

EXPECTANT MOTHER FILE CHECK LIST

Center _____ Participant's Name _____
 FE _____ Reviewer Name _____ 1st Date ___/___/___
Bolded items apply as needed Reviewer Name _____ 2nd Date ___/___/___

	Yes	No	Date	Comments
1. Enrollment date				
Access/ SOAP				
Eligibility Verification / Acceptance				
Meets income eligibility	LI	OI		If OI, comment on acceptance:
Meets age eligibility				
PROMIS application (1 pg)				
Release of INFO to whom				
USDA/Over Income				
2. Adult General Health Form (1 pg)				
Pregnancy History				
Pregnancy Outcomes 0-6 months				
Pregnancy verification form				
PROMIS—Family Health History				
Growth Chart—BMI				
Health IEP				
3. Medication Administration Form				
Prenatal Medical Exam				
HCT/HGB count				
Prenatal Dental Risk Assessment				
Dental exam				If follow-up, what is status?
Dental IEP				
4. Vision screening				
Hearing Screening				
Edinburgh				
Mental Health Observation				
Individual Mental Health				
5. Expectations Agreement				
Parent Interest Survey				
Mapping Summary				
Family Partnership Agreement				
Participation Alert				
Participation Action Plan				
Expectant Father				
7. OHV #1				
OHV #2				
CPE completed # _____				
Required lessons				FD, SA, PN, Lac, PNO, L/D, FP, S, PS, MH, W, P, MM, T, Imm, L/D
Nurse Home Visit Request Form				
Nurse Home Visit				
Lactation Referral				
8. Transition Plan (3 pages)				

Actions/needs: _____

