

Parent Partner

Forms Guide



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PARENT PARTNER APPROACH FORMS CHECKLIST

TITLE OF FORM	DHS FORM #	WHO COMPLETES	WHEN	WHERE TO FILE
Referral & Intake (Participant Profile)	470-5073	Referral agency; Local Coordinator or Lead Parent Partner	Program entry	Original – Program file
Participant Self-Assessment (ENTRY)	470-5070	Parent Partner with Participant	Program entry	Original – Program file
Participant Self-Assessment (EXIT)	470-5069	Parent Partner with Participant	Program exit	Original – Program file
Fidelity Checklist & Participant Outcomes	470-5071	Parent Partner with Local Coordinator	Program exit	Original – Program file
Participant Feedback (EXIT)	470-5072	Participant	Program exit	Original – Program file
Parent Partner Monthly Activity Tracking Form	470-5068	Parent Partner	Each month	Original – Program file

** Consent and Release forms need to be completed and the forms used will be approved by contract manager.

Participant Intake Form

Purpose:

This form is a communication tool for the intake process and is used to collect general intake information needed to provide support for the participant.

Who completes form?

- The Local Coordinator and/or Lead Parent Partner.

When is form to be completed?

- This will allow the Local Coordinator to track the intake process and when intake has been completed.
- Upon completion of this form it must be entered into the database within 30 days.

What to do with form?

- This form contains **confidential information** about the participant and should be respected as such. It should never be left out unattended, nor should the information be shared with others. Treat the information as securely as you'd want others to treat your personal information.
- The Local Coordinator will enter the information into the database and keep the form in a secured locked location once it has been completed.

How is the information used?

- This information will be used to determine the result of the referral and intake process.

Where is this information kept after the participant is no longer involved?

- This information remains in a secured locked location for ten years following a participant's exiting the program, this form is destroyed.



PARENT PARTNER PROGRAM – INTAKE FORM

Referral Date: _____ **Date of Entry of Referral in Database:** _____

Parent Partner Assigned (name): _____ **Date:** _____

PARTICIPANT INFORMATION

Referred Participant Name (Last, First): _____ Mother Father

Participant FACS ID#: _____ Youngest Child FACS ID#: _____

Primary Phone Number: _____ Alternate Phone: _____

Current Address: _____
(Street Address, City, State, Zip Code)

County of Court Jurisdiction: _____ Email Address: _____

INTAKE INFORMATION

	Date	Type <i>(phone, email, FTF)</i>	Comments
Attempts to contact Participant			

Result of Referral: Client accepted Client declined support Client not appropriate for support

Date of Intake Completion: _____

Additional Information:

Consent for the Release of Confidential Information

Purpose:

- The **Release of Confidential Information** form is used to grant permission between DHS staff and Parent Partner personnel for shared information about the referred parent.

Who completes form?

- **Release of Confidential Information** The referred parent completes with the Local Coordinator or Lead Parent Partner.
- **Release of Confidential Information** The section regarding the type of information released may be handled differently according to local protocol or common practice. Local Coordinators should discuss with their DHS liaison the type of information that is routinely shared for cases that are referred for Parent Partners.

When is form to be completed?

- The forms should be completed at intake as soon as possible after a referral is made.

What to do with form?

- The forms go to the Local Coordinator for program file.

How is the information used?

- This information is primarily used to assure permission has been given to share information between DHS and the Parent Partner program.

Where is this information kept after the family is no longer involved?

- Ten years following a family's leave from the program, these forms are destroyed.

Consent for the Release of Confidential Information

Name: _____

I authorize **Children & Families of Iowa (CFI), Parent Partner Program** to:

Release Information To AND/OR
 Obtain Information From

Organization Name: Iowa Department of Human Services

Department or Service: Child Welfare

Electronic Communication (mark box to indicate your response):

I provide permission for electronic transmission/transfer of confidential information to the above designated organization/individual.
 I do **NOT** provide permission for electronic transmission/transfer of confidential information to the above designated organization/individual.

