Meeting participants:

Mother’s name:

DOB:

Address:

Phone number:

Infant Due/Birth Date:

Household members (include infant after birth)

|  |  |  |  |
| --- | --- | --- | --- |
| Name | DOB | Age | Relationship to Infant |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

List any household members living at an alternative placement

|  |  |  |  |
| --- | --- | --- | --- |
| Name | DOB/Age | Relationship to Infant | Placement |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Indicate all applicable services and referrals for mother/caregiver

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Adult Services | Status | Date | Organization | Comments |
| Substance use treatment |  |  |  |  |
| Health Care |  |  |  |  |
| OBGYN |  |  |  |  |
| Mental Health Counseling |  |  |  |  |
| Parenting Education |  |  |  |  |
| WIC |  |  |  |  |
| SNAP (Food stamps) |  |  |  |  |
| TANF |  |  |  |  |
| Health Insurance |  |  |  |  |
| Food pantries |  |  |  |  |
| Clothing |  |  |  |  |
| Other |  |  |  |  |

Indicate all applicable services and referrals for infant/other children

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Referral | Status | Date | Organization | Comments |
| Pediatrician |  |  |  |  |
| Children First |  |  |  |  |
| ENEC |  |  |  |  |
| LEAP |  |  |  |  |
| Other |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Topic | Discussed | Needed | Denied  | N/A | Comment |
| ABC’s Safe Sleep |  |  |  |  |  |
| Dental hygiene |  |  |  |  |  |
| CDC’s milestones app |  |  |  |  |  |
| Tummy time |  |  |  |  |  |
| Reading/singing |  |  |  |  |  |
| Other |  |  |  |  |  |