

[ABILITIES NETWORK]

Healthy Families Baltimore County

PIMIS7
Data Entry Guide

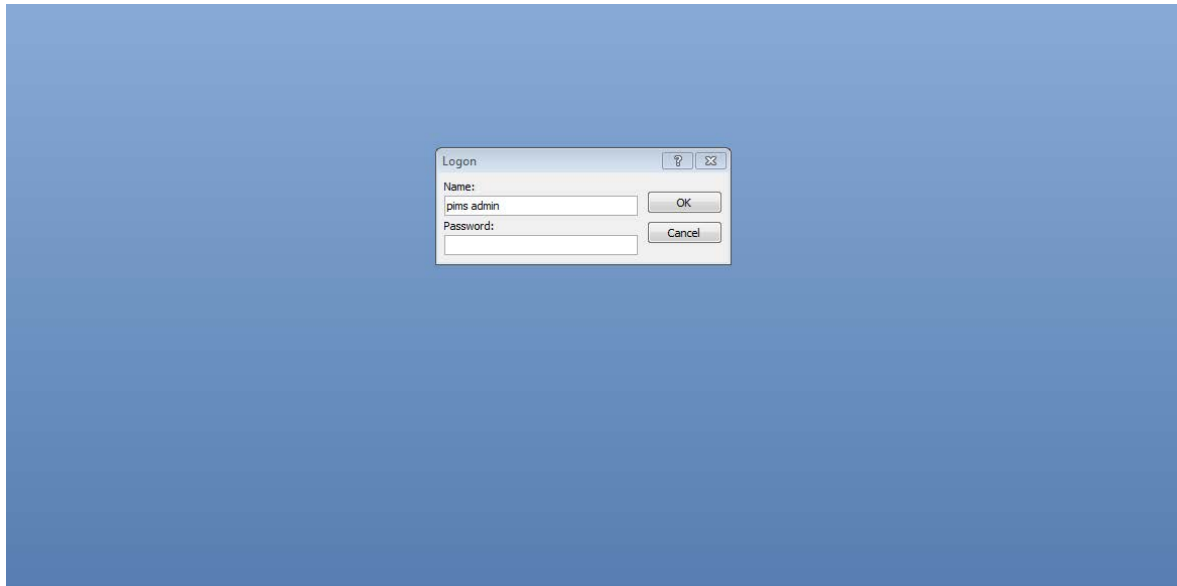
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Logging into PIMS 7

Click on the PIMS 7 icon to open.

When the below screen appears, enter the PIMS password, **%hfa2002**, and then click OK.



This is the main screen of PIMS 7. From this screen you can select “Program Data Entry”, “Participant Data Entry”, “Standard Reports” or “Custom Reports”.



Program Data Entry

To enter any Program Data (Adding New Staff, Updating Existing Staff Information, Entering Trainings for Staff), click the “Program Data Entry” button.



Double-click on the Site ID-MD002. NOTE: this should be the only option to choose from.



Once clicked into the Site ID-MD002, the following screen will appear in order to complete any Program Data Entry.



Program Data Entry-Adding New Staff

To add a new staff member to PIMS:

1. Click the “Staff” Tab.
2. Then Click “Add New”.

Staff ID	Employ Date	Terminate Date
001	10/8/1999	1/1/2005
002	10/8/1999	5/31/2006
003	10/18/1999	8/1/2001
004	11/22/1999	10/1/2001
005	11/22/1999	6/1/2002
006	11/30/1999	
008	10/11/1999	1/1/2005
011	9/1/2001	1/1/2005
012	6/21/2001	3/28/2003
013	1/14/2002	1/1/2005
014	1/14/2002	10/31/2002
015	1/14/2002	11/11/2002
016	1/3/2002	12/17/2002
017	1/28/2002	1/1/2005
018	7/5/2002	1/26/2006
019	12/4/2002	1/1/2005
020	7/17/1995	1/1/2005
021	7/11/2003	1/1/2005

3. Enter Information on the Screen from the PIMS Staff Information Form.

Site ID: MD002 Staff ID: [Blank]

Demographics

Gender: [Dropdown] Specialized Educational Training: [Dropdown]
Date of Birth: [Text] Language Other Than English (if applicable): [Text]
Race/Ethnic Category: [Dropdown] Currently Parenting a Child Under 18:
Race/Ethnic Subcategory: [Dropdown] Reside in the Target Community:
Educational Level: [Dropdown]

Employment

Employment Date: [Text] Job Category/Title: [Dropdown]
HFA Primary Training Date: [Text] Hrs./wk (FTE%): [Text] %
Date First Prvd Services: [Text] Primary Function: [Dropdown]
Termination Date: [Text] Time for Primary Function: [Text] %
Other functions which take up staff member's time on a monthly basis (excluding Primary Function)
Supervision: [Dropdown] Community Outreach: [Dropdown]
Assessment: [Dropdown] Direct Participant Services Other Than Home Visitation: [Dropdown]
Home Visitation: [Dropdown] Fundraising: [Dropdown]

Prior Experience

Experience in Child Abuse and Neglect Issues (in yrs.): [Text] 0.0
Experience in Home Visiting (in yrs.): [Text] 0.0
Experience in Early Childhood Programs (in yrs.): [Text] 0.0

4. Click “Save” and then “Close”.

Program Data Entry-Updating Staff Information

1. Click the "Staff" Tab.
2. Select the "Staff ID" for which you need to update information and double click to bring up the screen with staff information.

Staff List Healthy Families Baltimore County

Program	Community	Funding	Hospitals	Site ID:
Clinics	Agencies	Staff		MD002

Staff ID	Employ Date	Terminate Date	
001	10/8/1999	1/1/2005	▲
002	10/8/1999	5/31/2006	▾
003	10/18/1999	8/1/2001	
004	11/22/1999	10/1/2001	
005	11/22/1999	6/1/2002	
006	11/30/1999		
008	10/11/1999	1/1/2005	
011	9/1/2001	1/1/2005	
012	6/21/2001	3/28/2003	
013	1/14/2002	1/1/2005	
014	1/14/2002	10/31/2002	
015	1/14/2002	11/11/2002	
016	1/3/2002	12/17/2002	
017	1/28/2002	1/1/2005	
018	7/5/2002	1/26/2006	
019	12/4/2002	1/1/2005	
020	7/17/1995	1/1/2005	
021	7/11/2003	1/1/2005	▼

Add New

3. Update Staff Information as needed from PIMS Staff Information Form.

Staff Information Entry 001

Info **Trainings**

Site ID: MD002 Staff ID: 001

Demographics

Gender: F Specialized Educational Training: Other (specify)

Date of Birth: 9/4/1965 Specialized Educational Training (other): Child Development

Race/Ethnic Category: White Language Other Than English (if applicable):

Race/Ethnic Subcategory: Not applicable Currently Parenting a Child Under 18:

Educational Level: Graduate degree Reside in the Target Community:

Employment

Employment Date: 10/8/1999 Job Category/Title: Program manager/director

HFA Primary Training Date: 12/17/2003

Date First Prvd Services: Hrs./wk (FTE%): %

Termination Date: 1/1/2005 Primary Function: Program management

Time for Primary Function: %

Other functions which take up staff member's time on a monthly basis (excluding Primary Function)

Supervision: none Community Outreach: none

Assessment: none Direct Participant Services Other Than Home Visitation: none

Home Visitation: none Fundraising: 20% or more

Prior Experience

Experience in Child Abuse and Neglect Issues (in yrs.): 0.0

Experience in Home Visiting (in yrs.): 0.0

Experience in Early Childhood Programs (in yrs.): 0.0

4. Click "Save" and then "Close".

Program Data Entry-Entering Training Information

1. Click the "Staff" Tab.
2. Select the "Staff ID" for which you need to enter Trainings and double click to bring up the screen with staff information.

Staff List Healthy Families Baltimore County

Program Community Funding Hospitals Site ID:
Clinics Agencies MD002

Staff ID	Employ Date	Terminate Date
001	10/8/1999	1/1/2005
002	10/8/1999	5/31/2006
003	10/18/1999	8/1/2001
004	11/22/1999	10/1/2001
005	11/22/1999	6/1/2002
006	11/30/1999	
008	10/11/1999	1/1/2005
011	9/1/2001	1/1/2005
012	6/21/2001	3/28/2003
013	1/14/2002	1/1/2005
014	1/14/2002	10/31/2002
015	1/14/2002	11/11/2002
016	1/3/2002	12/17/2002
017	1/28/2002	1/1/2005
018	7/5/2002	1/26/2006
019	12/4/2002	1/1/2005
020	7/17/1995	1/1/2005
021	7/11/2003	1/1/2005

Add New

3. Click "Trainings" Tab.
4. Then Click "Add New".

Training Events List 001

Info Trainings

Training Date	Training Topic
---------------	----------------

Add New

5. Enter Information on the Screen from the PIMS Staff Training Form.

Staff Training Entry Staff ID: 001

Site ID: MD002 Staff ID: 001 MD002 Training Date:

Training Name: Training Provider:

of CEU Earned:

Length of Training: hrs. # of Days Since Hire Date:

Key Topics Covered (check all that apply): Note that training completed within the past three years can be counted towards these topics.

Orientation Training Credentialing Standard 10-2

- The program's goals, services, policies and operating procedures
- History and philosophy of home visitation
- The program's relationship with other community resources
- Child abuse and neglect indicators and reporting requirements
- Issues of confidentiality
- Issues related to boundaries

Essential Components Training Credentialing Standard 10-3

- The essential components of family assessment
- The essential components of home visitation
- The essential components of family assessment, home visitation, and supervision

Topics on Working with Families and Children Credentialing Standards 10-4 & 10-5

- Infant care
- Child health and safety
- Maternal and family health
- Infant and child development
- The role of culture in parenting
- Supporting the parent-child relationship
- Child abuse and neglect
- Family violence
- Substance abuse
- Staff-related subjects
- Family issues
- Mental health

Other Topics

- Use of screening/assessment tools Credentialing Standard 2-2B
- Culturally sensitive practices based on population served Credentialing Standard 5-3
- Use of developmental screenings tools Credentialing Standard 6-5

Other

Created by: Updated by:

6. Click "Save" and then "Close".

Participant Data Entry

To enter Participant Data, click the “Program Data Entry” button.



The “Participant Search Menu” will appear. This screen is where you can search for existing participants or add new participants.

The screenshot shows the "Participant Search Menu" interface. At the top, it displays "Participant Search Menu N = 0". Below this, there are search criteria fields: "ID:" with a text input, "Current FSW/FAW:" with a dropdown menu set to "001", "Name:" with a text input, and "Case Status:" with a dropdown menu. There are "Reset" and "Search" buttons. To the right of the search fields are three buttons: "Add New Person at Screening", "Add New Person at Assessment", and "Add New Person as Transfer". Below the search fields is a table with the following headers: "Site", "Name", "Address", "Screen ID", "Assessment ID", and "Participant ID". The table body is currently empty. At the bottom of the screen is a navigation bar with buttons for "Main Menu", "Site Definitions", "Program Data Entry", "Participant Data Entry", "Standard Reports", "Custom Queries", and "Help".

Participant Data Entry-Add New Person at Screening

1. Click "Add New Person at Screening". Screening Form screen will pop up.

The screenshot shows the "Participant Search Menu" interface. At the top, there are search filters for "ID", "Name", "Current FSW/FAW" (set to 001), and "Case Status". There are "Reset" and "Search" buttons. To the right are three buttons: "Add New Person at Screening", "Add New Person at Assessment", and "Add New Person as Transfer". Below the filters is a table with columns: "Site", "Name", "Address", "Screen ID", "Assessment ID", and "Participant ID". The table is currently empty. At the bottom, there is a navigation menu with buttons for "Main Menu", "Site Definitions", "Program Data Entry", "Participant Data Entry", "Standard Reports", "Custom Queries", and "Help".

2. Enter Information on the Screen from the PIMS Screening Form.

The screenshot shows the "Screening Form" interface. At the top right, there are fields for "Site ID" (MD002), "ID", and "Current FSW". Below these are fields for "Screen ID", "Screen Date", "Time of Screening", "Age at Screening", "Data Entry Worker ID", and "Transfer Case to FAW for Assessment". The form is divided into several sections:

- Expectant/New Parent Information:** Fields for Last Name, First Name, Street Address, City, State, Zip Code, Home Phone, Work Phone, and Email.
- Screener Information:** Fields for Last Name, First Name, Phone Number, and Organization. There are also dropdown menus for "Type of Screener", "Method of Screening", and "Type of Referral".
- Risk Factors:** A list of risk factors with corresponding dropdown menus for "True / False / Unknown":
 - Marital status is single, separated, divorced, or widowed:
 - Husband/partner unemployed:
 - Inadequate income:
 - Unstable housing:
 - No phone:
 - Education under 12 years:
 - Inadequate emergency contacts:
 - History of substance abuse:
 - Late or no pre-natal care, poor compliance:
 - History of abortions:
 - History of psychiatric care:
 - Abortion unsuccessfully sought or attempted:
 - Relinquishment for adoption sought or attempted:
 - Marital or family problems:
 - History of or current depression:

At the bottom, there are fields for "Created by" and "Updated by", and buttons for "Save", "Undo", "Print", and "Close".

3. Click "Save" and then "Close".

Participant Data Entry-Entering Assessment/Parent Survey

1. Search the Participants Name in the “Participant Search Menu”.

Participant Search Menu N = 1

ID: Current FSU/FAW:
 Name: mom, mary Case Status:

Site	Name	Address	Screen ID	Assessment ID	Participant ID
MD002	MOM, MARY	123 Apple Street, Essex, MD 21221-	T55555		

2. Double click the Participants Name to open the “Home Form”.
3. From the PIMS Assessment (Parent Survey) Form, enter the Mother of Target Child Demographics on the “Home Form”.
4. Click “Add Assess->”. Assessment Form screen will pop up.

Home Form MOM, MARY

Site ID: MD002
 ID:
 Current FSU:

Current Contact Info
 123 Apple Street
 Essex, MD 21221-
 H: (410) 222-2222 W:
 Email:

Family

Preg ID	Child ID	Children
		<input type="button" value="Add Child"/>

 Target Child Date of Birth: Target Due Date:

Partners

Active Case Info
 Active Screen: T55555
 Active Assessment:
 Active Intake:
 External ID:

Case Status Not Yet Enrolled
 Service Start:

Participant's Static Characteristics
 Date of Birth:
 Gender: F
 Race/Ethnic Category:
 Race/Ethnic Subcategory:
 Language:
 Religion:

Groups This person is a member of all highlighted groups.
Group Memberships

Case Notes

5. Enter Information on the Screen from the PIMS Assessment (Parent Survey) Form.

Assessment Form

Home | Screening | Assessment | **Add Intake ->** | Base/Follow | Referrals

Site ID: MD002
ID:
Current FSW:

Assessment demographics are now tracked in the Baseline/Followup form and the Home form

Assessment ID: Age at Assessment:
Assessment Date: FAW ID:
Assessment Time: Transfer to FSW ID:

General Information

Last Name: MDM First Name: MARY
Street Address: 123 Apple Street
City: Essex State: MD Zip Code: 21221-
Home Phone: (410) 222-2222 Work Phone:
Email:

Mother of the Target Child Legal History

Past Juvenile probation: Enter past legal history only here; enter current legal history in Baseline form
Past Juvenile detention:
Past Adult conviction:
Past Adult incarceration:

Assessment of Mother

Assessment Method:

Family Stress Checklist scores

Childhood history: Potential for violence:
Troubled history: Expectations of infant:
CPS involvement: Discipline of infant:
Coping skills: Perception of new infant:
Stressors/concerns: Bonding/attachment issues:
FSC total score: NA

Other instrument used:

6. Click "Save" and then "Close".

Participant Data Entry-Entering Intake Form

1. Search the Participants Name in the “Participant Search Menu”.

The screenshot shows the 'Participant Search Menu' interface. At the top, there are search filters: 'ID:' (empty), 'Current FSF/FAW:' (dropdown), 'Name:' (text input with 'mom, mary'), and 'Case Status:' (dropdown). There are 'Reset' and 'Search' buttons. To the right are three buttons: 'Add New Person at Screening', 'Add New Person at Assessment', and 'Add New Person as Transfer'. Below the filters is a table with the following data:

Site	Name	Address	Screen ID	Assessment ID	Participant ID
MD002	MOM, MARY	123 Apple Street, Essex, MD 21221-	T55555		

At the bottom, there is a navigation bar with buttons: 'Main Menu', 'Site Definitions', 'Program Data Entry', 'Participant Data Entry', 'Standard Reports', 'Custom Queries', and 'Help'.

2. Double click the Participants Name to open the “Home Form”.

The screenshot shows the 'Home Form' for participant 'MOM, MARY'. The top navigation bar includes 'Home', 'Screening', 'Assessment', 'Add Intake ->', 'Base/Follow', and 'Referrals'. The 'Add Intake ->' button is highlighted. On the right, there are input fields for 'Site ID: MD002', 'ID:', and 'Current FSF:'. Below the navigation bar, the form is divided into several sections:

- Current Contact Info:** Address (123 Apple Street, Essex, MD 21221-), Phone (H: (410) 222-2222, W:), and Email.
- Case Status:** Not Yet Enrolled (with a 'Re-enroll' button).
- Service Start:** Empty input field.
- Participant's Static Characteristics:** Date of Birth (1/1/1986), Gender (F), Race/Ethnic Category (White), Race/Ethnic Subcategory (Not applicable), Language (English), and Religion (Unknown).
- Family:** Section for 'Children' with 'Add Child' button and 'Target Child Date of Birth' and 'Target Due Date' fields.
- Partners:** Section with 'Set Active' and 'Add Partner' buttons.
- Active Case Info:** Active Screen (T55555), Active Assessment (t55555), Active Intake, and External ID.
- Groups:** Section with 'Group Memberships' and 'Case Notes' sub-sections.

3. Click “Add Intake->”. Intake Form screen will pop up.

4. Enter Information on the Screen from the PIMS Intake Form (pages 1-2 from PIMS Intake Form).

Intake Form

Home | Screening | Assessment | Intake | Base/Follow | Referrals

Site ID: MD002
ID:
Current FSW:

Participant ID:

Date (verbally) accepted HFA services: The Date accepted HFA services field should be used to track verbal acceptance.
Date signed participant agreement form:
Date signed rights and confidentiality form: Signed participant agreement form: This field is now obsolete. Use the date field to specify when the agreement form was signed.

Participant Service Level Baseline

Participant History Baseline The following section records baseline participant information. See the History form for a complete history.

Participant Contact Info

Last Name: MDM First Name: MARY
Street Address: 123 Apple Street
City: Essex State: MD Zip Code: 21221
Home Phone: (410) 222-2222 Work Phone:
Email:

Medical Info

Phys Name: First Name:
Phys Phone: Clinic name:

Emergency Contact Info

Last Name: First Name:
Street Address:
City: State: Zip Code:
Home Phone: Work Phone:
Email:
Relationship:

Participant's General Information

The following section records general information which is not followed throughout the case history

Is mother married to father of target child:
Is mother living with father of target child:

7. Click "Save".

8. Click the “Home” tab on the top of the screen”. From this screen you will then enter the “Partner Initial Demographics Form (page 4) of the PIMS Intake Form.
9. Click “Add Partner”. Partner Initial Demographics Form will pop up.

10. Enter Information on the Screen from page 4 of the PIMS Intake Form.

11. Click “Save” and then “Close”. This will take you back to the “Home Form”.

12. Click “Base/Follow”. Baseline/Follow-Up Form will pop-up.

Home Form MOM, MARY

Home | Screening | Assessment | Intake | **Base/Follow** | Referrals | Parent Outcomes | Site ID: MD002
 History | Service | Monthly Log | Home Visits | IFSP | Medical Visits | Termination | ID: T55555
 Current FSW: []

Current Contact Info
 123 Apple Street
 Essex, MD 21221-
 H: (410) 222-2222 W: []
 Email: []

Family
 Preg ID | Child ID | **Children** | Add Child

Target Child Date of Birth: [] Target Due Date: []

Partners | Set Active | Add Partner
 a | DAD, JOHN | 11/1/2013

Active Case Info
 Active Screen: T55555 +
 Active Assessment: T55555 +
 Active Intake: T55555
 External ID: []

Case Status | Intake Completed, Awaiting Enrollment | Re-enroll
 Current Service Level: Level P-1
 Service Start: [] Retention: [] Months
 Service End: []

Participant's Static Characteristics
 Date of Birth: 1/1/1986
 Gender: F
 Race/Ethnic Category: White
 Race/Ethnic Subcategory: Not applicable
 Language: English
 Religion: Unknown

Groups | This person is a member of all highlighted groups.
 Group Memberships: []

Case Notes
 []

13. Enter Information on the Screen from page 5-7 of the PIMS Intake Form.

Baseline/Follow-Up Form MOM, MARY

Home | Screening | Assessment | Intake | **Base/Follow** | Referrals | Parent Outcomes | Site ID: MD002
 History | Service | Monthly Log | Home Visits | IFSP | Medical Visits | Termination | ID: T55555
 Current FSW: []

Baseline 6 months 12 months 24 months 36 months 48 months 60 months Termination

Date of follow-up: [] Target follow-up date: []

Participant Demographics
 Marital status: []
 Education: [] Currently in school: []
 Employment: []
 Insurance type: []
 Insurance provider: []
 Birth Control: []
 Specify birth control used at time of target pregnancy

Participant prior to baseline:
 Gravida (# pregnancies, including current target): []
 Parity (# completed deliveries): []
 # Spontaneous abortion/miscarriages: []
 # Induced termination pregnancies: []

Participant Legal Information
 Current juvenile probation: []
 Current juvenile sentence of incarceration: []
 Recent adult conviction for felony: []
 Current adult sentence of incarceration: []

Household Characteristics
 Income level: [] (The "\$50,000 and over" income category is deprecated in PIMS 7)
 Income amount: []
 Income source: []

Public aid (check all that apply):
 AFDC/TANF Medicaid
 WIC Housing assistance
 SSI Energy assistance
 Food Stamps Unemployment
 School meals Unknown

Created by [] Updated by [] **Save** **Undo** **Tickler** **Close**

14. Click “Save” and then “Close”.

Participant Data Entry-Entering Referral Form (new referral)

1. Search the Participants Name in the “Participant Search Menu”.

Participant Search Menu N = 1

ID: Current FSU/FAW:
 Name: mom, mary Case Status:

Site	Name	Address	Screen ID	Assessment ID	Participant ID
MD002	MOM, MARY	123 Apple Street, Essex, MD 21221-	T55555		

2. Double click the Participants Name to open the “Home Form”.
3. Click “Referrals”. Referral History screen will pop-up.

Home Form MOM, MARY

Home | Screening | Assessment | Intake | Base/Follow | **Referrals** | Parent Outcomes | Site ID: MD002
 History | Service | Monthly Log | Home Visits | IFSP | Medical Visits | Termination | ID: T55555
 Current FSU: 006

Current Contact Info
 123 Apple Street
 Essex, MD 21221-
 H: (410) 222-2222 W:
 Email:

Case Status Intake Completed, Awaiting Enrollment
 Current Service Level: Level P-1
 Service Start: Retention: Months
 Service End:

Family

Preg ID	Child ID	Children
		<input type="button" value="Add Child"/>

 Target Child Date of Birth: Target Due Date:

Partners

ID	Name	Date
a	DAD, JOHN	11/1/2013

Participant's Static Characteristics
 Date of Birth: 1/1/1986
 Gender: F
 Race/Ethnic Category: White
 Race/Ethnic Subcategory: Not applicable
 Language: English
 Religion: Unknown

Groups This person is a member of all highlighted groups.
Group Memberships

Case Notes

Active Case Info
 Active Screen: T55555
 Active Assessment: T55555
 Active Intake: T55555
 External ID:

4. Click “Add New” if adding a new referral. Referral Form screen will pop-up.

Referral Date	Person Referred	Referral Service	Service Received?
---------------	-----------------	------------------	-------------------

Add New

5. Enter Information on the Screen from the PIMS Referral Form.

Referral Form MOM, MARY

Site ID: MD002
ID: T55555
Current FSW: 006

Referral Date: [Yellow] Referral Origin: Referral_History

Referral Service Type: [Dropdown]
Other Specify: [Text]

Referral Agency Type: [Dropdown] Referral Agency: [Dropdown]
Complete these two fields if referral is made to a collaborating agency entered in the Program Component

Arrangement: Referral Service Notes: [Text]
Information:

Who was referred: [Dropdown]
Child: [Dropdown]

Service received?: [Dropdown]

If Service Was Received
Date started: [Text]
Action taken: [Text]

If Service Was Not Received
Reason not received: [Dropdown]
Other Specify: [Text]
Action taken: [Text]

6. Click “Save” and then “Close”.

Participant Data Entry-Entering Referral Form Follow-ups (if service received)

1. Search the Participants Name in the “Participant Search Menu”.

Participant Search Menu N = 1

ID: Current FSU/FAW:
 Name: mom, mary Case Status:

Site	Name	Address	Screen ID	Assessment ID	Participant ID
MD002	MOM, MARY	123 Apple Street, Essex, MD 21221-	T55555		

2. Double click the Participants Name to open the “Home Form”.
3. Click “Referrals”. Referral History screen will pop-up.

Home Form MOM, MARY

Home | Screening | Assessment | Intake | Base/Follow | **Referrals** | Parent Outcomes | Site ID: MD002
 History | Service | Monthly Log | Home Visits | IFSP | Medical Visits | Termination | ID: T55555
 Current FSU: 006

Current Contact Info
 123 Apple Street
 Essex, MD 21221-
 H: (410) 222-2222 W:
 Email:

Case Status Intake Completed, Awaiting Enrollment
 Current Service Level: Level P-1
 Service Start: Retention: Months
 Service End:

Family

Preg ID	Child ID	Children	Add Child
			<input type="button" value="Add Child"/>

Target Child Date of Birth: Target Due Date:

Partners

ID	Name	Date
a	DAD, JOHN	11/1/2013

Participant's Static Characteristics

Date of Birth: 1/1/1986
 Gender: F
 Race/Ethnic Category: White
 Race/Ethnic Subcategory: Not applicable
 Language: English
 Religion: Unknown

Groups This person is a member of all highlighted groups.
Group Memberships

Case Notes

Active Case Info

Active Screen: T55555
 Active Assessment: T55555
 Active Intake: T55555
 External ID:

- Double Click on the Referral to open up the Referral Form screen for the specific referral to update.

Referral History MOM, MARY

Site ID: MD002
ID: T55555
Current FSW: 006

Referral Date	Person Referred	Referral Service	Service Received?
11/15/2013	Mother of child	Public Assistance	

[Add New](#)

- Enter Information on the Screen from the PIMS Referral Form with the Referral Follow-Up Information.

Referral Form MOM, MARY

Site ID: MD002
ID: T55555
Current FSW: 006

Referral Date: 11/15/2013 Referral Origin: Referral_History

Referral Service Type: Public Assistance
Other Specify: _____

Referral Agency Type: _____ Complete these two fields if referral is made to a collaborating agency entered in the Program Component
Referral Agency: _____

Arrangement: Referral Service Notes: DSS
Information:

Who was referred: Mother of child
Child: _____

Service received? _____

If Service Was Received
Date started: _____
Action taken: _____

If Service Was Not Received
Reason not received: _____
Other Specify: _____
Action taken: _____

- Click "Save" and then "Close".

Participant Data Entry-Entering Participant Information Changes (Participant Contact Info Change, Participant Medical Info Change, Emergency Contact Info Change)

1. Search the Participants Name in the “Participant Search Menu”.

Participant Search Menu N = 1

ID: Current FSW/FAW:
 Name: mom, mary Case Status:

Site	Name	Address	Screen ID	Assessment ID	Participant ID
MD002	MOM, MARY	123 Apple Street, Essex, MD 21221-	T55555		

Main Menu Site Definitions Program Data Entry Participant Data Entry Standard Reports Custom Queries Help

2. Double click the Participants Name to open the “Home Form”.
3. Click “History”. Participant History screen will pop-up.

Home Form MOM, MARY

Home Screening Assessment Intake Base/Follow Referrals Parent Outcomes
 History Service Monthly Log Home Visits IFSP Medical Visits Termination

Site ID: MD002
 ID: T55555
 Current FSW: 006

Current Contact Info
 123 Apple Street
 Essex, MD 21221-
 H: (410) 222-2222 W:
 Email:

Case Status Intake Completed, Awaiting Enrollment
 Current Service Level: Level P-1
 Service Start: Retention: Months
 Service End:

Family

Preg ID	Child ID	Children	Add Child

 Target Child Date of Birth: Target Due Date:

Partners

ID	Name	Date
a	DAD, JOHN	11/1/2013

Active Case Info
 Active Screen: T55555
 Active Assessment: T55555
 Active Intake: T55555
 External ID:

Participant's Static Characteristics
 Date of Birth: 1/1/1986
 Gender: F
 Race/Ethnic Category: White
 Race/Ethnic Subcategory: Not applicable
 Language: English
 Religion: Unknown

Groups This person is a member of all highlighted groups.
 Group Memberships:

Case Notes

- Click "Add New". Participant History Form will pop-up.

Participant History MOM, MARY

Home	Screening	Assessment	Intake	Base/Follow	Referrals	Parent Outcomes	Site ID: MD002
History	Service	Monthly Log	Home Visits	IFSP	Medical Visits	Termination	ID: T55555
							Current FSW: 006

Change Date	Address	Physician Contact	Emergency Contact	
11/1/2013	123 Apple Street, Essex MD			Add New

- Update and/or enter Information on the Screen from the PIMS Participant History Form/Information Change Form.

Participant History Form MOM, MARY

Home	Screening	Assessment	Intake	Base/Follow	Referrals	Parent Outcomes	Site ID: MD002
History	Service	Monthly Log	Home Visits	IFSP	Medical Visits	Termination	ID: T55555
							Current FSW: 006

Date of Change:

Participant Contact Info Change

Last Name: First Name:

Street Address:

City: State: Zip Code:

Home Phone: Work Phone:

Email:

Participant Medical Info Change

Phys Name: First Name:

Phys Phone: Clinic name:

Emergency Contact Info Change

Last Name: First Name:

Street Address:

City: State: Zip Code:

Home Phone: Work Phone:

Email:

Relationship:

- Click "Save" and then "Close".

Participant Data Entry-Entering Level Changes

1. Search the Participants Name in the “Participant Search Menu”.

Participant Search Menu N = 1

ID: Current FSU/FAW:
 Name: mom, mary Case Status:

Site	Name	Address	Screen ID	Assessment ID	Participant ID
MD002	MOM, MARY	123 Apple Street, Essex, MD 21221-	T55555		

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2. Double click the Participants Name to open the “Home Form”.
3. Click “Service”. Service History Form screen will pop-up.

Home Form MOM, MARY

Home | Screening | Assessment | Intake | Base/Follow | Referrals | Parent Outcomes | Site ID: MD002
 History | **Service** | Monthly Log | Home Visits | IFSP | Medical Visits | Termination | ID: T55555
 Current FSU: 006

Current Contact Info
 123 Apple Street
 Essex, MD 21221-
 H: (410) 222-2222 W:
 Email:

Case Status Intake Completed, Awaiting Enrollment
 Current Service Level: Level P-1
 Service Start: Retention: Months
 Service End:

Family
 Preg ID Child ID **Children**
 Target Child Date of Birth: Target Due Date:

Partners

a	DAD, JOHN	11/1/2013
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Participant's Static Characteristics
 Date of Birth: 1/1/1986
 Gender: F
 Race/Ethnic Category: White
 Race/Ethnic Subcategory: Not applicable
 Language: English
 Religion: Unknown

Groups This person is a member of all highlighted groups.
Group Memberships

Case Notes

Active Case Info
 Active Screen: T55555
 Active Assessment: T55555
 Active Intake: T55555
 External ID:

4. Enter Information on next available line from the PIMS Level History Log Form.

Service History Form MOM, MARY

Home	Screening	Assessment	Intake	Base/Follow	Referrals	Parent Outcomes	Site ID: MD002
History	Service	Monthly Log	Home Visits	IFSP	Medical Visits	Termination	ID: T55555
							Current FSW: 006

Date of Change	Level of service	FSW ID	
11/1/2013	Level P-1	006	Intake

5. Click "Save" and then "Close".

Participant Data Entry-Entering FSW Changes

1. Search the Participants Name in the “Participant Search Menu”.

Participant Search Menu N = 1

ID: Current FSW/FAW:
 Name: mom, mary Case Status:

Site	Name	Address	Screen ID	Assessment ID	Participant ID
MD002	MOM, MARY	123 Apple Street, Essex, MD 21221-	T55555		

2. Double click the Participants Name to open the “Home Form”.
3. Click “Service”. Service History Form screen will pop-up.

Home Form MOM, MARY

Home | Screening | Assessment | Intake | Base/Follow | Referrals | Parent Outcomes | Site ID: MD002
 History | **Service** | Monthly Log | Home Visits | IFSP | Medical Visits | Termination | ID: T55555
 Current FSW: 006

Current Contact Info
 123 Apple Street
 Essex, MD 21221-
 H: (410) 222-2222 W:
 Email:

Case Status Intake Completed, Awaiting Enrollment
 Current Service Level: Level P-1
 Service Start: Retention: Months
 Service End:

Family

Preg ID	Child ID	Children	Add Child
			<input type="button" value="Add Child"/>

Target Child Date of Birth: Target Due Date:

Partners

ID	Name	Date
a	DAD, JOHN	11/1/2013

Participant's Static Characteristics

Date of Birth: 1/1/1986
 Gender: F
 Race/Ethnic Category: White
 Race/Ethnic Subcategory: Not applicable
 Language: English
 Religion: Unknown

Groups This person is a member of all highlighted groups.
Group Memberships

Case Notes

Active Case Info

Active Screen: T55555
 Active Assessment: T55555
 Active Intake: T55555
 External ID:

- Enter Information on next available line from the PIMS Participant History Form/Information Change Form, i.e. Date of Change and FSW ID.
NOTE: You must also select the Level of Service, which would be the Level of Service from the above line. (example, when changing FSW ID from 006 to 040, Level P-1 was selected)

Service History Form							MOM, MARY	
Home	Screening	Assessment	Intake	Ease/Follow	Referrals	Parent Outcomes	Site ID:	MD002
History	Service	Monthly Log	Home Visits	IFSP	Medical Visits	Termination	ID:	T55555
							Current FSW:	040
Date of Change	Level of service	FSW ID						
11/1/2013	Level P-1	006		Intake				
11/4/2013	Level P-1	040						

- Click "Save" and then "Close".

Participant Data Entry-Entering Monthly Contact Logs

1. Search the Participants Name in the “Participant Search Menu”.

Participant Search Menu N = 1

ID: Current FSW/FAW: Reset

Name: Case Status: Search

Add New Person at Screening

Add New Person at Assessment

Add New Person as Transfer

Site	Name	Address	Screen ID	Assessment ID	Participant ID
MD002	MOM, MARY	123 Apple Street, Essex, MD 21221-	T55555		

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2. Double click the Participants Name to open the “Home Form”.
3. Click “Monthly Log”. Monthly Contact History screen will pop-up.

Home Form MOM, MARY

Home | Screening | Assessment | Intake | Base/Follow | Referrals | Parent Outcomes | **Site ID: MD002**

History | Service | **Monthly Log** | Home Visits | IFSP | Medical Visits | Termination | **ID: T55555**

Current FSW: 006

Case Status Intake Completed, Awaiting Enrollment Re-enroll

Current Service Level: Level P-1

Service Start: **Retention:** Months

Service End:

Current Contact Info

123 Apple Street
Essex, MD 21221-

H: (410) 222-2222 W:

Email:

Family

Preg ID	Child ID	Children
		<input type="button" value="Add Child"/>

Partners

a	DAD, JOHN	11/1/2013

Active Case Info

Active Screen: T55555 +

Active Assessment: T55555 +

Active Intake: T55555 +

External ID:

Participant's Static Characteristics

Date of Birth: 1/1/1986

Gender: F

Race/Ethnic Category: White

Race/Ethnic Subcategory: Not applicable

Language: English

Religion: Unknown

Groups This person is a member of all highlighted groups.

Case Notes

4. Click “Add New”. Participant History Form will pop-up.

Monthly Contact History MOM, MARY

Home	Screening	Assessment	Intake	Base/Follow	Referrals	Parent Outcomes
History	Service	Monthly Log	Home Visits	IFSP	Medical Visits	Termination

Site ID: MD002
ID: T55555
Current FSW: 040

Year	Month	Visits Completed
Add New		

5. Enter Information on the Screen from the PIMS Monthly Contact Log Form.

Monthly Contact Log Form MOM, MARY

Home	Screening	Assessment	Intake	Base/Follow	Referrals	Parent Outcomes
History	Service	Monthly Log	Home Visits	IFSP	Medical Visits	Termination

Site ID: MD002
ID: T55555
Current FSW: 040

Month: FSW ID: #Error
Year: Service Level: #Error

No visit/contact between and
Reason for no visit/contact:

Notes:

Please indicate the number of contacts with a home visitor present. Each contact should be counted in only one category.

# scheduled home visits completed	<input type="text" value="0"/>	# parent education group meetings	<input type="text" value="0"/>
# unscheduled home visits completed	<input type="text" value="0"/>	# parent support group meetings	<input type="text" value="0"/>
# scheduled home visits unsuccessfully attempted	<input type="text" value="0"/>	# collateral contacts	<input type="text" value="0"/>
# unscheduled home visits unsuccessfully attempted	<input type="text" value="0"/>	# crisis visits	<input type="text" value="0"/>
# home visits canceled by FSW	<input type="text" value="0"/>	# medical visits	<input type="text" value="0"/>
# home visits canceled by participant	<input type="text" value="0"/>	# socializations/outings outside home	<input type="text" value="0"/>
# phone calls with parent completed	<input type="text" value="0"/>	# letters	<input type="text" value="0"/>
# phone calls with parent unsuccessfully attempted	<input type="text" value="0"/>	# electronic communications	<input type="text" value="0"/>
# episodes of transportation completed	<input type="text" value="0"/>		
# episodes of transportation unsuccessfully attempted	<input type="text" value="0"/>		

*Note on electronic communications: count a maximum of 3 per day- 1 each for email, text message, and social networking sessions.

6. Click “Save” and then “Close”.

Participant Data Entry-Entering Home Visit Records

1. Search the Participants Name in the “Participant Search Menu”.

Participant Search Menu N = 1

ID: Current FSW/FAW: Reset

Name: Case Status: Search

Add New Person at Screening

Add New Person at Assessment

Add New Person as Transfer

Site	Name	Address	Screen ID	Assessment ID	Participant ID
MD002	MOM, MARY	123 Apple Street, Essex, MD 21221-	T55555		

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2. Double click the Participants Name to open the “Home Form”.
3. Click “Home Visits”. Home Visit History screen will pop-up.

Home Form MOM, MARY

Home	Screening	Assessment	Intake	Base/Follow	Referrals	Parent Outcomes
History	Service	Monthly Log	Home Visits	IFSP	Medical Visits	Termination

Site ID:

ID:

Current FSW:

Current Contact Info

123 Apple Street
Essex, MD 21221-

H: W:

Email:

Family

Preg ID	Child ID	Children
		<input type="button" value="Add Child"/>

Target Child Date of Birth: Target Due Date:

Partners

a	Name	Date
	DAD, JOHN	11/1/2013

Active Case Info

Active Screen:

Active Assessment:

Active Intake:

External ID:

Case Status

Intake Completed, Awaiting Enrollment

Current Service Level:

Service Start: Retention: Months

Service End:

Participant's Static Characteristics

Date of Birth:

Gender:

Race/Ethnic Category:

Race/Ethnic Subcategory:

Language:

Religion:

Groups

This person is a member of all highlighted groups.

Case Notes

4. Click "Add New". Home Visit Log Form will pop-up.

5. Enter Information on the Screen from the PIMS Home Visit Log Form.

6. Click "Save" and then "Close".

Participant Data Entry-Entering Birth Information Form

1. Search the Participants Name in the “Participant Search Menu”.

Participant Search Menu N = 1

ID: Current FSU/FAW:
 Name: mom, mary Case Status:

Site	Name	Address	Screen ID	Assessment ID	Participant ID
MD002	MOM, MARY	123 Apple Street, Essex, MD 21221-	T55555		

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2. Double click the Participants Name to open the “Home Form”.
3. Click “Add Child”. Birth Information Form will pop-up.

Home Form MOM, MARY

Home Screening Assessment Intake Base/Follow Referrals Parent Outcomes Site ID: MD002
 History Service Monthly Log Home Visits IFSP Medical Visits Termination ID: T55555
 Current FSU: 006

Current Contact Info
 123 Apple Street
 Essex, MD 21221-
 H: (410) 222-2222 W:
 Email:

Case Status Intake Completed, Awaiting Enrollment
 Current Service Level: Level P-1
 Service Start: Retention: Months
 Service End:

Family

Preg ID	Child ID	Children	<input type="button" value="Add Child"/>

 Target Child Date of Birth: Target Due Date:

Partners

ID	Name	Date
a	DAD, JOHN	11/1/2013

Active Case Info
 Active Screen: T55555
 Active Assessment: T55555
 Active Intake: T55555
 External ID:

Participant's Static Characteristics
 Date of Birth: 1/1/1986
 Gender: F
 Race/Ethnic Category: White
 Race/Ethnic Subcategory: Not applicable
 Language: English
 Religion: Unknown

Groups This person is a member of all highlighted groups.
Group Memberships

Case Notes

4. Enter Information on the Screen from the PIMS Birth Information Form.

Birth Information Form

Birth	HC Tickler	History	Child Outcomes	Mother: <input style="width: 80%;" type="text" value="MDM_MARY"/>	Current FSW: <input style="width: 80%;" type="text" value="040"/>
Well Baby	Immunizations	CPS		Site ID: <input style="width: 80%;" type="text" value="MD002"/>	Preg: <input style="width: 80%;" type="text" value="A"/>
				Participant ID: <input style="width: 80%;" type="text" value="T5555"/>	Child: <input style="width: 80%;" type="text" value="0"/>

Pregnancy ID: **Child ID:**
External ID:
Race/Ethnic Category:
Subcategory:
Gender:
Other Parent:
Birth Date:
Gestation Age: weeks

If premature birth enter due date

Enter this date only if birth occurred <37 weeks gestation. When a premature due date is provided, Well Baby and Immunization schedules are calculated based on this date rather than the birth date.

Child History Child History
The following section records baseline child information. See the History form for a complete history.

Last Name: **First Name:**

Child's Pediatrician

Pediatrician Last Name: **Pediatrician First Name:**

Pediatrician Phone: **Clinic Name:**

Birth Health

Pounds: **Ounces:** **Birth Weight:** grams

5-Min APGAR:
Delivery Method:
Nursery Type:

Child's health at birth (select all that apply):

<input type="checkbox"/> Normal	<input type="checkbox"/> Positive alcohol screen
<input type="checkbox"/> Birth complications (general)	<input type="checkbox"/> Positive drug screen
<input type="checkbox"/> Birth defects	<input type="checkbox"/> Unknown
<input type="checkbox"/> Delivery complications	<input type="checkbox"/> Other (specify) <input style="width: 100px;" type="text"/>
<input type="checkbox"/> Newborn complications	

Birth defects include Down's Syndrome, cleft palate, heart defect. Compl. of delivery include meconium aspirate, asphyxiation, subdural hematoma, broken clavicle. Newborn complications include jaundice, hypoglycemia, infection.

5. Click "Save" and then "Close".

Participant Data Entry-Entering Medical Visits

1. Search the Participants Name in the “Participant Search Menu”.

Participant Search Menu N = 1

ID: Current FSU/FAW:
 Name: mom, mary Case Status:

Site	Name	Address	Screen ID	Assessment ID	Participant ID
MD002	MOM, MARY	123 Apple Street, Essex, MD 21221-	T55555		

2. Double click the Participants Name to open the “Home Form”.
3. Click “Medical Visits”. Medical Visit History screen will pop-up.

Home Form MOM, MARY

Site ID: MD002
ID: T55555
Current FSU: 006

Current Contact Info
 123 Apple Street
 Essex, MD 21221-
 H: (410) 222-2222 W:
 Email:

Case Status Intake Completed, Awaiting Enrollment
 Current Service Level: Level P-1
 Service Start: Retention: Months
 Service End:

Family
 Preg ID Child ID Children

Target Child Date of Birth: Target Due Date:

Partners

a	DAD, JOHN	11/1/2013
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Active Case Info
 Active Screen: T55555
 Active Assessment: T55555
 Active Intake: T55555
 External ID:

Participant's Static Characteristics
 Date of Birth: 1/1/1986
 Gender: F
 Race/Ethnic Category: White
 Race/Ethnic Subcategory: Not applicable
 Language: English
 Religion: Unknown

Groups This person is a member of all highlighted groups.
Group Memberships

Case Notes

- Click "Add New". Medical Visit Form will pop-up.

Medical Visit History MOM, MARY

Home	Screening	Assessment	Intake	Base/Follow	Referrals	Parent Outcomes
History	Service	Monthly Log	Home Visits	IFSP	Medical Visits	Termination

Site ID: MD002
ID: T55555
Current FSW: 040

Visit Date	Target	Visit Type
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[Add New](#)

- Enter Information on the Screen from the PIMS Medical Visit Form.

Medical Visit Form MOM, MARY

Home	Screening	Assessment	Intake	Base/Follow	Referrals	Parent Outcomes
History	Service	Monthly Log	Home Visits	IFSP	Medical Visits	Termination

Site ID: MD002
ID: T55555
Current FSW: 040

Date of medical visit:

Target of visit:

If the visit is for a child, select which child:

Type of visit: Other:

Reason for visit:

if hospitalized, # nights:

Check if this visit satisfies a well-baby visit: Well Baby Visit Form

Check if this visit satisfies a well-woman visit:

Check if this visit satisfies a postpartum checkup:

Did this visit result in medical treatment for a child injury?

- Click "Save" and then "Close".

Participant Data Entry-Entering Medical Visits for Target Child with Immunizations and Well-Child Visits

1. Search the Participants Name in the “Participant Search Menu”.

Participant Search Menu N = 1

ID: Current FSW/FAW:
 Name: mom, mary Case Status:

Site	Name	Address	Screen ID	Assessment ID	Participant ID
MD002	MOM, MARY	123 Apple Street, Essex, MD 21221-	T55555		

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2. Double click the Participants Name to open the “Home Form”.
3. Click “Medical Visits”. Medical Visit History screen will pop-up.

Home Form MOM, MARY

Home Screening Assessment Intake Base/Follow Referrals Parent Outcomes
 History Service Monthly Log Home Visits IFSP **Medical Visits** Termination

Site ID: MD002
 ID: T55555
 Current FSW: 006

Current Contact Info
 123 Apple Street
 Essex, MD 21221-
 H: (410) 222-2222 W:
 Email:

Case Status Intake Completed, Awaiting Enrollment
 Current Service Level: Level P-1
 Service Start: Retention: Months
 Service End:

Family
 Preg ID Child ID **Children**
 Target Child Date of Birth: Target Due Date:

Partners
 a DAD, JOHN 11/1/2013

Active Case Info
 Active Screen: T55555
 Active Assessment: T55555
 Active Intake: T55555
 External ID:

Participant's Static Characteristics
 Date of Birth: 1/1/1986
 Gender: F
 Race/Ethnic Category: White
 Race/Ethnic Subcategory: Not applicable
 Language: English
 Religion: Unknown

Groups This person is a member of all highlighted groups.
Group Memberships

Case Notes

4. Click "Add New". Medical Visit Form will pop-up.

Medical Visit History MOM, MARY

Home	Screening	Assessment	Intake	Base/Follow	Referrals	Parent Outcomes	Site ID: MD002
History	Service	Monthly Log	Home Visits	IFSP	Medical Visits	Termination	ID: T55555
							Current FSW: 040

Visit Date Target Visit Type Add New

5. Enter Information on the Screen from the PIMS Medical Visit Form.

6. Click "Well Baby Visit Form". Well Baby Visits Form will pop up.

Medical Visit Form MOM, MARY

Home	Screening	Assessment	Intake	Base/Follow	Referrals	Parent Outcomes	Site ID: MD002
History	Service	Monthly Log	Home Visits	IFSP	Medical Visits	Termination	ID: T55555
							Current FSW: 040

Date of medical visit:
 Target of visit:
 If the visit is for a child, select which child:
 Type of visit: Other:
 Reason for visit:
 if hospitalized, # nights:
 Check if this visit satisfies a well-baby visit: Well Baby Visit Form
 Check if this visit satisfies a well-woman visit:
 Check if this visit satisfies a postpartum checkup:
 Did this visit result in medical treatment for a child injury? Unknown

7. Enter Information for Well Baby Visit.

Well Baby Visits Form BABY, GIRL

Birth	HC Ticker	History	Child Outcomes	Mother: MOM, MARY	Current FSW: 040
Well Baby	Immunizations	CPS		Site ID: MD002	Preg: A
				Participant ID: T55555	Child: 0

Visit	Due Date	Actual Date	Skipped	Issues from the Visit
1	11/25/2013 to 12/23/2013		<input type="checkbox"/>	
2	11/25/2013 to 1/20/2014		<input type="checkbox"/>	
3	1/13/2014 to 3/17/2014		<input type="checkbox"/>	
4	3/10/2014 to 5/12/2014		<input type="checkbox"/>	
5	5/5/2014 to 8/4/2014		<input type="checkbox"/>	
6	7/28/2014 to 10/27/2014		<input type="checkbox"/>	
7	10/20/2014 to 1/19/2015		<input type="checkbox"/>	
8	1/12/2015 to 4/13/2015		<input type="checkbox"/>	
9	4/6/2015 to 9/28/2015		<input type="checkbox"/>	
10	9/21/2015 to 8/29/2016		<input type="checkbox"/>	
11	8/22/2016 to 7/31/2017		<input type="checkbox"/>	
12	7/24/2017 to 7/2/2018		<input type="checkbox"/>	
13	6/25/2018 to 6/3/2019		<input type="checkbox"/>	
14	11/18/2019 to 11/18/2019		<input type="checkbox"/>	
15	11/16/2020 to 11/16/2020		<input type="checkbox"/>	

8. Click “Immunizations”. Immunizations Form will pop-up.

Well Baby Visits Form				BABY, GIRL	
Birth	HC Tickler	History	Child Outcomes	Mother: MDM, MARY	Current FSW: 040
Well Baby	Immunizations	CPS		Site ID: MD002	Preg: A
				Participant ID: T55555	Child: 0
Visit	Due Date	Actual Date	Skipped	Issues from the Visit	
1	11/25/2013 to 12/23/2013		<input type="checkbox"/>		
2	11/25/2013 to 1/20/2014		<input type="checkbox"/>		
3	1/13/2014 to 3/17/2014		<input type="checkbox"/>		
4	3/10/2014 to 5/12/2014		<input type="checkbox"/>		
5	5/5/2014 to 8/4/2014		<input type="checkbox"/>		
6	7/28/2014 to 10/27/2014		<input type="checkbox"/>		
7	10/20/2014 to 1/19/2015		<input type="checkbox"/>		
8	1/12/2015 to 4/13/2015		<input type="checkbox"/>		
9	4/6/2015 to 9/28/2015		<input type="checkbox"/>		
10	9/21/2015 to 8/29/2016		<input type="checkbox"/>		
11	8/22/2016 to 7/31/2017		<input type="checkbox"/>		
12	7/24/2017 to 7/2/2018		<input type="checkbox"/>		
13	6/25/2018 to 6/3/2019		<input type="checkbox"/>		
14	11/18/2019 to 11/18/2019		<input type="checkbox"/>		
15	11/16/2020 to 11/16/2020		<input type="checkbox"/>		

9. Enter Information for Immunizations.

Immunization Form				BABY, GIRL		
Birth	HC Tickler	History	Child Outcomes	Mother: MDM, MARY	Current FSW: 040	
Well Baby	Immunizations	CPS		Site ID: MD002	Preg: A	
				Participant ID: T55555	Child: 0	
Immunization Timeline			Medical Advice			
Immunization	Due Date	Date Received	Skipped	Adjusted Due Date	Skipped Reason	Skipped Reason Other
Hep B #1	11/25/2013 to 3/25/2014		<input type="checkbox"/>			
DTaP #1	1/25/2014 to 3/25/2014		<input type="checkbox"/>			
Polio #1	1/25/2014 to 3/25/2014		<input type="checkbox"/>			
Hib #1	1/25/2014 to 3/25/2014		<input type="checkbox"/>			
Hep B #2	12/25/2013 to 5/25/2014		<input type="checkbox"/>			
DTaP #2	3/25/2014 to 5/25/2014		<input type="checkbox"/>			
Polio #2	3/25/2014 to 5/25/2014		<input type="checkbox"/>			
Hib #2	3/25/2014 to 5/25/2014		<input type="checkbox"/>			
DTaP #3	5/25/2014 to 7/25/2014		<input type="checkbox"/>			
Hib #3	5/25/2014 to 7/25/2014		<input type="checkbox"/>			
Hep B #3	5/25/2014 to 7/25/2015		<input type="checkbox"/>			
Polio #3	5/25/2014 to 7/25/2015		<input type="checkbox"/>			
Hib #4	11/25/2014 to 4/25/2015		<input type="checkbox"/>			
MMR #1	11/25/2014 to 4/25/2015		<input type="checkbox"/>			
DTaP #4	2/25/2015 to 7/25/2015		<input type="checkbox"/>			
Varicella #1	11/25/2014 to 7/25/2015		<input type="checkbox"/>			
MMR #2	11/25/2017 to 1/25/2020		<input type="checkbox"/>			
DTaP #5	11/25/2017 to 1/25/2020		<input type="checkbox"/>			
Polio #4	11/25/2017 to 1/25/2020		<input type="checkbox"/>			
PCV #1	1/25/2014 to 3/25/2014		<input type="checkbox"/>			
PCV #2	3/25/2014 to 5/25/2014		<input type="checkbox"/>			
PCV #3	5/25/2014 to 7/25/2014		<input type="checkbox"/>			
PCV #4	11/25/2014 to 4/25/2015		<input type="checkbox"/>			

10. Click “Close”.

Participant Data Entry-Entering ASQ Information

1. Search the Participants Name in the “Participant Search Menu”.

Participant Search Menu N = 1

ID: Current FSU/FAW:

Name: mom, mary Case Status:

Add New Person at Screening

Add New Person at Assessment

Add New Person as Transfer

Site	Name	Address	Screen ID	Assessment ID	Participant ID
MD002	MOM, MARY	123 Apple Street, Essex, MD 21221-	T55555		

2. Double click the Participants Name to open the “Home Form”.
3. Double Click Target Child Name from Home Form. Birth Information Form will pop-up as default.

Home Form MOM, MARY

<input type="button" value="Home"/>	<input type="button" value="Screening"/>	<input type="button" value="Assessment"/>	<input type="button" value="Intake"/>	<input type="button" value="Base/Follow"/>	<input type="button" value="Referrals"/>	<input type="button" value="Parent Outcomes"/>
<input type="button" value="History"/>	<input type="button" value="Service"/>	<input type="button" value="Monthly Log"/>	<input type="button" value="Home Visits"/>	<input type="button" value="IFSP"/>	<input type="button" value="Medical Visits"/>	<input type="button" value="Termination"/>

Site ID:

ID:

Current FSU:

Current Contact Info

123 Apple Street
Essex, MD 21221-

H: (410) 222-2222 W:

Email:

Family

Preg ID	Child ID	Children	Add Child
t A	0	BABY, GIRL	11/25/2013

Target Child Date of Birth: Target Due Date:

Partners

a f	Name	Date
a f	DAD, JOHN	11/1/2013

Active Case Info

Active Screen:

Active Assessment:

Active Intake:

External ID:

Case Status

Current Service Level:

Service Start: Retention: Months

Service End:

Participant's Static Characteristics

Date of Birth:

Gender:

Race/Ethnic Category:

Race/Ethnic Subcategory:

Language:

Religion:

Groups

This person is a member of all highlighted groups.

Case Notes

- Click "Child Outcomes". Child Outcome History will pop-up.

Birth Information Form BABY, GIRL

Birth	HC Tickler	History	Child Outcomes
Well Baby	Immunizations	CPS	

Mother: Current FSW:
 Site ID: Preg:
 Participant ID: Child:

Pregnancy ID: Child ID:
 External ID:
 Race/Ethnic Category:
 Subcategory:
 Gender:
 Other Parent:
 Birth Date:
 Gestation Age: weeks

If premature birth enter due date
 Enter this date only if birth occurred <37 weeks gestation.
 When a premature due date is provided, Well Baby and Immunization schedules are calculated based on this date rather than the birth date.

Child History Child History
 The following section records baseline child information. See the History form for a complete history.

Last Name: First Name:

Child's Pediatrician
 Pediatrician: Pediatrician:
 Pediatrician Phone: Clinic Name:

Birth Health

Pounds: Ounces: Birth Weight: grams

5-Min APGAR:
 Delivery Method:
 Nursery Type:

Child's health at birth (select all that apply):

<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Positive alcohol screen
<input type="checkbox"/> Birth complications (general)	<input type="checkbox"/> Positive drug screen
<input type="checkbox"/> Birth defects	<input type="checkbox"/> Unknown
<input type="checkbox"/> Delivery complications	<input type="checkbox"/> Other (specify) <input type="text" value=""/>
<input type="checkbox"/> Newborn complications	

Birth defects include Down's Syndrome, cleft palate, heart defect.
 Compl. of delivery include meconium aspirate, asphyxiation, subdural hematoma, broken clavicle.
 Newborn complications include jaundice, hypoglycemia, infection.

- Select "ASQ" from drop down if not already defaulted.

- Click "Add New". Outcome-ASQ screen will pop-up.

Child Outcomes History BABY, GIRL

Birth	HC Tickler	History	Child Outcomes
Well Baby	Immunizations	CPS	


Mother: Current FSW:
 Site ID: Preg:
 Participant ID: Child:

Instrument: This drop-down box will display only instruments configured in the Instrument Information Form with Target set as 'Administer for Each Child'

Time Point	Min Due	Max Due	Completed	Staff

7. Enter Information on Screen from ASQ Information Summary Sheet.

Outcome- ASQ BABY, GIRL

Date of Screen: 

Schedule of Screen

Time Point

Staff who administered

	Score	Cutoff	Delay suspected?
Communication	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Gross Motor	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Fine Motor	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Problem Solving	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Personal Social	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Notes

Date ASQ results were discussed with participant:

Referral

Date of Referral

Check if the delay was confirmed (if referrals were made)

If referrals were not made, what is the reason?

Other (specify):

Were referrals made (PIMS 6)? The following field is obsolete from PIMS 6. If a referral is made, please complete the referral subform below.

8. Click "Save" and then "Close"

Participant Data Entry-Entering Child Protective Services Information

1. Search the Participants Name in the “Participant Search Menu”.

Participant Search Menu N = 1

ID: Current FSU/FAW:

Name: mom, mary Case Status:

Site	Name	Address	Screen ID	Assessment ID	Participant ID
MD002	MOM, MARY	123 Apple Street, Essex, MD 21221-	T55555		

2. Double click the Participants Name to open the “Home Form”.
3. Double Click Target Child Name from Home Form. Birth Information Form will pop-up as default.

Home Form MOM, MARY

<input type="button" value="Home"/>	<input type="button" value="Screening"/>	<input type="button" value="Assessment"/>	<input type="button" value="Intake"/>	<input type="button" value="Base/Follow"/>	<input type="button" value="Referrals"/>	<input type="button" value="Parent Outcomes"/>
<input type="button" value="History"/>	<input type="button" value="Service"/>	<input type="button" value="Monthly Log"/>	<input type="button" value="Home Visits"/>	<input type="button" value="IFSP"/>	<input type="button" value="Medical Visits"/>	<input type="button" value="Termination"/>

Site ID:

ID:

Current FSU:

Current Contact Info

123 Apple Street
Essex, MD 21221-

H: (410) 222-2222 W:

Email:

Family

Preg ID	Child ID	Children	Add Child
t A	0	BABY, GIRL	11/25/2013

Target Child Date of Birth: Target Due Date:

Partners

Partner	Add Partner
a f DAD, JOHN	11/1/2013

Active Case Info

Active Screen:

Active Assessment:

Active Intake:

External ID:

Case Status

Current Service Level:

Service Start: Retention: Months

Service End:

Participant's Static Characteristics

Date of Birth:

Gender:

Race/Ethnic Category:

Race/Ethnic Subcategory:

Language:

Religion:

Groups

This person is a member of all highlighted groups.

Case Notes

- Click "CPS". Child Protective Services Screen will pop-up.

Birth Information Form BABY, GIRL

Birth: HC Tickler: History: Child Outcomes:
 Well Baby: Immunizations: CPS:

Mother: Current FSW:
 Site ID: Preg:
 Participant ID: Child:

Pregnancy ID: Child ID:
 External ID:
 Race/Ethnic Category:
 Subcategory:
 Gender:
 Other Parent:
 Birth Date:
 Gestation Age: weeks

If premature birth enter due date
 Enter this date only if birth occurred <37 weeks gestation.
 When a premature due date is provided, Well Baby and Immunization schedules are calculated based on this date rather than the birth date.

Child History Child History
 The following section records baseline child information. See the History form for a complete history.

Last Name: First Name:

Child's Pediatrician
 Pediatrician: Pediatrician:
 Pediatrician Phone: Clinic Name:

Birth Health
 Pounds: Calculate Birthweight
 Ounces:
 Birth Weight: grams
 5-Min APGAR:
 Delivery Method:
 Nursery Type:

Child's health at birth (select all that apply):
 Normal Positive alcohol screen
 Birth complications (general) Positive drug screen
 Birth defects Unknown
 Delivery complications Other (specify)
 Newborn complications

Birth defects include Down's Syndrome, cleft palate, heart defect.
 Compl. of delivery include meconium aspirate, asphyxiation, subdural hematoma, broken clavicle.
 Newborn complications include jaundice, hypoglycemia, infection.

- Click "Add New". Child Protective Services Form will pop-up.

Child Protective Services BABY, GIRL

Birth: HC Tickler: History: Child Outcomes:
 Well Baby: Immunizations: CPS:

Mother: Current FSW:
 Site ID: Preg:
 Participant ID: Child:

Date Suspected: Date Substantiated:
 Add New

- Enter Information on the Screen from the PIMS Child Protective Services Form.

Child Protective Services Form BABY, GIRL

Birth: HC Tickler: History: Child Outcomes:
 Well Baby: Immunizations: CPS:

Mother: Current FSW:
 Site ID: Preg:
 Participant ID: Child:

Are there reports of suspected child abuse/neglect for this child:
 Date of report of suspected maltreatment:
 Are there substantiated or founded reports of child abuse/neglect for this target child:
 Date of substantiated or founded report:

Type of maltreatment (check all that apply):
 Physical abuse Neglect
 Sexual abuse Other (specify)
 Emotional abuse Unknown

Perpetrator of the maltreatment:

 Other:

Was the report made by Healthy Families staff?:

- Click "Save" and then "Close"

Participant Data Entry-Entering Target Child Information Changes

1. Search the Participants Name in the “Participant Search Menu”.

Participant Search Menu N = 1

ID: Current FSU/FAW:

Name: mom, mary Case Status:

Site	Name	Address	Screen ID	Assessment ID	Participant ID
MD002	MOM, MARY	123 Apple Street, Essex, MD 21221-	T55555		

2. Double click the Participants Name to open the “Home Form”.
3. Double Click Target Child Name from Home Form. Birth Information Form will pop-up as default.

Home Form MOM, MARY

<input type="button" value="Home"/>	<input type="button" value="Screening"/>	<input type="button" value="Assessment"/>	<input type="button" value="Intake"/>	<input type="button" value="Base/Follow"/>	<input type="button" value="Referrals"/>	<input type="button" value="Parent Outcomes"/>
<input type="button" value="History"/>	<input type="button" value="Service"/>	<input type="button" value="Monthly Log"/>	<input type="button" value="Home Visits"/>	<input type="button" value="IFSP"/>	<input type="button" value="Medical Visits"/>	<input type="button" value="Termination"/>

Site ID:

ID:

Current FSU:

Current Contact Info

123 Apple Street
Essex, MD 21221-

H: (410) 222-2222 W:

Email:

Case Status

Current Service Level:

Service Start: Retention: Months

Service End:

Family

Preg ID	Child ID	Children	Add Child
t A	0	BABY, GIRL	11/25/2013

Target Child Date of Birth: Target Due Date:

Participant's Static Characteristics

Date of Birth:

Gender:

Race/Ethnic Category:

Race/Ethnic Subcategory:

Language:

Religion:

Partners

a f	DAD, JOHN	11/1/2013
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Groups

This person is a member of all highlighted groups.

Active Case Info

Active Screen:

Active Assessment:

Active Intake:

External ID:

Case Notes

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4. Click "History". Child History Screen will pop-up.

Birth Information Form BABY, GIRL

Birth | HC Tickler | **History** | Child Outcomes
 Well Baby | Immunizations | CPS

Mother: MDM, MARY | Current FSW: 040
 Site ID: MD002 | Preg: A
 Participant ID: T55555 | Child: 0

Pregnancy ID: 3 | Child ID: 0
 External ID:
 Race/Ethnic Category: White
 Subcategory: Not applicable
 Gender: Female
 Other Parent: DAD, JOHN
 Birth Date: 11/25/2013
 Gestation Age: 39 weeks

Child History Child History
 The following section records baseline child information. See the History form for a complete history.

Last Name: BABY | First Name: GIRL

Child's Pediatrician
 Pediatrician Last Name: Smith | Pediatrician First Name: Doctor
 Pediatrician Phone: (410) 555-5555 | Clinic Name:

Birth Health
 Pounds: 0 | Ounces: 0 | Calculate Birthweight | Birth Weight: 3515 grams
 5-Min APGAR:
 Delivery Method: Vaginal birth - spontaneous
 Nursery Type: Normal

Child's health at birth (select all that apply):
 Normal
 Birth complications (general)
 Birth defects
 Delivery complications
 Newborn complications
 Positive alcohol screen
 Positive drug screen
 Unknown
 Other (specify)

Birth defects include Down's Syndrome, cleft palate, heart defect. Compl. of delivery include meconium aspirate, asphyxiation, subdural hematoma, broken clavicle. Newborn complications include jaundice, hypoglycemia, infection.

5. Click "Add New". Child History Form will pop-up.

Child History BABY, GIRL

Birth | HC Tickler | **History** | Child Outcomes
 Well Baby | Immunizations | CPS

Mother: MDM, MARY | Current FSW: 040
 Site ID: MD002 | Preg: A
 Participant ID: T55555 | Child: 0

Change Date	Name	Physician
11/25/2013	BABY, GIRL	Smith

Add New

6. Update and/or enter Information on the Screen from the PIMS Participant History Form/Information Change Form.

Child History Form BABY, GIRL

Birth | HC Tickler | **History** | Child Outcomes
 Well Baby | Immunizations | CPS

Mother: MDM, MARY | Current FSW: 040
 Site ID: MD002 | Preg: A
 Participant ID: T55555 | Child: 0

Change Date:
 Last Name: BABY | First Name: GIRL

Child's Pediatrician
 Pediatrician Last Name: Smith | Pediatrician First Name: Doctor
 Pediatrician Phone: (410) 555-5555 | Clinic Name:

7. Click "Save" and then "Close"

Participant Data Entry-Entering Participant Follow-ups

1. Search the Participants Name in the “Participant Search Menu”.

Participant Search Menu N = 1

ID: Current FSU/FAW:
 Name: mom, mary Case Status:

Site	Name	Address	Screen ID	Assessment ID	Participant ID
MD002	MOM, MARY	123 Apple Street, Essex, MD 21221-	T55555		

2. Double click the Participants Name to open the “Home Form”.
3. Click “Base/Follow”. Baseline/Follow-up Form screen will pop-up.

Home Form MOM, MARY

Home | Screening | Assessment | Intake | **Base/Follow** | Referrals | Parent Outcomes | Site ID: MD002
 History | Service | Monthly Log | Home Visits | IFSP | Medical Visits | Termination | ID: T55555
 Current FSU: 006

Current Contact Info
 123 Apple Street
 Essex, MD 21221-
 H: (410) 222-2222 W:
 Email:

Case Status Intake Completed, Awaiting Enrollment
 Current Service Level: Level P-1
 Service Start: Retention: Months
 Service End:

Family

Preg ID	Child ID	Children
		<input type="button" value="Add Child"/>

 Target Child Date of Birth: Target Due Date:

Partners

ID	Name	Date
a	DAD, JOHN	11/1/2013

Participant's Static Characteristics
 Date of Birth: 1/1/1986
 Gender: F
 Race/Ethnic Category: White
 Race/Ethnic Subcategory: Not applicable
 Language: English
 Religion: Unknown

Groups This person is a member of all highlighted groups.
Group Memberships

Case Notes

Active Case Info
 Active Screen: T55555
 Active Assessment: T55555
 Active Intake: T55555
 External ID:

4. Select the timeframe for the follow-up.
5. Click “Load from previous Follow-up”.
6. Enter Date from PIMS Follow-up Form and update any information from Form to match screen.

Baseline/Follow-Up Form
MOM, MARY

Home	Screening	Assessment	Intake	Ease/Follow	Referrals	Parent Outcomes
History	Service	Monthly Log	Home Visits	IFSP	Medical Visits	Termination

Site ID: MD002

ID: T55555

Current FSW: 040

Baseline
 6 months
 12 months
 24 months
 36 months
 48 months
 60 months
 Termination

Load from previous Follow-Up

Note that only participant info can be preloaded. Partner and Child Info must be re-entered at each followup.

Date of follow-up: Target follow-up date:

Participant Demographics

Marital status:

Education: Currently in school:

Employment:

Insurance type:

Insurance provider:

Birth Control:

Participant since last follow up:

Pregnancies:

Spontaneous abortion/miscarriages:

Induced termination pregnancies:

Participant Legal Information

Current juvenile probation:

Current juvenile sentence of incarceration:

Recent adult conviction for felony:

Current adult sentence of incarceration:

Household Characteristics

Income level: The "\$50,000 and over" income category is deprecated in PIMS 7

Income amount:

Income source:

Public aid (check all that apply):

<input type="checkbox"/> AFDC/TANF	<input type="checkbox"/> Medicaid
<input type="checkbox"/> WIC	<input type="checkbox"/> Housing assistance
<input type="checkbox"/> SSI	<input type="checkbox"/> Energy assistance
<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Unemployment
<input type="checkbox"/> School meals	<input type="checkbox"/> Unknown

7. Click “Save” and then “Close”.

Participant Data Entry-Entering Termination Forms

1. Search the Participants Name in the “Participant Search Menu”.

Participant Search Menu N = 1

ID: Current FSU/FAW:
 Name: mom, mary Case Status:

Site	Name	Address	Screen ID	Assessment ID	Participant ID
MD002	MOM, MARY	123 Apple Street, Essex, MD 21221-	T55555		

2. Double click the Participants Name to open the “Home Form”.
3. Click “Termination”. Termination Form screen will pop-up.

Home Form MOM, MARY

Site ID: MD002
ID: T55555
Current FSU: 006

Current Contact Info
 123 Apple Street
 Essex, MD 21221-
 H: (410) 222-2222 W:
 Email:

Case Status Intake Completed, Awaiting Enrollment
 Current Service Level: Level P-1
 Service Start: Retention: Months
 Service End:

Family

Preg ID	Child ID	Children
		<input type="button" value="Add Child"/>

Target Child Date of Birth: Target Due Date:

Partners

ID	Name	Date
a	DAD, JOHN	11/1/2013

Participant's Static Characteristics

Date of Birth: 1/1/1986
 Gender: F
 Race/Ethnic Category: White
 Race/Ethnic Subcategory: Not applicable
 Language: English
 Religion: Unknown

Groups This person is a member of all highlighted groups.
Group Memberships

Case Notes

Active Case Info

Active Screen: T55555
 Active Assessment: T55555
 Active Intake: T55555
 External ID:

4. Enter Information on the Screen from the PIMS Termination Form.

Termination Form MOM, MARY

Home	Screening	Assessment	Intake	Base/Follow	Referrals	Parent Outcomes	Site ID: MD002
History	Service	Monthly Log	Home Visits	IFSP	Medical Visits	Termination	ID: T55555
							Current FS#W: 040

Date of last contact:

Date of termination: Last Level of Service is calculated based on the most recent service level assignment prior to termination.

Last level of service:

Reason for terminating services: In PIMS 7, the termination reason 'Participant refused services/unable to contact' has been deprecated in favor of separate options for 'Participant refused services' and 'unable to contact.' The termination reason 'Target child not at home' has been mapped to 'Target child living with another caregiver.'

Other:

Is participant still receiving services at this agency:

if YES, what services:

Is participant receiving services at another agency:

if YES, what agency:

if YES, what services:

5. Click "Save" and then "Close".