Specific Type of Information to Be Disclosed (mark the box next to the appropriate categories):

Legal history/criminal justice status Discharge summary Date and time of attendance/no shows
 Medical history Education information Attendance/progress in treatment/treatment plan
 Assessment information/testing results/evaluation/referral recommendation(s)
 Other (specify): **Engagement in Parent Partner Program**

Purpose for this Release is (mark the box next to the appropriate categories):

To monitor/follow through with referral Collaboration with treatment Case consultation
 Share assessment information, referral recommendation(s), and following through with referral
 Other (specify): **Same as above**

Consent for the Release of Protected Information: I understand that my alcohol and/ or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R Part 2, and Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R, pts, 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it by providing CFI's Privacy Officer with written notification. **This consent expires automatically 90 days after the consent form is signed for a one-time release of information or one year when required for ongoing service provision.** By initialing below, I indicate that I understand the above and agree for the following information to be released:

<input type="checkbox"/>	Mental/Behavioral Health	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>	Developmental Disability
<input type="checkbox"/>	HIV/AIDS Status/Information	<input type="checkbox"/>	Other (specify):		

CFI may not condition services on signing this authorization except if the only reason CFI is providing you with services is to make a report to a third party, such as the legal system. By following the steps noted in CFI's policies regarding your right to inspect your record, you may inspect or copy the health information disclosed. CFI may assess a reasonable fee for copy services. A copy of this form will be offered to you. By signing below, I attest that I understand the information presented to me and am voluntarily providing my consent for the information indicated above to be released.

Client Signature

Date

Legal Representative Signature

Relationship to Client

Date

Witness Signature

Date

CLIENT OR LEGAL REPRESENTATIVE REFUSED TO SIGN: Witness Signature

Date

Prohibition of Redisclosure: Mental health and alcohol/drug abuse information that is disclosed from records are protected by federal and state laws and requirements which prohibit further disclosure without the specific written consent of the patient, or as otherwise permitted by such law and/or regulations. Other information that is disclosed as permitted by this authorization may be re-disclosed by the recipient of the information and may no longer be protected by federal and state laws.

I, _____, revoke my consent for the release of confidential information on this date: _____.

Client/Legal Representative Signature

Self-Assessment (ENTRY)

Purpose:

The form is used to find out where the participant is in terms of program needs and support when they first become involved with the Parent Partner Mentoring Process. This form can also be used as an engagement tool for a participant new to the program.

Who completes form?

- The form is to be completed by the participant with the support of the Parent Partner.

When is the form to be completed?

- This form should be completed as soon as possible.
- Upon completion of this form it must be entered into the database within 30 days.

What to do with the form?

- The Local Coordinator will enter the information into the database and keep the form in a secured locked location once it has been completed.

How is the information used?

- The information will help to understand a participant's current abilities on a number of items related to their individual goals and the goals of the Parent Partner Program.
- This form may be used as a tool to measure the participant's progress during the Parent Partner Mentoring Process.

Where is this information kept after the participant is no longer involved?

- This information remains in a secured locked location for ten years following a participant's exiting the program, this form is destroyed.



PARENT PARTNER PROGRAM - SELF ASSESSMENT (ENTRY)

This form is to be completed by the participant with the support of the Parent Partner upon entry to the Parent Partner Program. Ask the participant to use the scale at the top of the table to assess their current level for each item.

- Mark the number that corresponds to the participant's current self-assessment for each scale item in the far right column.

Participant being Mentored:	FACS ID#:
Parent Partner:	Date:

Using the scale below, mark the number in the far-right column to indicate the participant's assessment on each item.									
Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)					
				ENTRY ASSESSMENT					
1.	I am able to find the community resources I need to keep my child(ren) safe.								
2.	I am able to complete the steps necessary to get the community resources I need.								
3.	I am able to effectively manage my situation to keep my child(ren) safe when times are stressful.								
4.	I am able to make the appropriate decisions for myself and my family.								
5.	I have others who will listen when I need to talk about my problems.								
6.	I have others who will support positive choices and changes I make.								
7.	I talk reasonably and honestly with others about my situation and problems.								
8.	If there is a crisis in my life I have someone I can talk to.								
9.	I am able to effectively speak up for myself and my family to DHS and other service providers.								
10.	I am able to listen to DHS and other service providers and understand their concerns with my situation.								
11.	I feel comfortable when talking with my DHS worker or other service providers.								
<p>Using the scale below, please mark the box that best describes your <u>current</u> relationship with your DHS worker.</p> <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;"><input type="checkbox"/> Very Negative</td> <td style="text-align: center;"><input type="checkbox"/> Negative</td> <td style="text-align: center;"><input type="checkbox"/> Neutral</td> <td style="text-align: center;"><input type="checkbox"/> Positive</td> <td style="text-align: center;"><input type="checkbox"/> Very Positive</td> </tr> </table>					<input type="checkbox"/> Very Negative	<input type="checkbox"/> Negative	<input type="checkbox"/> Neutral	<input type="checkbox"/> Positive	<input type="checkbox"/> Very Positive
<input type="checkbox"/> Very Negative	<input type="checkbox"/> Negative	<input type="checkbox"/> Neutral	<input type="checkbox"/> Positive	<input type="checkbox"/> Very Positive					
<p><i>Please use the space below to provide any additional comments regarding any of the statements above.</i></p>									

Self-Assessment (EXIT)

Purpose:

- The form is used to assess the participant's progress in meeting their needs based on individual and program goals.

Who completes form?

- The form is to be completed by the participant's with the support of the Parent Partner upon exiting the program.

When is form to be completed?

- The form should be completed within 2 weeks prior to a participant's expected leave date in the Parent Partner Program, or as near to their exit date as possible.
- Upon completion of this form it must be entered into the database within 30 days.

What to do with form?

- The Local Coordinator will enter the information into the database and keep the form in a secured locked location once it has been completed.

How is the information used?

- The information on this form will be used to determine the changes the participant has experienced through the Parent Partner Mentoring Process. This form is a mirror copy of the form they complete at entry to the program, and can be used to encourage the participant to identify the positive changes they have made for themselves and their families.

Where is this information kept after the participant is no longer involved?

- This information remains in a secured locked location for ten years following a participant's exiting the program, this form is destroyed.



PARENT PARTNER PROGRAM - SELF ASSESSMENT (EXIT)

This form is to be **completed by the Parent Partner with the participant** upon exit from the Parent Partner Program. There are two ratings to be completed:

- First, ask the participant to “think back to when they first began the Parent Partner Program” and assess their level when they first started. Mark the number that corresponds to the participant's RETROSPECTIVE self-assessment for each scale item in the left column.
- Then ask the participant to assess their current level. Mark the number that corresponds to the participant's EXIT self-assessment for each scale item in the right column.

Participant being Mentored:	FACS ID#:
Parent Partner:	Date:

Using the scale below, mark the number in the correct column to indicate the participant's assessment on each item.				
Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)
RETROSPECTIVE ASSESSMENT				EXIT ASSESSMENT
	1.	I am able to find the community resources I need to keep my child(ren) safe.		
	2.	I am able to complete the steps necessary to get the community resources I need.		
	3.	I am able to effectively manage my situation to keep my child(ren) safe when times are stressful.		
	4.	I am able to make the appropriate decisions for myself and my family.		
	5.	I have others who will listen when I need to talk about my problems.		
	6.	I have others who will support positive choices and changes I make.		
	7.	I talk reasonably and honestly with others about my situation and problems.		
	8.	If there is a crisis in my life I have someone I can talk to.		
	9.	I am able to effectively speak up for myself and my family to DHS and other service providers.		
	10.	I am able to listen to DHS and other service providers and understand their concerns with my situation.		
	11.	I feel comfortable when talking with my DHS worker or other service providers.		

Using the scale below, please mark the box that best describes your <u>current</u> relationship with your DHS worker.				
<input type="checkbox"/> Very Negative	<input type="checkbox"/> Negative	<input type="checkbox"/> Neutral	<input type="checkbox"/> Positive	<input type="checkbox"/> Very Positive

Please use the space below to provide any additional comments regarding any of the statements above.

Parent Partner Program – Participant Feedback (EXIT)

Purpose:

- The purpose of this form is to receive feedback from the participant regarding their experiences in the Parent Partner Program.

Who completes form?

- The participant should complete this form on their own. Due to potential biases, the Parent Partner should not be present when the participant is completing the form.
- If privacy is a concern, the participant can request an addressed-and-stamped envelope to mail the completed form back in to the Local Coordinator.

When is form to be completed?

- The form should be completed upon participant exiting the program.
- Upon completion of this form it must be entered into the database within 30 days.

What to do with form?

- The Local Coordinator will enter the information into the database and keep the form in a secured locked location once it has been completed.

How is the information used?

- The information is used to assess the participant's experiences with the Parent Partner program. It may also be used to identify the challenges of working with the participant, while also highlighting the strategies that were successful for a Parent Partner.

Where is this information kept after the participant is no longer involved?

- This information remains in a secured locked location for ten years following a participant's exiting the program, this form is destroyed.



PARENT PARTNER PROGRAM - FEEDBACK FORM (EXIT)

This form is to be completed by the participant upon exit from the Parent Partner program. <ul style="list-style-type: none"> The participant should evaluate the quality of the statements from his or her perspective. There are TWO sections to this checklist; be sure to complete both. The completed form should be returned to the Local Coordinator. 	
Participant being mentored:	FACS ID#:
Parent Partner:	Date:

Using the scale below, mark the appropriate box to indicate your response for each item.

	Never	Rarely	Sometimes	Often	Always	My participant declined or did not participate (N/A)
MY PARENT PARTNER...						
1. Encouraged me to fulfill their case plan activities						
2. Had regular face to face visits with me						
3. Had other (email, phone, web) communication and contact with me						
4. Advocated for me and my family for needed resources						
5. Was encouraging to me and my family						
6. Connected me with community resources						
7. Helped me connect with the community						
8. Coached me on communication strategies						
9. Supported me at FTM, court, treatment, other gatherings						
10. Coached me on what to expect throughout the process						

Please provide additional comments regarding the degree to which your Parent Partner helped your family through the program. If you rated any of the above statements as "Always" or "Rarely" or "Never," please explain why below.

Using the scale below, mark the appropriate box to indicate your response for each item.

	Significant Improvement	Some Improvement	Remained the Same	Decreased	Don't Know
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PLEASE RATE YOUR IMPROVEMENT ON YOUR ...

1.	Relationship with people who are able to connect you with resources					
2.	Relationship with people who support your positive changes					
3.	Level of communication with your DHS worker					
4.	Level of communication with your attorney(s)					
5.	Ability to advocate appropriately for yourself & your family					
6.	Knowledge of what needs to be done for custody of your children					
7.	Ability to get to appointments on time (visitation, FTMs, counseling session, substance abuse treatment, etc.)					
8.	Ability to find community resources for your family					
9.	Knowledge of who to contact with needs or concerns regarding your case					
10.	Level of personal responsibility and accountability for your actions					
11.	Willingness to make changes					

If you rated any of the above statements as "Significant Improvement" or "Remained the Same" or "Decreased," please explain why below. Note that "Remained the Same" could mean that no change was needed, or the indicator was satisfactory to begin with.

Fidelity Checklist & Participant Outcome:

Purpose:

- The purpose of this form is to review key components of the Parent Partner support to ensure that there is consistency among Parent Partner's.
- This form is intended to evaluate the effectiveness of the support provided, not the personal behavior of the Parent Partner nor the participant.
- The form may also be used as a tool to assess the fidelity of the Parent Partner Program.

Who completes form?

- This form should be completed by the Parent Partner and the Local Coordinator or Lead Parent Partner.

When is form to be completed?

- The form should be completed upon the participant exiting the program.
- Upon completion of this form it must be entered into the database within 30 days.

What to do with form?

- The Local Coordinator will enter the information into the database and keep the form in a secured locked location once it has been completed.

How is the information used?

- The form will be used to assess a participant's experience through the Parent Partner Mentoring Process. It is not a way to evaluate an individual Parent Partner, but rather to evaluate the participant's experience with the mentoring process overall.
- The Local Coordinator may use the information on this form to discuss the participant's overall case with the assigned Parent Partner.

Where is this information kept after the participant is no longer involved?

- This information remains in a secured locked location for ten years following a participant's exiting the program, this form is destroyed.



PARENT PARTNER PROGRAM FIDELITY CHECKLIST & PARTICIPANT OUTCOME ASSESSMENT

This form is to be completed **by the Parent Partner with the Local Coordinator** or Lead Parent Partner upon the participant exiting from the program. Consider using participant file and database records as a reference when completing this form.

- THERE ARE TWO SECTIONS TO THIS CHECKLIST; BE SURE TO COMPLETE BOTH.

Participant being mentored:	FACS ID#:
Parent Partner:	Date:

Using the scale below, mark the appropriate box to indicate your response for each item.

		Never	Rarely	Sometimes	Often	Always	My parent declined or did not participate (N/A)
THE PARENT PARTNER...							
1.	Encouraged the participant to fulfill their case plan activities						
2.	Had regular face to face visits with the participant						
3.	Had other (email, phone, web) communication and contact with the participant						
4.	Advocated for the participant for needed resources						
5.	Encouraged the participant						
6.	Connected the participant with community resources						
7.	Helped the participant connect with the community						
8.	Coached the participant on communication strategies						
9.	Supported the participant at FTDM, court, treatment, other gatherings						
10.	Coached the participant on what to expect throughout the process						

Please provide additional comments regarding the participant's performance on these activities throughout the Parent Partner Program. If you rated any of the above statements as "Always" or "Rarely" or "Never," please explain why below.

Using the scale below, mark the appropriate box to indicate your response for each item.

		Significant Improvement	Some Improvement	Remained the Same	Decreased	Don't Know
PLEASE RATE THE PARTICIPANT IMPROVEMENT ON THEIR ...						
1.	Relationship with people who are able to connect them with resources					
2.	Relationship with people who support their positive changes					
3.	Level of communication with their DHS worker					
4.	Level of communication with attorney(s)					
5.	Ability to advocate appropriately for themselves & family					
6.	Knowledge of what needs to be done for custody of their children					
7.	Ability to get to appointments on time (visitation, FTM's, counseling session, substance abuse treatment, etc.)					
8.	Ability to find community resources for their family					
9.	Knowledge of who to contact with needs or concerns regarding their case					
10.	Level of personal responsibility and accountability for their actions					
11.	Willingness to make changes					

If you rated any of the above statements as "Significant Improvement" or "Remained the Same" or "Decreased," please explain why below. Note that "Remained the Same" could mean that no change was needed, or the indicator was satisfactory to begin with.

Parent Partner Monthly Activity Tracking Form

Purpose:

To track the individual activities of each Parent Partner to enable reporting site activity quarterly.

Who completes form?

- Each Parent Partner completes the form each month.

When is form to be completed?

- The form should be completed throughout the month following any activity with an assigned participant or outreach activities pertaining to the Parent Partner Program or Child Welfare. Upon completion of this form it must be entered into the database within 30 days.

Instructions for completing the form – Activities with each participant mentored

- Parent Partner may use one form per month and include all activities with all participants; or they may choose to use one form for each family they are working with and combine the information for a monthly report to be turned in to the Local Coordinator.
- **Other face-to-face contact column** is to be used only if the contact does not fit another category listed on the form. For example, attending a FTDM does not count as both – FTDM and – Other face-to-face contact - just FTDM.
- **Phone conversations** is to be used to record conversations with each participant.
- **Text or e-mail** is to be used to record the separate conversations with each participant.

Instructions for completing the form – Program activities

- Parent Partner should record involvement in all meetings, trainings and other activities specific to Parent Partners and child welfare in general.
- Indicate if local, state, or service area.
- Describe involvement—presenter, participant, guest, etc.
- NOTE: If you are recording individual participants on separate Monthly Tracking Forms, be sure to fill out your program activities only ONCE on one of the forms.

What to do with form?

- The Local Coordinator will enter the information into the database and keep the form in a secured locked location once it has been completed.

How is the information used?

The Local Coordinator uses the information to report quarterly site activity on standard reporting form to the state coordinator.

Where is this information kept after the participant is no longer involved?

- This information remains in a secured locked location for ten years following a participant's exiting the program, this form is destroyed.

