**ChildPlus PIR Data Questions for Program Participants**

Participant Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday\_\_\_\_\_\_\_\_\_\_ Site Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Enrolled Child or Enrolled Pregnant Women)**

**Please Note: Questions refer to the Program Operating Period: 2023-2024**

**Y** Child’s family was homeless during the enrollment year?

“Homeless” includes, for example, families living temporarily in shelters, hotels, or vehicles; or moving frequently between the homes of relatives and friends.

Number of enrolled HS/EHS children in the homeless family. **HS\_\_\_\_\_\_ EHS**\_\_\_\_\_

**Y** Did the homeless family acquire housing during the enrollment year?

**Y** Foster care during program year?

**Health Addendum**

**At end of enrollment:**

**Y** Does this child have a medical home (not primarily a source of emergency or urgent care)?

**Y** Is this child’s medical home part of a federally qualified health center, Indian Health Service, Tribal and/or Urban Indian Health Program facility?

See list of Federally Qualified health Centers in our service area (FQHC)

**Y** Has this child been diagnosed by a health care professional with the following chronic condition, regardless of when the condition was first diagnosed:

Autism Spectrum Disorder (ASD) \_\_\_\_\_ Attention deficit hyperactivity disorder (ADHD) \_\_\_\_\_

Seizures \_\_\_\_\_\_ Vision Problems \_\_\_\_\_ High Lead Level (>5) \_\_\_\_\_

Hearing Problems \_\_\_\_\_ Diabetes \_\_\_\_\_ Asthma \_\_\_\_\_

Life-threatening allergies (e.g. food allergies, bee stings, and medication allergies that may result in systemic anaphylaxis) \_\_\_\_\_

**Y** Does this child have a dental home?

**Y** Did child receive preventive dental care (ex: fluoride application at WIC, cleaning, sealant application etc.)?

**Number of Families**

The parent/guardian figures are best described as:

Y a. Parents (biological, adoptive, stepparents, etc.)

If single parent check one of the following: \_\_\_\_\_mother only \_\_\_\_father only

Y b. Grandparents

Y c. Relatives other than Grandparents

Y d. Foster parents not including relatives

Y e. Other Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Father Engagement**

Was a Father/Father figure engaged in the following activities during this program year? Circle “Y” for yes.

Y a. Family assessment

Y b. Family goal setting

Y c. Involvement in child’s Head Start child development experiences   
 (e.g. home visits, parent-teacher conferences, etc.)

Y d. Head Start program governance, such as participation in the Policy Council

Y e. Parenting education workshops

**Family Services Information**

Mark any of the following that best describes a families employment, job training, and school status:

a. At least one parent/guardian is employed, in job training, or in school

\_\_\_\_ At beginning of enrollment

\_\_\_\_ At end of enrollment

b. No parent/guardian is employed, in job training, or in school (ex// unemployed, retired, or disabled)

\_\_\_\_ At beginning of enrollment

\_\_\_\_ At end of enrollment

**Family Services**

**At end of enrollment:**

**Y** Is the family receiving any cash benefits (FIP) or other services under the Federal Temporary Assistance

for Needy Families TANF?

**Y** Is the family receiving Supplemental Security Income (SSI)?

**Y** Is the family receiving services under the Special Supplemental Nutrition Program for Women, Infants, and

Children (WIC)?

**Y** Is the family receiving services under the Supplemental Nutrition Assistance Program (SNAP), formerly referred to as Food Stamps?

**Family Services- Mark “Y” for yes to all that apply**

**Family Services: Families may be counted in more than one category if more than one type of service was identified/received.**

**In column 2, include families that received services directly through the program or through program referrals. In terms of services, please count only those families that actually received the services, not those that were referred and either did not go or were not yet able to receive the services due to denial or postponement.**

**Families who attend educational presentations on the items clearly labeled as education may be counted as receiving the relevant type of education service. Informational brochures and pamphlets distributed to all families are not counted in the PIR.**

