



**INTAKE – READY BY 5 PROGRAMS**

(Home Visitation Services)

**PERSIMMONY ASSESSMENT SCREEN**

*(Must be completed by all PARENTS at intake PRIOR to services beginning)*

**RF01.** How old were you, (the biological mother) when this child was born? \_\_\_\_\_

**RF02.** How long was this child breast fed? \_\_\_\_\_ (In Months)

**RF03.** Is this your first child?  No  Yes

**RF04.** Are you worried about how your child walks, talks or learns?  No  Yes

**RF05.** Do you have access to books or other reading materials for your child?  No  Yes

**RF06.** In the past year, has your child gone to the doctor for a checkup when he/she was well?  No  Yes

**RF07.** In the past year, has your child visited the dentist?  No  Yes

**RF08.** Are you currently enrolled in another program that provides a home visitor?  No  Yes

**RF09.** IF YES, please list the program(s) you participate in \_\_\_\_\_

**RF10.** Have you ever had any other home visiting services in the last two years ?  No  Yes  
If yes, which program: \_\_\_\_\_

**RF11.** Since your child was born, what type of outside-of-the-home child care has s/he MOST often received on a regular basis? (Regular = at least 2 times per week for the last six months)

- None
- Child's grandparent
- Other relative
- Babysitter (unlicensed)
- Licensed child care provider or center

**RF12.** Which BEST describes the mother's current employment status?

- Homemaker, not employed outside the home & not seeking work
- Employed Part Time  Employed Full Time
- Student  Retired, Other
- Not Currently Employed & Seeking Employment

**RF13.** If working, what is the title of the MOTHER's current or temporary job? (example, clerk, doctor, accountant, etc.) \_\_\_\_\_

**RF14.** If working, what is the title of the FATHER's current or temporary job? (example, clerk, doctor, accountant, etc.) \_\_\_\_\_