



**PARENT-CHILD ASSISTANCE PROGRAM**

**COMMUNITY REFERRAL SCREENING QUESTIONNAIRE (CRSQ)**

**3. INVOLVEMENT WITH COMMUNITY SERVICES DURING PREGNANCY**

**Any Alcohol/Drug Treatment now or during pregnancy? (describe):**

**Involved With Other Services**

- |   |  |
|---|--|
| <input type="checkbox"/> Any advocacy/case management programs? | <input type="checkbox"/> Public health nurse?        |
| <input type="checkbox"/> Any home visitation programs?          | <input type="checkbox"/> CPS?                        |
| <input type="checkbox"/> AA, NA/other treatment support group?  | <input type="checkbox"/> Public housing?             |
| <input type="checkbox"/> Mental health services?                | <input type="checkbox"/> Legal services?             |
| <input type="checkbox"/> Other supportive group/church?         | <input type="checkbox"/> Domestic violence services? |
| <input type="checkbox"/> Regular family doctor, OB/GYN?         | <input type="checkbox"/> Other program               |

*If connected to services, but only ineffectively, how so?*

**• NOT EFFECTIVELY CONNECTED WITH COMMUNITY SERVICES?** ..... *No, effectively* ..... **Yes, not**  
*connected, ..... effectively*  
*ineligible* ..... **connected**

**OTHER NOTES/CONTACTS MADE:** *(Include date and notes about all contact phone calls, texts, etc. made and outcome. If referral is not eligible for enrollment, or eligible but not enrolled, explain briefly. Use additional pages if necessary.)*