CYSHN Pathway

DEMOGRAPHICS						
Date Initiated:	Child's Name:				Child's DOB:	
Parent/Guardian Contact:	☐ Home Visit Assessment ☐ Previous PHN Assessment		☐ Electronic or Office/Clinic Assessment ☐ Unable to Reach		☐ Declined Assessment	
Other Provider Contact:	☐ Part C service provider	☐ Primary care provider	☐ Health care coordinator	☐ PH nurse	☐ Social worker	☐ Other: _____
Do you plan to contact this family again?		☐ Yes	☐ No			

INCOME

K NR 1 2 3 4 5	B NR 1 2 3 4 5	S NR 1 2 3 4 5	☐ No interventions Provided

Signs and Symptoms	Category	Target		Notes
☐ Low/no income	CM	Finances	☐ All available community resources: food bank, clothing bank, energy assistance	
☐ Uninsured medical expenses				
☐ Difficulty with money management	CM	Finances	☐ Governmental health/social services assistance/offer of child support enforcement	
☐ Able to buy only necessities				
☐ Difficulty buying necessities	CM	Finances	☐ Health insurance	
☐ Other _____	S	Finances	☐ Employment	
☐ No S/S observed	S	Finances	☐ Food insecurity	
Insurance Status	S	Finances	☐ Health insurance	
☐ Private	S	Finances	☐ Housing	
☐ Public	S	Finances	☐ Income vs expenses; use of available resources	
☐ Both				
☐ No Insurance	S	Finances	☐ Transportation availability	
☐ Other: _____	TGC	Finances	☐ Income vs expenses; use of available resources	
☐ Unknown				

CM=Case Management S=Surveillance TGC=Teaching, Guidance and Counseling

COMMUNICATION WITH COMMUNITY RESOURCES

K NR 1 2 3 4 5	B NR 1 2 3 4 5	S NR 1 2 3 4 5	☐ No interventions Provided

Signs and Symptoms	Category	Target		Notes
☐ Unfamiliar with options/procedures for obtaining services ☐ Difficulty understanding roles/regulations of service providers ☐ Unable to communicate concerns to provider ☐ Dissatisfaction with services ☐ Inadequate/unavailable resources ☐ Language barrier ☐ Cultural barrier ☐ Educational barrier ☐ Transportation barrier ☐ Limited access to care/services/goods ☐ Unable to use/has inadequate communication devices/ equipment ☐ Other: _____ ☐ No S/S observed	CM	Legal system	☐ Client advocacy related to refugee/immigrant/ documentation	
	CM	Other community resources	☐ Culturally specific services and groups	
	S	Communications	☐ Ability to communicate with service providers • Preferred language: _____ • Interpreter needed: Yes _____ No _____ • Was an interpreter used: Yes _____ No _____	
	TGC	Communications	☐ Procedures to communicate with service providers/resources	
	TGC	Interpreter/ translator services	☐ Procedures to obtain services	

CARETAKING / PARENTING

K NR 1 2 3 4 5 | **B** NR 1 2 3 4 5 | **S** NR 1 2 3 4 5 | ☐ No interventions Provided

Signs and Symptoms	Category	Target		Notes
☐ Difficulty providing physical care/safety	CM	Caretaking/ parenting skills	☐ Parenting classes/programs	
☐ Difficulty providing emotional nurturance	CM	Daycare/respite	☐ Child center, other	
☐ Difficulty providing cognitive learning experiences and activities	CM	Other community resources	☐ Advocate, coordinate, refer – including parent to parent support	
☐ Difficulty providing preventive and therapeutic health care	S	Coping skills	☐ Coping methods; grief	
☐ Expectations incongruent with stage of growth and development	S	Feeding procedures	☐ Fluid and/or food quality and quantity, nutrients, technique, schedule	
☐ Dissatisfaction/difficulty with responsibilities	S	Growth/ development care	☐ Realistic expectations	
☐ Difficulty interpreting or responding to verbal/non-verbal communication	S	Legal system	☐ Hx/status of legal issues e.g. paternity, incarcerations, CPS	
☐ Neglectful	S	Safety	☐ Appropriate supervision; presences of safety hazards	
☐ Abusive	S	Support system	☐ Family, friends, social supports	
☐ Other: _____	TGC	Bonding/ attachment	☐ Activities to promote	
☐ No S/S observed	TGC	Caretaking/ parenting skills	☐ Infant/child care, age appropriate discipline	
	TGC	Coping skills	☐ Shaken baby syndrome prevention, coping methods	
	TGC	Daycare/respite	☐ Plan for daycare, plan for emergency/alternate care	

