

Heart of Iowa
Child Form

PURPOSE

A report is required by IMSACP on a quarterly basis about the Women and Children programs in the state of Iowa. This information is reported to the Department of Human Services and the Iowa Department of Public Health/Division of Substance Abuse and Health Promotion. The ISmart file has information in it about the mother in treatment but nothing about the children in treatment with her. These child-tracking forms serve that purpose. This applies to client's that are in Residential and Outpatient.

PROCEDURE

When a client is admitted to a Heart of Iowa program a Child Audit Information form is completed. The following information is filled in:

1. Client's Full Legal Name
2. Date of Admission
3. Client's ID number
4. Client's Date of Birth
5. Whether or not the client is pregnant
6. Whether or not the client has children in treatment with her
7. Child Information (only if the client has children in treatment with her)
 - a. Child's Full Legal Name
 - b. Child's Date of Birth
 - c. Child's Gender
 - d. Child Care information
 - e. Child's Race
 - f. Child's Custody information

If the mother is pregnant and is not here with any children, mark yes for pregnant and no for children.

This form should be completed before noon to day after the client's admission to treatment. This should be emailed to the data department (data@asac.us).

If a client's Child status changes (I.e. the client had her baby while she was in treatment) then you will need to fill out another Child Form with the new child's information on it. Please type next to the Client's Name "***Addition***". This will make sure that the Data Department knows to add this to the client's current Child Form information.