



LODESTAR USER'S MANUAL

(Revised 02/26/2007)

The Lodestar MIS was developed, and is maintained, with funding from the Maternal and Child Health Branch of the California State Department of Health Services (MCH), and the Cal-Learn Section of the California Department of Social Services. The current Windows® version was developed, and is maintained, by the Branagh Information Group.

Lodestar was originally developed for MS-DOS® by Elizabeth Mandell of Lodestar Management/Research, Inc.

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Introduction

The Lodestar Case Management Information System was designed as a tool for agencies conducting comprehensive case management for pregnant and parenting teens and their siblings. The system adheres to standards developed by the Adolescent Family Life Program (AFLP), Adolescent Sibling Pregnancy Prevention Program (ASPPP), and Cal-Learn Program. The four primary functions of the system are as follows:

- 1) Gather client demographic and point-in-time information such as living arrangements, educational status, child health indicators, risk factors, service referrals and client contact tracking.
- 2) Facilitate agency caseload management and supervision of case managers through comprehensive management reports.
- 3) Create a complete and accurate statewide database of client information for analysis.
- 4) Produce State required reports and notices, such as the Stat 45, Client Months of Service report, and required client informing notices of action (NOA's).

Lodestar's modular design allows agencies flexibility in choosing the level of client tracking to implement. For example, an agency may choose to track and categorize each contact with a client, or omit this function of the system completely. There is a basic set of information gathered on all clients at Intake, Pregnancy Outcome, and in six-month intervals thereafter.

Lodestar runs under the Microsoft Windows® operating system on either a stand-alone PC or supporting multiple users on a PC network. A basic familiarity with Windows, such as how to use a mouse and manipulate pushbuttons, pull-down lists and perform other common Windows tasks is required. System users new to Windows are encouraged to read the *Lodestar Basics* section of this manual. Many of the basic techniques needed to operate Windows software programs are reviewed there.



LODESTAR EDUCATION FORM

Mandatory form (for Cal-Learn clients only) to be completed whenever a Cal-Learn client's school status changes.
NOTE: If a client's school status is in flux, you may wait up to one month to complete this form.

Items marked with a circled star (★) are optional.

Client ID No. _____

Case Manager _____

Client Name _____
First and Middle

_____ Last

Form Date

____/____/____
MM/DD/YY

<p>Last Grade COMPLETED _____</p> <p>00-No formal education 01-1st, 02-2nd, 03-3rd, 04-4th, 05-5th, 06-6th, 07-7th, 08-8th, 09-9th, 10-10th, 11-11th grade, 12-diploma 13-Completed GED pretest 14-Completed GED 15-Completed CHSPE 16-Some post secondary education 17-Other 99-Unknown</p> <p>K-12 School Status _____</p> <p>01-In School (Includes: Enrolled - attending or not, School Break, Excused Absence, Suspended)</p> <p>Not In School Because:</p> <p>02-Transportation Barrier 03-Child Care Barrier 04-Educational Barrier 05-Psycho-Social Barrier 06-Medical Barrier 07-Expelled 08-Refuses to Attend 09-Other Reason 10-GED/CHSPE Completed 11-High School Diploma 99-Unknown</p>	<p>Type Of School _____</p> <p>01-Elementary school (1-6) 02-Middle/Intermediate/Jr HS (6-9) 03-Regular/Traditional Sr. HS (9-12) 04-Continuation/Alternative school 05-Court/community school 06-Adult Education 07-Private school (K-12) 08-Vocational/Tech Prep. HS (9-12) 09-Other 88-Not enrolled/applicable 99-Unknown</p> <p>★School District _____</p> <p>★School Code _____</p> <p>★School Name _____</p> <p>Primary Instructional Strategy _____</p> <p>1-Mainstream program 2-Independent Study 3-Temporary Home/Hospital instruction 4-Self-contained classroom 5-Correspondence School 6-Legal Home Schooling 8-Not enrolled in approved program 9-Unknown OR Not Listed Above</p>	<p>Is client enrolled in an education program for pregnant or parenting teens? _____</p> <p>1-Yes 2-No 9-Unknown</p> <p>Educational Goal _____</p> <p>1-HS Diploma 2-GED 3-CHSPE 4-Post secondary 5-None at this time 9-Unknown</p> <p>Post-Secondary School _____</p> <p>1-Technical/vocational school 2-Community college 3-Four-year college/university 4-Other 8-N.A. (not currently enrolled) 9-Unknown</p> <p>COMPLETE AND ATTACH FREE CODES FORM IF USED.</p>
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LODESTAR FOLLOW UP FORM: Pregnant and Parenting Teens

Items marked with a circled star (★) are optional.

Funding Source: AFLP Cal-Learn Other1 Other2

Client ID No. _____ Case Manager _____

Client Name _____
First and Middle Last

Reporting Period

Enter 06, 12, 18, 24, 30, etc., to denote age in months of Index Child at Follow Up. Use only multiples of 06.

Date Of Follow Up _____
MM / DD / YY

Cal-Learn Case Management Participation

- 1-Usually available to meet w/ CM
- 2-Sporadic participation
- 3-None, unable to locate/contact
- 4-Client refuses case management - does not turn in report cards
- 5-Client declines case management, but turns in report cards
- 8-Not applicable (not Cal-Learn)

If you answer 3-5 above, you need not complete the rest of this form

Marital Status

- 1-Single, never married
- 2-Married
- 3-Other
- 9-Unknown

Work/Employment Status

- 1-Does not work
- 2-Seeking employment
- 3-Working
- 4-In job training
- 9-Unknown

Total Number Of Children

The Teen Has Given Birth To (or Fathered, if the client is male)
(Enter exact number 0-7, 8 if 8 or more, or 9 if unknown.)

Total Number Of Children In Client's Custodial Care

(Enter exact number 0-7, 8 if 8 or more, or 9 if unknown.)

(If the client has given birth/fathered since the last reporting period, and no Pregnancy Outcome was done for that child, please attach an **Additional Child Matrix Form**).

Last Grade COMPLETED

- 00-No formal education
- 01-1st, 02-2nd, 03-3rd, 04-4th, 05-5th, 06-6th, 07-7th, 08-8th, 09-9th, 10-10th, 11-11th grade, 12-diploma
- 13-Completed GED pretest
- 14-Completed GED
- 15-Completed CHSPE
- 16-Some post secondary education
- 17-Other
- 99-Unknown

K-12 School Status

01-In School
(Includes: Enrolled - attending or not, School Break, Excused Absence, Suspended)

Not In School Because:

- 02-Transportation Barrier
- 03-Child Care Barrier
- 04-Educational Barrier
- 05-Psycho-Social Barrier
- 06-Medical Barrier
- 07-Expelled
- 08-Refuses to Attend
- 09-Other Reason
- 10-GED/CHSPE Completed
- 11-High School Diploma
- 99-Unknown

Type Of School

- 01-Elementary school (1-6)
- 02-Middle/Intermediate/Jr HS (6-9)
- 03-Regular/Traditional Sr. HS (9-12)
- 04-Continuation/Alternative school
- 05-Court/community school
- 06-Adult Education
- 07-Private school (K-12)
- 08-Vocational/Tech Prep. HS (9-12)
- 09-Other
- 88-Not enrolled/applicable
- 99-Unknown

★ School District _____

★ School Code _____

★ School Name _____

Client ID No. _____

Primary Instructional Strategy _____

1-Mainstream program
 2-Independent Study
 3-Temporary Home/Hospital instruction
 4-Self-contained classroom
 5-Correspondence School
 6-Legal Home Schooling
 8-Not enrolled in approved program
 9-Unknown OR Not Listed Above

Is client enrolled in an education program for pregnant or parenting teens? _____

1-Yes
 2-No
 9-Unknown

Educational Goal _____

1-HS Diploma
 2-GED
 3-CHSPE
 4-Post secondary
 5-None at this time
 9-Unknown

Post-Secondary School _____

1-Technical/vocational school
 2-Community college
 3-Four-year college/university
 4-Other
 8-N.A. (not currently enrolled)
 9-Unknown

Type Of Housing _____

1-House/apartment
 2-Public housing
 3-Hotel/motel
 4-Shelter
 5-Homeless
 6-Other
 7-Maternity home
 8-Foster/group home
 9-Unknown

Number Of Times Client Has Moved In The Past 6 Months _____

0-None
 1 thru 7 – Use Exact Number
 8-Eight or more
 9-Unknown

Who shares the client's domicile? _____
 Enter the exact number (0-50) of each of the following individuals living with the client. Do not include the client or the client's children in the count. Enter 0 if none, 99 if unknown:

Index Child's Other Parent _____

Client's Partner _____
 (if not other parent)

Client's Relatives

- Adults _____

- Minors _____

Partner's Relatives

- Adults _____

- Minors _____

Other Non-Relatives

- Adults _____

- Minors _____

Does client feel safe:

With Index Child's other parent? _____

With partner (if not other parent)? _____

With family? _____

In the neighborhood? _____

In school? _____

Answer each:
 1-Yes
 2-No
 8-Not applicable
 9-Unknown

Has Client Received Any Immunization Or Booster Shots/Tests Since Last Reporting Period? _____

1-Yes
 2-No
 9-Unknown

Has Client Received A Health Exam Since Last Reporting Period? _____

1-Yes
 2-No
 9-Unknown

Has Client Received Treatment For A Chronic Health Problem Since Last Reporting Period? _____

1-No, client has no health problem
 2-No, client has health problem but has not received treatment
 3-Yes, client has received treatment
 9-Unknown

Immunizations (Index Child) _____

1-Up to date for age
 2-Not up to date/medical circumstances
 3-Not up to date/other reasons
 8-Not applicable (client pregnant)
 9-Unknown

Number Of Children In Client's Custodial Care With Immunizations Not Up To Date _____

(Include Index Child. Enter exact number 0-7, 8 if 8 or more, or 9 if unknown. Enter 0 if None.)

Client ID No. _____

Medical Condition _____
 (Index Child)
 1-Known
 2-Suspected
 3-None
 9-Unknown

Number Of Children In Client's Custodial Care With A Known Or Suspected Medical Condition _____
 (Include Index Child. Enter exact number 0-7, 8 if 8 or more, or 9 if unknown. Enter 0 if None.)

Developmental Disability _____
 (Index Child)
 1-Known
 2-Suspected
 3-None
 9-Unknown

Number Of Children In Client's Custodial Care With A Known Or Suspected Developmental Disability. _____
 (Include Index Child. Enter exact number 0-7, 8 if 8 or more, or 9 if unknown. Enter 0 if None.)

Child Care Use _____
 (Index Child)

Not Used Because:
 01-Index Child Not Yet Born
 02-Medical Reasons (Child)
 03-Not Safe
 04-Enrollment Barrier
 05-Transportation Barrier
 06-Not Affordable
 07-Not Available
 08-Family/Cultural Barrier
 09-Teen not enrolled in school
 10-Not Needed/ Wanted
 11-Other

Used:
 12-More Needed
 13-Client Satisfied
 14-Client Not Satisfied
 99-Unknown

Child Care Pay Source _____
 (Index Child)
 1-School
 2-Cal-Learn
 3-Free
 4-Self-pay
 5-Other
 6-Healthy Families
 8-None - Not used
 9-Unknown

Number Of Children In Client's Custodial Care Receiving Child Care Services _____
 (Include Index Child. Enter exact number 0 - 7, 8 if 8 or greater, or 9 if unknown. Enter 0 if None.)

Type Of Child Care Used _____
 (Index Child)
 01-On-Site School Based Day Care
 02-Large Licensed Family Day Care (>8)
 03-Small Licensed Family Day Care (<9)
 04-Child Care Center
 05-Client's Home - Unlicensed Relative
 06-Client's Home - Unlicensed Non-Relative
 07-Other Home - Unlicensed Relative
 08-Other Home - Unlicensed Non-Relative
 09-Other
 10-None / Not applicable
 99-Unknown

Sexual Activity _____
 1-Active
 2-Not active / No partner
 3-Not active / Has partner but abstaining
 9-Unknown

Contraception Use _____
 1-Active - Never uses
 2-Active - Sometimes uses
 3-Active - Always uses
 4-Not sexually active
 8-Client pregnant
 9-Unknown

Contraception Type _____
 (enter up to 2)
 01-Cervical cap
 02-Condom
 03-Depo-Provera
 04-Diaphragm
 05-Foam
 06-IUD
 07-Norplant
 08-Pill
 09-Rhythm
 10-Sponge
 11-Withdrawal
 12-Other
 88-Not applicable (doesn't use)
 99-Unknown

Smoking _____
 1-Never smoked
 2-Stopped smoking
 3-Smokes less than 1 pack a day
 4-Smokes 1 pack or more a day
 9-Unknown

Does client live With a smoker? _____
 1-Yes
 2-No
 9-Unknown

Client ID No. _____

Intentional Injury, Self-Inflicted, Since Last Reporting Period (Client) _____
 1-Known
 2-Suspected
 3-None
 9-Unknown

Intentional Injury, Not Self-Inflicted, Since Last Reporting Period (Client) _____
 1-Known
 2-Suspected
 3-None
 9-Unknown

Was Non-Self-Inflicted Intentional Injury The Result Of Domestic Violence? _____
 1-Yes
 2-No
 8-NA (no non-self-inflicted intentional injury)
 9-Unknown

Client Risk Factors
 Has the client experienced any of the following risk factors within the last 6 months?

Medical Condition _____

Hospitalization _____

ER Visit _____

Gang Involvement _____

Truancy _____

Arrested _____

Probation _____

Client Alcohol Abuse _____

Other Negative Alcohol Impact _____

Client Substance Abuse _____

Other Negative Substance Impact _____

Restraining Order:

Client Against Other _____

Other Against Client _____

Risk Factors (cont.)

Abuse:

Physical:

Client _____

Child _____

Other Negative Impact _____

Sexual:

Client _____

Child _____

Other Negative Impact _____

Emotional:

Client _____

Child _____

Other Negative Impact _____

Use the following codes:
 1-Yes
 2-No
 3-Suspected (not forthcoming)
 9-Unknown

Of Hospitalizations Since Last Reporting Period (Index Child) _____
 0-None
 1... 7 for one to seven
 8-Eight or more
 9-Unknown

Of ER Visits Since Last Reporting Period (Index Child) _____
 0-None
 1... 7 for one to seven
 8-Eight or more
 9-Unknown

Abuse/Neglect Report Since Last Reporting Period (Index Child) _____
 1-Yes, initial complaint
 2-Yes, subsequent complaint
 3-No
 9-Unknown

COMPLETE AND ATTACH SERVICE MATRIX FORM.

COMPLETE AND ATTACH FREE CODES FORM IF USED.

COMPLETE AND ATTACH ADDITIONAL CHILD MATRIX FORM IF NEEDED.

LODESTAR FREE CODES FORM

Except for the codes reserved for MCH, these codes may be user-defined

Client ID No. _____	Case Manager _____
Client Name _____ Last	_____ First / Middle

Reporting Period _____

- 01 - Intake
- 03 - Index Child Pregnancy Outcome
- 04 - Non-Index Child Pregnancy Outcome
- ## - Month Follow Up (Enter 2 digits to indicate age of Index Child in months at follow up -OR- number of months since Intake [Sibling Clients Only]).
Use multiples of 06 (06, 12, 18, 24, 30, etc.)

- ⊗Freecode#J _____
- ⊗Freecode#K _____
- ⊗Freecode#L _____
- ⊗Freecode#M _____
- ⊗Freecode#N _____
- ⊗Freecode#O _____
- ⊗Freecode#P _____
- ⊗Freecode#Q _____
- ⊗Freecode#R / / (date)
 MM/ DD/ YY

- ⊗Freecode#S _____
- ⊗Freecode#T _____

Reserved For MCH

Free_MCH#E _____
Free_MCH#F _____
Free_MCH#G _____
Free_MCH#H _____
Free_MCH#I _____

LODESTAR INTAKE FORM: Pregnant and Parenting Teens

Items marked with a circled star (★) are optional.

Funding Source: **AFLP** **Cal-Learn** **Other (1-6)**

Client ID No. _____ **Case Manager** _____
Client Name _____
First M.I. Last
Client's Birth (maiden) Last Name _____ **County of Birth** _____
(if different than above) *(if born in California)*
Gender ____ **Date of Birth** ____/____/____ **Client's Mother's First Name** _____
 1-Female MM / DD / YY
 2-Male

If recording change of Index Child:
Date Lost Custody of Previous Index Child ____/____/____ **OR: Date of Death of Previous Index Child** ____/____/____
MM / DD / YY MM / DD / YY

★ **Referral Source** _____ **Code** _____
Name of referring individual, program or organization

<p>Intake Date ____/____/____ MM / DD / YY</p> <p>Cal-Learn Case Management Participation _____</p> <p>1-Usually available to meet w/ CM 2-Sporadic participation 3-None, unable to locate/contact 4-Client refuses case management - does not turn in report cards 5-Client declines case management, but turns in report cards 8-Not applicable (not Cal-Learn)</p> <p>If you answer 3-5 above, you need not complete the rest of this form</p>	<p>Trimester Of Pregnancy At Intake _____</p> <p>1-First (1-13 wks) 2-Second (14-26 wks) 3-Third (27+ wks) 4-Not Pregnant (Already Parenting) 9-Unknown</p> <hr/> <p>Total Number Of Children The Teen Has Given Birth To (or Fathered, if the client is male) _____ (Enter exact number 0-7, 8 if 8 or more, or 9 if unknown.)</p> <p>Total Number Of Children In Client's Custodial Care _____ (Enter exact number 0-7, 8 if 8 or more, or 9 if unknown.)</p>	<p>★ Index Child's Social Security No. _____</p> <p>Birthweight _____ lbs. ____ oz. Enter: 88 in the lbs. field-If Not Yet Born 99 in the lbs. field-If Unknown</p> <p style="text-align: center;">If the client has parented other children please attach Additional Child Matrix Form.</p>
<p>Age Of Mother Of Index Child _____</p> <p>Age Of Father Of Index Child _____ 99-Unknown</p> <p>Entry Status _____</p> <p>1-Pregnant or expecting and not parenting other children 2-Pregnant or expecting and parenting 1 or more children 3-Parenting and not pregnant or expecting</p>	<p style="text-align: center;">Index Child</p> <p>Name (if known)</p> <p>First _____ M.I. ____ Last _____</p> <p>Birth Date/EDC ____/____/____ MM / DD / YY</p> <p>Child Gender _____</p> <p>1-Female 2-Male</p>	<p>Marital Status _____</p> <p>1-Single, never married 2-Married 3-Other 9-Unknown</p> <p>Work/Employment Status _____</p> <p>1-Does not work 2-Seeking employment 3-Working 4-In job training 9-Unknown</p> <p>English Proficiency _____</p> <p>1-Fully English proficient 2-Limited English speaking 3-Non-English speaking 9-Unknown</p>

Client ID No. _____

Hispanic _____
 1-Yes
 2-No
 3-Undeclared

Provide the client with the race/ethnicity coding sheet asking: "Which of the following categories on the list you have before you best describes your race or ethnicity?" Case Manager should then enter the 3-digit code above.

Last Grade COMPLETED _____
 00-No formal education
 01-1st, 02-2nd, 03-3rd, 04-4th, 05-5th, 06-6th, 07-7th, 08-8th, 09-9th, 10-10th, 11-11th grade, 12-diploma
 13-Completed GED pretest
 14-Completed GED
 15-Completed CHSPE
 16-Some post secondary education
 17-Other
 99-Unknown

K-12 School Status _____
 01-In School
 (Includes: Enrolled - attending or not, School Break, Excused Absence, Suspended)
Not In School Because:
 02-Transportation Barrier
 03-Child Care Barrier
 04-Educational Barrier
 05-Psycho-Social Barrier
 06-Medical Barrier
 07-Expelled
 08-Refuses to Attend
 09-Other Reason
 10-GED/CHSPE Completed
 11-High School Diploma
 99-Unknown

Type Of School _____
 01-Elementary school (1-6)
 02-Middle/Intermediate/Jr HS (6-9)
 03-Regular/Traditional Sr. HS (9-12)
 04-Continuation/Alternative school
 05-Court/community school
 06-Adult Education
 07-Private school (K-12)
 08-Vocational/Tech Prep. HS (9-12)
 09-Other
 88-Not enrolled/applicable
 99-Unknown

☉ **School District** _____
 ☉ **School Code** _____
 ☉ **School Name** _____

Primary Instructional Strategy _____
 1-Mainstream program
 2-Independent Study
 3-Temporary Home/Hospital instruction
 4-Self-contained classroom
 5-Correspondence School
 6-Legal Home Schooling
 8-Not enrolled in approved program
 9-Unknown OR Not Listed Above

Is client enrolled in an education program for pregnant or parenting teens? _____
 1-Yes
 2-No
 9-Unknown

Educational Goal _____
 1-HS Diploma
 2-GED
 3-CHSPE
 4-Post secondary
 5-None at this time
 9-Unknown

Post-Secondary School _____
 1-Technical/vocational school
 2-Community college
 3-Four-year college/university
 4-Other
 8-N.A. (not currently enrolled)
 9-Unknown

Type Of Housing _____
 1-House/apartment
 2-Public housing
 3-Hotel/motel
 4-Shelter
 5-Homeless
 6-Other
 7-Maternity home
 8-Foster/group home
 9-Unknown

Number Of Times Client Has Moved In The Past 6 Months _____
 0-None
 1 thru 7 – Use Exact Number
 8-Eight or more
 9-Unknown

Who shares the client's domicile?
 Enter the exact number (0-50) of each of the following individuals living with the client. Do not include the client or the client's children in the count. Enter 0 if none, 99 if unknown:

Index Child's Other Parent _____

Client's Partner _____
 (if not other parent)

Client's Relatives
 - Adults _____
 - Minors _____

Partner's Relatives
 - Adults _____
 - Minors _____

Other Non-Relatives
 -Adults _____
 - Minors _____

Client ID No. _____

<p>Does client feel safe: With Index Child's other parent? _____ With partner (if not other parent)? _____ With family? _____ In the neighborhood? _____ In school? _____</p> <p>Answer each: 1-Yes 2-No 8-Not applicable 9-Unknown</p>	<p>Immunizations _____ (Index Child) 1-Up to date for age 2-Not up to date/medical circumstances 3-Not up to date/other reasons 8-Not applicable (client pregnant) 9-Unknown</p> <p>Number Of Children In Client's Custodial Care With Immunizations Not Up To Date _____ (Include Index Child. Enter exact number 0-7, 8 if 8 or more, or 9 if unknown. Enter 0 if None.)</p>	<p>Child Care Use _____ (Index Child) Not Used Because: 01-Index Child Not Yet Born 02-Medical Reasons (Child) 03-Not Safe 04-Enrollment Barrier 05-Transportation Barrier 06-Not Affordable 07-Not Available 08-Family/Cultural Barrier 09-Teen not enrolled in school 10-Not Needed/ Wanted 11-Other</p> <p>Used: 12-More Needed 13-Client Satisfied 14-Client Not Satisfied 99-Unknown</p>
<p>Has the client had the following immunizations / boosters / tests?</p> <p>Hepatitis B Virus Vaccine _____</p> <p>Tuberculin Test (PPD) _____</p> <p>Measles/Mumps/Rubella Vaccine (MMR) _____</p> <p>Tetanus & Diphtheria Vaccine (Td) _____</p> <p>Answer each: 1-Yes 2-No 9-Unknown</p>	<p>Medical Condition _____ (Index Child) 1-Known 2-Suspected 3-None 9-Unknown</p> <p>Number Of Children In Client's Custodial Care With A Known Or Suspected Medical Condition _____ (Include Index Child. Enter exact number 0-7, 8 if 8 or more, or 9 if unknown. Enter 0 if None.)</p>	<p>Child Care Pay Source _____ (Index Child) 1-School 2-Cal-Learn 3-Free 4-Self-pay 5-Other 6-Healthy Families 8-None - Not used 9-Unknown</p>
	<p>Developmental Disability _____ (Index Child) 1-Known 2-Suspected 3-None 9-Unknown</p> <p>Number Of Children In Client's Custodial Care With A Known Or Suspected Developmental Disability _____ (Include Index Child. Enter exact number 0-7, 8 if 8 or more, or 9 if unknown. Enter 0 if None.)</p>	<p>Number Of Children In Client's Custodial Care Receiving Child Care Services _____ (Include Index Child. Enter exact number 0 - 7, 8 if 8 or greater, or 9 if unknown. Enter 0 if None.)</p> <p>Type Of Child Care Used _____ (Index Child) 01-On-Site School Based Day Care 02-Large Licensed Family Day Care (>8) 03-Small Licensed Family Day Care (<9) 04-Child Care Center 05-Client's Home - Unlicensed Relative 06-Client's Home - Unlicensed Non-Relative 07-Other Home - Unlicensed Relative 08-Other Home - Unlicensed Non-Relative 09-Other 10-None / Not applicable 99-Unknown</p>

Client ID No. _____

<p>Sexual Activity _____</p> <p>1-Active 2-Not active / No partner 3-Not active / Has partner but abstaining 9-Unknown</p> <p>Contraception Use _____</p> <p>1-Active - Never uses 2-Active - Sometimes uses 3-Active - Always uses 4-Not sexually active 8-Client pregnant 9-Unknown</p> <p>Contraception Type _____ (enter up to 2)</p> <p>01-Cervical cap _____ 02-Condom _____ 03-Depo-Provera _____ 04-Diaphragm _____ 05-Foam _____ 06-IUD _____ 07-Norplant _____ 08-Pill _____ 09-Rhythm _____ 10-Sponge _____ 11-Withdrawal _____ 12-Other _____ 88-Not applicable (doesn't use) _____ 99-Unknown _____</p>	<p>Client Risk Factors Has the <u>client</u> experienced any of the following risk factors <u>within the last 6 months</u>?</p> <p style="text-align: center;">Medical Condition _____</p> <p style="text-align: center;">Hospitalization _____</p> <p style="text-align: center;">ER Visit _____</p> <p style="text-align: center;">Gang Involvement _____</p> <p style="text-align: center;">Truancy _____</p> <p style="text-align: center;">Arrested _____</p> <p style="text-align: center;">Probation _____</p> <p style="text-align: center;">Client Alcohol Abuse _____</p> <p style="text-align: center;">Other Negative Alcohol Impact _____</p> <p style="text-align: center;">Client Substance Abuse _____</p> <p style="text-align: center;">Other Negative Substance Impact _____</p> <p style="text-align: center;">Restraining Order:</p> <p style="text-align: center;">Client Against Other _____</p> <p style="text-align: center;">Other Against Client _____</p>	<p>Risk Factors (cont.)</p> <p>Abuse:</p> <p style="text-align: center;">Physical:</p> <p style="text-align: right;">Client _____</p> <p style="text-align: right;">Child _____</p> <p style="text-align: right;">Other Negative Impact _____</p> <p style="text-align: center;">Sexual:</p> <p style="text-align: right;">Client _____</p> <p style="text-align: right;">Child _____</p> <p style="text-align: right;">Other Negative Impact _____</p> <p style="text-align: center;">Emotional:</p> <p style="text-align: right;">Client _____</p> <p style="text-align: right;">Child _____</p> <p style="text-align: right;">Other Negative Impact _____</p> <p>Use the following codes: 1-Yes 2-No 3-Suspected (not forthcoming) 9-Unknown</p> <p>COMPLETE AND ATTACH SERVICE MATRIX FORM.</p> <p>COMPLETE AND ATTACH FREE CODES FORM IF USED.</p> <p>COMPLETE AND ATTACH ADDITIONAL CHILD MATRIX FORM IF NEEDED.</p>
<p>Smoking _____</p> <p>1-Never smoked 2-Stopped smoking 3-Smokes less than 1 pack a day 4-Smokes 1 pack or more a day 9-Unknown</p> <p>Does client live with a smoker? _____</p> <p>1-Yes 2-No 9-Unknown</p>		

LODESTAR NUTRITION FORM

NOTE: This form is to be completed by the Case Manager only.

Client ID No. _____ Case Manager _____

Client Name _____
First and Middle Last

Test Date / / Pre-Test Post-Test Pregnant Teen Parenting Teen Sibling
MM/DD/YYYY

Guideline planned to be used/ Intervention used:

- Adolescent Nutrition and Screening for Risk Calcium Folate Iron Fruits and Vegetables
 Vegetarian Physical Activity Body Image and Disordered Eating Weight Management

Case Manager: Please transcribe client responses to this sheet from the client completed survey.
 Enter nine (9) for questions that the client failed to respond to, or gave multiple responses to.

<p>1.) Eat fruit or drink a glass of 100% fruit juice _____</p> <p>1) One or less 2) Two 3) Three 4) Four 5) Five or more</p> <p>2.) Eat vegetables _____</p> <p>1) One or less 2) Two 3) Three 4) Four 5) Five or more</p> <p>3.) Eat dairy foods _____</p> <p>1) One or less 2) Two 3) Three 4) Four 5) Five or more</p> <p>4.) Good source of calcium _____</p> <p>1) Broccoli 2) Beans 3) Almonds 4) Tofu 5) Corn tortillas 6) All of the above foods 7) I don't know what calcium is</p>	<p>5.) Good source of folate or folic acid _____</p> <p>1) Beans 2) Broccoli 3) Oranges and orange juice 4) Avocados 5) All of the above foods 6) I don't know what folate or folic acid is</p> <p>6.) Good source of iron _____</p> <p>1) Beans 2) Meat 3) Dried Fruit 4) Cereal 5) All of the above foods 6) I don't know what iron is</p> <p>7.) Participate in physical activities _____</p> <p>0) Zero Days 1) One day 2) Two days 3) Three days 4) Four days 5) Five to Seven days</p> <p>8.) Which fast food is lowest in fat _____</p> <p>1) Whopper Jr. (Burger King) 2) Western Bacon Cheeseburger (Carl's Jr.) 3) Cheeseburger (In and Out Burger) 4) Taco Salad, no shell (Taco Bell) 5) Two slices of veggie pizza (Domino's)</p>	<p>9.) Vegetarian foods that improve iron intake _____</p> <p>1) Orange Juice 2) Apples 3) Enriched rice 4) Milk</p> <p>10.) Should exercise 45 min. per day at least 4 days/week _____</p> <p>1) True 2) False</p> <p>11.) Diet is defined as a way to lose weight _____</p> <p>1) True 2) False</p> <p>12.) Fat is a necessary nutrient _____</p> <p>1) True 2) False</p> <p>13.) Most women/men could look like models _____</p> <p>1) True 2) False</p> <p>14.) Coffee tea and soda inhibit absorption of iron _____</p> <p>1) True 2) False</p> <p>15.) Eating healthy means giving up certain foods _____</p> <p>1) True 2) False</p>
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LODESTAR CAL-LEARN ORIENTATION / PARTICIPATION PROBLEM FORM

