



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 _____

LODESTAR FOLLOW UP FORM: Pregnant and Parenting Teens - Page 2

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. _____

<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>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>Sexual Activity _____ 1-Active 2-Not active / No partner 3-Not active / Has partner but abstaining 9-Unknown</p> <p>Contraception Use _____ 1-Active - Never uses 2-Active - Sometimes uses 3-Active - Always uses 4-Not sexually active 8-Client pregnant 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>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>	<p>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</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 Used: 12-More Needed 13-Client Satisfied 14-Client Not Satisfied 99-Unknown</p>		<p>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</p> <p>Does client live With a smoker? _____ 1-Yes 2-No 9-Unknown</p>

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.