**New Category: Asset building services enable individuals and families to learn about and use sound family budgeting and money management practices to address financial issues and to plan for long-term success.**

|  |  |  |
| --- | --- | --- |
| Types of family services | Family expressed  *interest or identified need* during the  program year | Family received the following *service* during the program year |
| a. Emergency/crisis intervention such  as meeting immediate needs for (circle all that apply)  food, clothing, or shelter |  |  |
| b. Housing assistance such as subsidies, utilities, repairs, etc. |  |  |
| c. Asset building services (such as financial education, opening  savings and checking accounts, debt counseling, etc. |  |  |
| d. Mental health services |  |  |
| e. Substance misuse prevention |  |  |
| f. Substance misuse treatment |  |  |
| g. English as a Second Language (ESL) training |  |  |
| h. Assistance in enrolling into an education or job training  program |  |  |
| i. Research based parenting curriculum |  |  |
| j. Involvement in discussing their child’s screening and  assessment results and their child’s progress |  |  |
| k.Supporting transitions between programs (i.e. EHS to HS, HS to kindergarten) |  |  |
| l. Education on preventive medical and oral health |  |  |
| m. Education on health and developmental consequences of  tobacco product use |  |  |
| n. Education on nutrition |  |  |
| o. Education on postpartum care (e.g. breastfeeding support) |  |  |
| p. Relationship/marriage education |  |  |
| q. Assistance to families of incarcerated individuals |  |  |

Dist: Family File/DMT HS by May 1 or at the time of drop \

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| FQHC Name | Address | Phone | Website |
| Belliare Family Health Center | 4955 S M 88 Hwy  Bellaire, MI 49615 | 231-533-8649 | http://www.ejfhc.org |
|  |  |  |  |
| Northwest Michigan Health Services, Inc | 6051 Frankfort Hwy Suite 100  Benzonia, MI 49616 | 231-947-1112 ext.100 |  |
|  |  |  |  |
| Great Lakes Family Care | 520 Cobb Street  Cadillac, MI 49601 | 231-775-6521 | http://www.glfc.us/privacy.html |
|  |  |  |  |
| East Jordan Family Health Center | 601 Bridge Street  East Jordan, MI 49727 | 231536-2206 | http://www.ejfhc.org |
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| Alcona Health Center Emmet County Site | 3434 M-119  Harbor Springs, MI 49740 | 231-347-6014 | http://alconahealthcenters.org |
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| Houghton Lake SBHC | 4433 W Houghton Lake Drive  Houghton Lake, MI 48629 | 989-366-2061 | http://www.midmichigan.org/chs |
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| MidMichigan Health Park – Houghton Lake | 9249 W. Lake City Road  Houghton Lake, MI 48629 | 989-422-5122 | http://www.midmichigan.org/chs |
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| Northwest Michigan Health Services – Ludington | 920 Diana St.  Suite 100  Ludington, MI 49431 | 231-947-1112 |  |
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| Northwest Michigan Health Services, Inc | 2840 Orchard Hwy  Manistee, MI 49660 | 231-947-1112 |  |
|  |  |  |  |
| Great Lakes Family Care McBain | 117 N Roland Street  McBain, MI 49657 | 231-745-2743 | http://www.familyhealthcare.org |
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| Alcona Health Center Pellston Services | 421 Stimpson Dr.  Unit 102  Pellston, MI 49769 | 989-356-4049 | http://www.alconahealthcenters.org |
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| Alcona Health Center Petoskey Child Health Associates | 2390 Mitchell Park Drive  Suite A  Petoskey, MI 49770 | 231-487-2250 | http://www.alconahealthcenters.org |
|  |  |  |  |
| Roscommon SBHC | 299 E Sunset Dr  Roscommon, MI 48653 | 989-275-6658 | http://www.midmichigan.org/chs |
| MidMichigan Medical Offices – Roscommon | 135 Lake Street  Roscommon, MI 48653 | 989-275-8931 | http://www.midmichigan.org/chs |
|  |  |  |  |
| Traverse Health Clinic and Coalition | 1719 S Garfield Ave  Traverse City, MI 49686 | 231-935-0799 | http://www.traversehealthclinic.org |
|  |  |  |  |
| Northwest Michigan Health Services Inc | 10767 E Traverse Hwy  Traverse City, MI 49684 | 231-947-0351 | http://www.nmhsi.org |

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