	TGC	Feeding procedures	☐ Fluid and/or food quality and quantity, nutrients, technique, schedule	
	TGC	Growth/ development care	☐ Realistic expectations, normal growth/development, growth spurts, behaviors	
	TGC	Rest/Sleep	☐ Amounts needed for mother and child, conducive environment	
	TGC	Safety	☐ Car seats/seat belts, home safety safe sleep,	
	TGC	Safety	☐ Concern for each stage of development/condition	
	TGC	Stimulation/ nurturance	☐ Verbal, visual, tactile, games/play/toys, daytrips/outings, limit TV viewing	
	TGC	Wellness	☐ Includes physical/emotional/spiritual activities; skincare; sunscreen; exercise; limit screen time; handwashing	
Did you refer to FHV program? ☐ Yes ☐ Already participating ☐ No, not eligible ☐ No, not interested/declined ☐ No, not necessary ☐ No, unable to reach	FHV Program participating in or referred to: _____			

GROWTH AND DEVELOPMENT

K NR 1 2 3 4 5 **B** NR 1 2 3 4 5 **S** NR 1 2 3 4 5 ☐ No interventions Provided

Signs and Symptoms	Category	Target		Notes
☐ Abnormal results of developmental screening tests ☐ Abnormal weight/height/head circumference in relation to growth/age standards ☐ Age-inappropriate behavior ☐ Inadequate achievement/ maintenance of developmental tasks ☐ Other: _____ ☐ No S/S observed	CM CM CM S S S S	Dietary management Growth/ development care Screen procedures Dietary management Growth/ development care Screening procedures S/S mental/ emotional	☐ Feeding method/adequate intake/ supplements/solids/WIC ☐ Refer to education/developmental resources (Early Intervention, ECFE, etc.) ☐ Developmental ☐ Feeding method/adequate intake/ supplements/solids/WIC ☐ Attends receives when needed ☐ Developmental ☐ Behavior concerns	

Early intervention enrollment status?

- ☐ Enrolled
- ☐ Not Enrolled
- ☐ Unknown

Did you refer this child to Early Intervention?

- ☐ Yes
- ☐ No, I/LPH already referred this child
- ☐ No, child referred by non-LPH or referral source unknown
- ☐ No, I did not refer this child Reason:_____

HEALTH CARE SUPERVISION

K NR 1 2 3 4 5	B NR 1 2 3 4 5	S NR 1 2 3 4 5	☐ No interventions Provided

Signs and Symptoms	Category	Target		Notes
☐ Fails to obtain routine/ preventive health care	CM	Medical/dental care	☐ Coordinate/schedule services	
☐ Fails to seek care for symptoms requiring evaluation/treatment	S	Continuity of care	☐ Care coordinator/care coordination	
☐ Fails to return as requested to health care provider	S	Continuity of care	☐ Stable, consistent primary care	
☐ Inability to coordinate multiple appointments/ treatment plans	S	Medical/dental care	☐ Follows/receives when scheduled	
☐ Inconsistent source of health care	S	Wellness	☐ Immunizations/routine preventive care	
☐ Inadequate source of health care	TGC	Medical/dental care	☐ Need for care and follow-up	
☐ Inadequate treatment plan	TGC	Wellness	☐ Importance of routine preventive evaluation; immunizations	
☐ Other: _____				
☐ No S/S observed				

Additional Notes: