

Illinois Home Visiting Guide to Entering and Updating HRSA Form 1 Data

Form 1: Entering Missing Demographics Guide

GD= Guardian Demographic

CD= Child Demographic

Table	Location Label	Demographic	Where to fix in Visit Tracker
Table 4	GD1	Adult Participants by Age	Guardian-> select guardian missing DOB->3 rd section, near gender is where DOB is located
Table 5	CD1	Index Children by Age	Children -> select child missing DOB -> 1 st section, near the top is where DOB is located
Table 6	GD2	Participants by Ethnicity	Guardian-> select guardian missing Ethnicity->3 rd section, above gender is where Ethnicity is located
Table 7	GD3	Participants by Race	Located just below Ethnicity in participant data section
Table 8	GD4	Adult Participants by marital Status	Located just below Gender in guardian data section
Table 9	GD5	Adult Participants by Educational Attainment	Guardian->select guardian missing educational information-> Demographic/Health-> Parent Education History
Table 10	GD6	Adult Participants by Employment Status	Guardian->select guardian missing employment information-> Demographic/Health-> Parent Employment status
Table 11	GD7	Adult Participants by Housing Status	Guardian->select guardian missing housing status information-> Demographic/Health-> Parent Housing Status
Table 12	GD8	Primary Language Spoken at Home	Located below Gender in guardian data section
Table 13	GD9	Household Income in Relation to Federal Poverty Guidelines	Guardian-> Demographic/Health-> Family Income History
Table 14	GD10	For Each Household Indicate the <u>Priority Population Characteristics</u>	Guardian-> Demographic/Health-> Drop Down Box, MIECHV Priority Population Characteristics (first 3 are auto populated) Last 5 need to be verified with the families
Table 15	-	Service Utilization- PVR's not marked as complete	Go back to each PVR to see which are not complete, and go back to complete them. If it was scheduled and never happened, go in and mark what happened.
Table 16	-	Family Engagement by Household	Nothing to be done
Table 17	-	Unduplicated Count of Households by Evidence-Based Home Visiting Model or Promising Approach	Nothing to be done
Table 18	GD11/CD2	Participants by Type of Health Insurance Coverage	Guardians-> Demographic Data-> Health Info Children->Health Info
Table 19	CD3	Index Children by Usual Source of Medical Care	Children->Health Info-> Medical care
Table 20	CD4	Index Children > 12 Months of Age by usual Source of Dental Care	Children-> Health Info-> Dental Care/Coverage

Guardian Data

↑ ↓ Ginger, Cookie

Guardian Data



Family Name	<input type="text" value="Ginger"/>	Family ID	<input type="text" value="1111131"/>
Guardian ID	<input type="text" value="1131428"/>		
Guardian First Name	<input type="text" value="Cookie"/>	Last Name	<input type="text" value="Ginger"/>
	This is the primary guardian:		Yes
Mailing Address	<input type="text" value="1111 South 1st st."/>		
Street Address	copy mailing <input type="text" value="1111 South 1st st."/>		
City, State, Zip	<input type="text" value="Baked"/>	<input type="text" value="Illinois"/>	<input type="text" value="61515"/>
County	<input type="text" value="Champaign County"/>		
Phone 1	<input type="text" value="(217) 111-1111"/>	Phone 1 Type	<input type="text"/>
Phone 2	<input type="text" value="Phone 2"/>	Phone 2 Type	<input type="text"/>
Email 1	<input type="text" value="Email Address"/>		
Email 1 Type	<input type="text" value="Email Type"/>		
Email 2	<input type="text" value="Email Address"/>		
Email 2 Type	<input type="text" value="Email 2 Type"/>		
Main Contact	<input type="text" value="Phone 1"/>		
Contact Notes	<input type="text"/>		
Community Type	<input type="text" value="Major City"/>		
Child Welfare Consent	<input type="text" value="Signed"/>	Child Welfare Consent Date	<input type="text"/>
Case Level	<input type="text" value="Level 1"/>	weight = 2.00	
Site/Fund Code	<input type="text" value="DHS-HFI"/>	<input type="button" value="Add New Code"/>	

<input type="checkbox"/> TANF Eligible			
Referral Source	<input type="text" value="Direct Recruitment"/>		
Ethnic Category	<input type="text" value="Hispanic/Latino"/>		
Race	<input type="text" value="American Indian or Alaskan Native"/>		
Guardian Gender	<input type="text" value="Female (F)"/>	DOB	<input type="text"/>
Marital Status	<input type="text" value="Unknown/did not report"/>		
Primary Language	<input type="text" value="American Sign Language"/>		
Secondary Language	<input type="text" value="Secondary Language"/>		
Time Available	<input type="text" value="Time Available"/>		
Local ID	<input type="text" value="Local ID"/>		
Medicaid #	<input type="text" value="Medicaid #"/>		

This section Includes
Guardian Data
GD1, GD2, GD3, GD4
and GD8

Guardian Demographic/Health

↑↓ Ginger (Ginger, Cookie) ▼ 🔍

Demographic Data 👁

Family Demographics

▶ **Additional languages spoken in the home**

▶ **Family Experiences: Strengths and Stressors** [\(definitions\)](#) Stressors: 0

▶ **Other Family Characteristics**

GD10 →

▼ **MIECHV Priority Population Characteristics**

Yes	No	Not Asked / Unknown	
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Low income household (This field updates based on the family's latest income entry)
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Someone in the household uses tobacco products in the home (This field does not update. It's based on the family's first Tobacco Use Survey entry at enrollment)
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Household contains an enrollee who is pregnant and under age 21 (This field does not update. It's based on the guardian's age with a prenatal child at enrollment.)
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Someone in the household has attained low student achievement or has a child with low student achievement
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Household has a history of child abuse or neglect or has had interactions with child welfare services
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Household has a child with developmental delays or disabilities
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Household has a history of substance abuse or needs substance abuse treatment
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Household includes individuals who are serving or formerly served in the US armed forces

GD9 →

Family Income History ➕ Add Item

Guardian Demographic/Health Continued

Guardian Demographics

GD6

Parent Employment History

Add Item

GD5

Parent Education History

Add Item

GD7

Parent Housing Status

Add Item

Military History

Add Item

Participation in Other Programs

Add Item

Health Info



Cookie Ginger Medicaid #

Medicaid #

?

Insurance History

GD11

+ Add Item

Dental Insurance

+ Add Item

Parent/Guardian General Health

+ Add Item

Tobacco Use Survey (definition)

+ Add Item

Medical & Emergency Room Visits

+ Add Item

Contraception Use Survey

+ Add Item

Drugs/Other Substances

+ Add Item

Preventive Care

+ Add Item

Child Data



O'sun, Warm

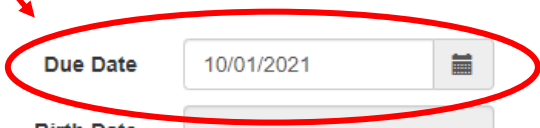


Child Data



▲ This family has a Data Quality Alert. [Review alerts here](#)

CD1



ID: 1445875

Name: Warm Middle Name: O'sun

Guardians: Ray O'Sun (Primary) Caregiver relation: Mother

Due Date: 10/01/2021 [enter birth info](#)

Birth Date: Age: 2 months Gender: Prenatal

Home Visitor: Homevisitor One

Enrollment Info

Create New Status



Current status: Active

Enroll Date: 12/7/2020

Reminder: For the HFA model, only one focus child should be entered as a child in the family; all siblings should be entered as other members in household, and not enrolled in the program. If the child is a twin, this is an exception and both should be entered in the child section. For PAT programs, all children are entered as target children and are included in reporting.

Guardians & Children

Guardians Entered				+ Add Guardian
Name	Phone Number	ST	Set as Primary?	
Salmon Fish	(217) 111-1212	P	Yes	

The Children Entered section should only be Target Children.

Children Entered							+ Add Prenatal Child	+ Add Child
Name	DOB	Age	ST	Home Visitor	Date Assigned	Gender		
Grouper Fish	3/1/2022	1 month	A	HomeVisitor 3	4/21/2022	F		

Household

Siblings not enrolled in the program					+ Add Sibling
Name	Gender	DOB	Age	Living in the home	
Tuna Fish	Male (M)	10/18/2014	7 years	Yes	

The Household section is for all other children (siblings) or adults living in the home.

Child Health

Health Info



Medicaid #

Save

Cancel

Delays, disabilities, conditions

Add Item

Date	Diagnosed delay, disability, med condition?	Developmental delay?	Receiving services?	ECI services	Services being received
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Insurance History

Add Item

CD2

Child Care

Add Item

Child Medical Visits

Add Item

BreastFeeding Survey

Add Item

CD4

Dental Care / Coverage

A child is considered to have a usual source of dental care, if a family has a dental home established regardless of whether or not the index child has had a visit.

Add Item

CD3

Medical Care

Add Item

Safe Sleep

Add Item

Literacy Activities

Add Item