Client ID No. _____ Case Manager _____
Code / Name

Client Name _____
First and Middle Last

Orientation

Issue Date / / Orientation Date / /
MM / DD / YY MM / DD / YY

Time _____ Location _____

Re-schedule w/ _____ By / /
Code / Name MM / DD / YY

Re-schedule type _____

Attended Orientation? No/Not Yet Yes Date attended / /
MM / DD / YY

Print Orientation Notice CL-1
 Print Program Requirements CL-2

Participation Problem

Issue Date / /
MM / DD / YY

Interview on / / Time _____ Location _____
MM / DD / YY

CL-3 Problem:

- 1-Unsatisfactory progress in school
- 2-You did not come to your Cal-Learn orientation
- 3-You did not turn in your report card or progress report
- 4-You did not go to school
- 5-Other _____

Call by / /
MM / DD / YY

Print Participation Problem Notice CL-3

CL-4 Purpose of Appointment:

- 1-To see if there is a good reason why...
- 2-To come to an agreement on a plan

Print Informing Notice CL-4

Client ID No. _____

<p>K-12 School Status _____</p> <p>01-In School (Includes: Enrolled - attending or not, School Break, Excused Absence, Suspended)</p> <p>Not In School Because:</p> <p>02-Transportation Barrier 03-Child Care Barrier 04-Educational Barrier 05-Psycho-Social Barrier 06-Medical Barrier 07-Expelled 08-Refuses to Attend 09-Other Reason 10-GED/CHSPE Completed 11-High School Diploma 99-Unknown</p> <p>Type Of School _____</p> <p>01-Elementary school (1-6) 02-Middle/Intermediate/Jr HS (6-9) 03-Regular/Traditional Sr. HS (9-12) 04-Continuation/Alternative school 05-Court/community school 06-Adult Education 07-Private school (K-12) 08-Vocational/Tech Prep. HS (9-12) 09-Other 88-Not enrolled/applicable 99-Unknown</p> <p>⊛School District _____</p> <p>⊛School Code _____</p> <p>⊛School Name _____</p>	<p>Primary Instructional Strategy _____</p> <p>1-Mainstream program 2-Independent Study 3-Temporary Home/Hospital instruction 4-Self-contained classroom 5-Correspondence School 6-Legal Home Schooling 8-Not enrolled in approved program 9-Unknown OR Not Listed Above</p> <p>Is client enrolled in a program for pregnant or parenting teens? _____</p> <p>1-Yes 2-No 9-Unknown</p> <p>Educational Goal _____</p> <p>1-HS Diploma 2-GED 3-CHSPE 4-Post secondary 5-None at this time 9-Unknown</p> <p>Post-Secondary School _____</p> <p>1-Technical/vocational school 2-Community college 3-Four-year college/university 4-Other 8-N.A. (not currently enrolled) 9-Unknown</p>	<p>Who shares the client's domicile? Enter the exact number (0-50) of each of the following individuals living with the client. Do not include the client or the client's children in the count. Enter 0 if none, 99 if unknown:</p> <p>Index Child's Other Parent _____</p> <p>Client's Partner _____ (if not other parent)</p> <p>Client's Relatives</p> <p style="padding-left: 40px;">- Adults _____</p> <p style="padding-left: 40px;">- Minors _____</p> <p>Partner's Relatives</p> <p style="padding-left: 40px;">- Adults _____</p> <p style="padding-left: 40px;">- Minors _____</p> <p>Other Non-Relatives</p> <p style="padding-left: 40px;">- Adults _____</p> <p style="padding-left: 40px;">- Minors _____</p>
<p>Type Of Housing _____</p> <p>1-House/apartment 2-Public housing 3-Hotel/motel 4-Shelter 5-Homeless 6-Other 7-Maternity home 8-Foster/group home 9-Unknown</p> <p>Number Of Times Client Has Moved In The Past 6 Months _____</p> <p>0-None 1 thru 7 – Use Exact Number 8-Eight or more 9-Unknown</p>	<p>Does client feel safe:</p> <p>With Index Child's other parent? _____</p> <p>With partner (if not other parent)? _____</p> <p style="padding-left: 40px;">With family? _____</p> <p style="padding-left: 40px;">In the neighborhood? _____</p> <p style="padding-left: 40px;">In school? _____</p> <p>Answer each: 1-Yes 2-No 8-Not applicable 9-Unknown</p>	

Client ID No. _____

Medical Condition _____
 (Index Child only)
 1-Known
 2-Suspected
 3-None
 8-Not Applicable - Non-Index Child
 9-Unknown

Number Of Children In Client's Custodial Care With A Known Or Suspected Medical Condition _____
 (Include Index Child/current birth. Enter exact number 0-7, 8 if 8 or more, or 9 if unknown. Enter 0 if None or No Other Children.)

Has Client Received Any Immunizations Or Booster Shots/Tests Since Last Reporting Period? _____
 1-Yes
 2-No
 9-Unknown

Smoking _____
 1-Never smoked
 2-Stopped smoking
 3-Smokes less than 1 pack a day
 4-Smokes 1 pack or more a day
 9-Unknown

Does client live with a smoker? _____
 1-Yes
 2-No
 9-Unknown

Client Risk Factors
 Has the client experienced any of the following risk factors within the last 6 months?

Medical Condition _____
 Hospitalization _____
 ER Visit _____
 Gang Involvement _____
 Truancy _____
 Arrested _____
 Probation _____
 Client Alcohol Abuse _____
 Other Negative Alcohol Impact _____
 Client Substance Abuse _____
 Other Negative Substance Impact _____
 Restraining Order:
 Client Against Other _____
 Other Against Client _____

Risk Factors (cont.)

Abuse:

Physical:
 Client _____
 Child _____
 Other Negative Impact _____

Sexual:
 Client _____
 Child _____
 Other Negative Impact _____

Emotional:
 Client _____
 Child _____
 Other Negative Impact _____

Use the following codes:
 1-Yes
 2-No
 3-Suspected (not forthcoming)
 9-Unknown

COMPLETE AND ATTACH SERVICE MATRIX FORM.

COMPLETE AND ATTACH FREE CODES FORM IF USED.

COMPLETE AND ATTACH ADDITIONAL CHILD MATRIX FORM IF MULTIPLE BIRTH.

LODESTAR CAL-LEARN REPORT CARD SCHEDULE/OUTCOME FORM

Form is for Cal-Learn clients and is optional. If used, items marked with ☉ are optional.

Client ID No. _____ Case Manager _____

Client Name _____
First and Middle Last

Report Card Schedule

On ___/___/___ ☐ we determined that your report card will be due on the following dates:

☐ case manager

1. ___/___/___ 2. ___/___/___ 3. ___/___/___ 4. ___/___/___

☐ Generate Notice of Report Card Submittal Schedule (CL-8)

Report Card Due Date: ___/___/___

☐ Edit Date ☐ Delete Date

Report Card Submitted: ___/___/___

(If 'Not Submitted', date form completed)

☐ On time

☐ Late

☐ Not submitted

☐ Incomplete

Cal-Learn Action:

☐ Bonus

☐ Sanction

Reason: ☐ Did not turn in report card

☐ Did not get a "D" or better

☐ Did not make progress in school

☐ Adequate Progress

Reason: ☐ Received D average

☐ Other _____

☐ Good Cause

Bonus/Sanction Amount

☐ \$50

☐ \$100

☐ \$500

Report Card Forms:

☐ Generate Notice of Incomplete Grades (CL-11):

Client has ___ days from ___/___/___ to give case mgr a rpt card with complete grade(s)

☐ Generate Notice of No Good Cause Determination (CL-9):

Schedule appt. ___/___/___ at ___:___ o'clock at _____

☐ Generate Adequate Progress NOA (769.632)

FOR LOCAL AGENCY USE

RESERVED FOR FUTURE DSS USE

☉Free_CL#G ___/___/___ (date)

☉Free_CL#H _____

☉Free_CL#I _____

☉Free_CL#J _____

Free_DSS# G ___/___/___ (date)

Free_DSS# H _____

Free_DSS# I _____

Free_DSS# J _____

LODESTAR SERVICE MATRIX FORM: Pregnant and Parenting Teens

Reporting Period: ____/____/____

Client ID No. _____

01-Intake 03-Index Child Pregnancy Outcome 04-Non-Index Pregnancy Outcome
 ##-Month Follow up (Enter age in months of Index Child at follow up.
 Use only multiples of 06 (06, 12, 18, 24, etc.)

Client Name _____

Date of Reporting Period ____/____/____

Case Manager _____

COUNSELING/HEALTH/MEDICAL	CLIENT	INDEX CH
Abuse Victim Counseling		
Adoption Counseling		
California Childrens Services (CCS)		
Child Development Intervention		
CPS Intervention		
Domestic Violence Intervention		
Family Planning		
Medi-Cal		
Mental Health Counseling		
Prenatal Care		
Primary Preventive Health Care		
Public Health Nurse Home Visits		
Substance Abuse Treatment		
WIC		

FINANCIAL/EMPLOYMENT/EDUCATIC	CLIENT	INDEX CH
CalWORKs		
Education		
Employment		
ESL		
Food Stamps		
Head Start		
Job/Vocational Counseling or Training		
Parenting Education		
Special Ed		
Other Gov. Financial Benefits or Asst.		

OTHER SERVICES	CLIENT	INDEX CH
Child Day Care		
Document Acquisition		
Emergency Food/Shelter/Clothing		
Housing		
Legal Services		
Regional Center		
Transportation		
Social/Cultural Activities		
Social Skills Building		

CODES

For each service to the left, Enter One of the codes below in BOTH the Client box and the Index Child's box, except where box is darkened.

DO NOT LEAVE ANY BOX BLANK.

- X - Client/Index Ch refused service
- 0 - Receiving service
- 1 - Has been referred
- 2 - Referred but did not follow through
- 3 - Referred but service not accessible
- 4 - Needs service but has not yet been referred.
- 5 - Not referred - service not available
- 6 - Not referred - service not needed.
- 7 - Not eligible for service
- 8 - Has completed receiving service
- 9 - Unknown

You may also use the free codes below

FREE CODES - SERVICE MATRIX

	CLIENT	INDEX CH
Freecode#U		
Freecode#V		
Freecode#W		
Freecode#X		
Freecode#Y		
Freecode#Z		