought to <u>C</u>ut down on your drinking? Y/N • Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (<i>Eye opener</i>)? Y/N • During this pregnancy have you been told about things you said or did while drinking you couldn't remember later? Y/N </div>	
<p>17) Recent alcohol/drug treatment?</p> <p>When? Where? Complete?</p> <p>Do you feel you need treatment?</p> <p>What additional drug or alcohol treatment (if any) do you think you need?</p> <p>Do you go to AA/NA? Where? Sponsor? _____</p>	<p><i>When? Where?</i></p>
<p>18) Other family/significant other</p> <p>Does any significant other or other family member have a problem with addiction?</p> <p>Do they need help with treatment?</p>	

19) Mental Health

Do you have any mental health conditions or concerns?

Do you have a mental health provider? Who?

Have you been told you have a diagnosis?

Diagnoses: _____

Mental health medications, current or previous?

Who diagnosed? When?

Have you had any thoughts of suicide? When?

Are you feeling suicidal now?

Have you had any traumatic experiences that continue to bother you at times (e.g., in nightmares)?

If yes, please describe to the extent you are willing to share.

20) Social Support

Do you have friends you consider good sources of support?

How supportive is your partner? _____

How is your relationship with your family?

Do you go to a church or attend another support group?

How active are you? Which church/group?

Details: _____

Any cultural/support practices that are important to you?

21) Medical

Where do you go for **checkups and medical care**?

Where do you take your child(ren) for checkups and medical care?

Do you or your children have any medical issues/needs we should know about?

Have you been tested for:

Hepatitis C? Yes No Don't Know

Hepatitis B: Yes No Don't Know

HIV/AIDs: Yes No Don't Know

HPV: Yes No Don't Know

Had HPV shot?: Yes No Don't Know

Who is your family planning provider: _____

Current method? _____

What methods have you used in the past?

22) Employment

Are you employed outside the home now?

Where? Type of work? Hours?

Phone: () _____

23) School

Are you in school? What/where?

Is more schooling a goal?

Do you have any problems with learning, concentration, memory, or comprehension (if yes, please describe)?

Prompts: Have GED? IEP/Additional help with learning?

24) Legal

Any current legal issues? custody? criminal?

Are you on probation? _____

Are you on DOSA or FOSA?

***If yes, let UW interviewer know not eligible for research.
Advise UW when client is no longer ineligible for research.***

25) Other Services

How well are you connected to the services you need?

What stands in your way?

What do you feel you need from us? How can we help you?

Summary of service providers you use:

Public Housing provider: Need?

Emergency Funds (*rent deposits, gas vouchers, emergency bill paying service*) Need?

Emergency Shelters or where you go for shelter:..... Need?

Food Bank/Soup Kitchens:..... Need?

Clothing/supplies:..... Need?

DV services:..... Need?

Legal services (criminal or civil):..... Need?

Public Schools:..... Need?

Daycare/Babysitting:..... Need?

Public Health Nurse:..... Need?

Other service you or your kids use:..... Need?

Parenting Class:..... Need?

If you are taking a parenting class? What/where?

Other: _____ Need?

Parent-Child Assistance Program (PCAP)

Washington State

Interviewer: Complete after interview

CM assigned: _____ Date UW-ASI completed: _____

If UW-ASI not completed via Zoom by UW interviewer, how was UW-ASI completed: _____

NOTE: Intervention work cannot begin until after UW-ASI is complete

Interviewer assessment of client psychological state at the time of the interview,

is client: (Circle if so)

Obviously depressed/withdrawn

Obviously hostile

Obviously anxious/nervous

Having trouble with reality testing, thought disorders, paranoid thinking

Having trouble comprehending, concentrating, remembering

Having suicidal thoughts / Has a plan

Notes: _____

Client Summary:

Comments on Intake Process:
