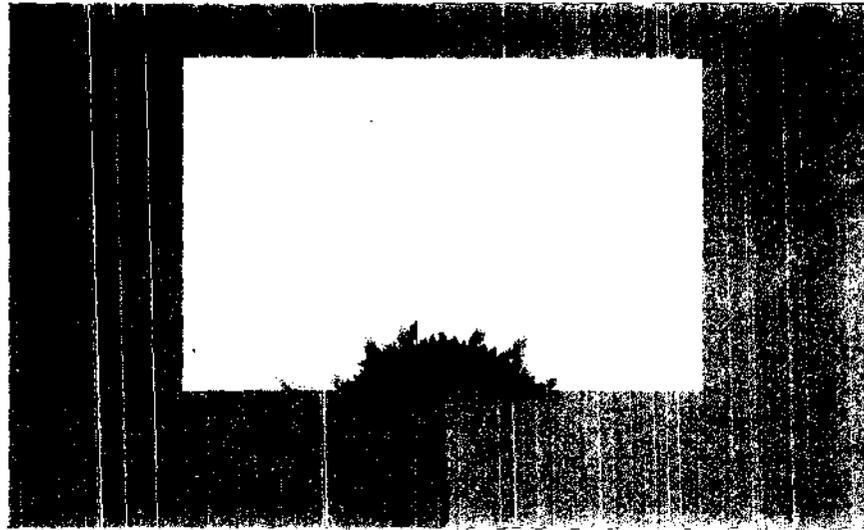


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# **PROJECT MILAGRO**

*A Comprehensive Model to Serving  
Latino Families Affected by  
Substance Abuse and HIV/AIDS*

**Replication Manual**

**Submitted to**

*U.S. Department of Health*

*and Human Services*

*Administration for*

*Children and Families,*

*Children's Bureau*

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## Introduction

**Bienvenidos Children's Center** implemented the Abandoned Infants Assistance (AIA) Program, Project Milagro, from 1992 to 2008. Project Milagro chronicled relevant factors that improve the safety, permanency and well being of children living with Latina mothers, primarily of Mexican origin, who are coping with HIV/AIDS or Substance Abuse. Equally important, historical pathways to understanding the social and familial dynamics that impede positive outcomes among Latinas have been clearly delineated by this longstanding AIA program. The gaps in knowledge for providing program policies and service designs that target the complexities of needs for Latinas and their children have led to an array of innovative AIA programs that are perceptible in the interiors of poor and disenfranchised communities. In general, AIA programs have collectively worked towards providing services to the "least of these" communities, families and children. Thus, these programs continue to contribute to improving our knowledge base by developing strategies to meet the unique needs of HIV/AIDS and Substance Abuse families.

Project Milagro provided comprehensive services to Mexican and Mexican American mothers and their children residing in the East and Southeast Los Angeles area who were identified as high-risk for abandoning their infants and young children due to HIV/AIDS or chronic substance abuse. The project's target service area has a large concentration of Latinas living with HIV or AIDS and has been identified as a priority group by the Los Angeles County HIV Prevention Plan (2008). Multiple co-factors have been attributed to the disparities of HIV/AIDS among Latinas. More importantly, such co-factors continue to add to the vulnerabilities of Latinas for newly diagnosed HIV infections, living with AIDS and limited prevention strategies for acquiring HIV. The incidence rates in the United States for women living with AIDS and women at risk for HIV infection or transmission has led to re-examining emerging patterns of the epidemiological nature of HIV/AIDS. Overall, the number of Latinas diagnosed with HIV or AIDS has not only increased but has exceeded case rates among women in general. One in seven Latinas are living with HIV/AIDS compared to white female counterparts. Although HIV/AIDS among African American women exceed rates for both Latina and white women, the critical factors associated with reducing HIV infections and providing preventive services have not been fully addressed when working with Latinas. Project Milagro provided services aimed at improving the quality of life among high-risk Latinas and their children. The model applied to these families emerged from acquiring knowledge of HIV/AIDS trends and working

with Latinas and children. The project's comprehensive model developed effective strategies to address co-factors relevant to HIV/AIDS within a cultural context. Additionally, service mechanisms that successfully resulted in positive outcomes were supported by the project's evaluation findings.

The project's Substance Abuse women were primarily second and third generation Mexican Americans with chronic alcohol and drug addictions. Most of the project's Latinas were identified as "neglectful" parents, actively engaged in child welfare systems and had limited parenting knowledge. Project Milagro developed a model that targeted substance abusers with histories of prenatal drug/alcohol use; domestic violence victims; drug exposed infants; victims of child abuse; sexual trauma; depression; and chronic relapses. Although the project's Latinas were faced with these challenges, the program model was effective in reducing risks for child abuse and child abandonment. Further, strategies aimed at improving mental health, coping skills and quality of life were significantly effective for this group.

### ***Purpose of this Replication Manual***

The primary purpose of this manual is to provide community based programs, policy decision makers and special entities that focus on developing programs for Latinas and their children a guide to implementing the Project Milagro model, its' framework and the underlying factors that contributed to its effectiveness. The unique aspect of this model has been attributed to the implementation of culturally specific services that recognizes the heterogeneity of Latinas. The Project Milagro model incorporated its history of services to provide a framework that illuminated the understanding of the mechanisms and pathways for successfully providing services that address contextual factors (poverty, unemployment, low wages) cultural sensitivity (immigrants, acculturation, sex roles, language barriers), regional applications (migration patterns, urban environments) and community influences (disparities in services, discrimination, single head of households).

This replication manual outlines the program's services, staffing patterns, recruitment strategies, referral process, community collaborations and the evaluation design, including the project's instruments and assessment forms. The intent of this manual is to guide communities working with and evaluating Latinas faced with multiple challenges and living with HIV/AIDS or Substance Abuse. Particularly, family based in home services are described in the context of reducing the abandonment and abuse of children, and increase permanency and positive well-being.

## 2 The Philosophical Framework of Project Milagro

Over the course of four years, Project Milagro implemented a model that was highly effective in promoting safety, permanence, and well-being of children affected by HIV/AIDS and substance abuse. The program's model incorporated AIA philosophies and core elements into the program design and service delivery. Embedded in AIA's framework, Project Milagro's services focused on the concurrent needs of parents and children. Project Milagro implemented a family systems approach, which encouraged families to define their strengths and needs. Additionally, the strength in the provider-client relationship lay in the ability of the staff to develop long-term, trusting, non-judgmental relationship with their families. Families served by the program were empowered and respected as well as supported in their decision making (Templeton-McMann et al, 2003). Services delivered were family centered and concentrated on strengthening both family and community relationships.

Located in Los Angeles, California, Project Milagro concentrated its efforts towards understanding the needs of families and children in the context of their culture. Beyond providing informational and educational material in Spanish, the program provided services that were culturally relevant and sensitive to Latinos. Interventions applied by the program staff were respectful of cultural beliefs and practices (folkloric concepts and healing, celebrations, family hierarchies, and worldviews, etc.). Such services were instrumental in engaging and retaining Latino families in services that are historically not accessed.

### **Culturally Responsive Services**

Project Milagro incorporated a culturally responsive approach to serving Latino families affected by substance abuse and HIV/AIDS. The families served by Project Milagro found themselves dealing with a host of psychosocial stressors as well as unfamiliar governmental and social institutions. In particular, the families affected by HIV/AIDS were confronted with language barriers that prevented them from accessing services. To compound their problems, Latino families were forced to cope with the values and expectations of two very distinct cultures as they navigated their way through the multifaceted social/governmental institutions with which that had to interface. The program's model allowed for the implementation of clinically, linguistically, and culturally appropriate services. Services were guided by respect and integration of Latino

values: familismo (familism)—high value and regard for the family, view of family as the primary unit of support and help; Simpatia—a social script emphasizing a pleasant demeanor focused on reducing conflict and promoting agreement; and Personalismo—a personal attitude valuing warmth, friendliness, and respect toward others, especially toward family and those who hold positions of authority in a community (Santiago-Rivera, Azara). Such cultural dimensions had important roles in the overall program development and service delivery.

### **Family Centered Services**

Project Milagro delivered services that were family-centered, client driven and embedded in a humanistic approach to serving families. Based on the basics of Abraham Maslow's theory of hierarchy needs, the program operated with a fundamental belief that basic needs (food, shelter, safety, etc.) of families must be met in order for families to evolve and achieve other goals (i.e., improved parenting, self-sufficiency, and increased access to community supports). Project Milagro staff delivered services aligned with AIA principles: provided developmentally informed parental guidance and individual and family counseling; addressed concrete basic needs; taught tangible skills; assisted families in developing linkages to community resources through direct advocacy and modeling systems navigation as well as provided information on community resources (AIA, *Lessons Learned 2007*).

Family centered services identifying family strengths, challenges, needs, limitations, and gaps of services were offered. In addition, the project implemented client-centered services focused on development of long-term, trusting, nonjudgmental relationship between the family and the staff. Families served were empowered, respected, and supported in their decision making and in prioritizing their multiple needs. Project Milagro integrated principles from the family preservation model, characterized by services that were time-limited, relationship-based, family and child centered. Such services were flexible and offered in the families' home.

### **Adopting Project Milagro's Model: A Checklist**

Use this checklist to identify the assumptions your organizational culture shares or does not share with the Project Milagro model. This can help you assess the challenges you will face when integrating the Project Milagro model into your organization's existing service philosophy. Does your agency and staff:

- > believe HIV/AIDS and addictions are public health issues, not moral failings?
- > Is this belief incorporated into all aspects of programs and services?
- > offer programs and services to the entire family?
- > believe that services are more effective when voluntary?
- > attempt to involve participants in both individual and organizational decision-making processes?
- > have a long term commitment to the community that it serves?

## Components of Project Milagro

### *Targeting Families Through Community Outreach*

Project Milagro targeted Latinas and their families who were identified "at risk" of abandoning their young children due to substance abuse and/or HIV/AIDS. Families residing in Greater East Los Angeles and East Hollywood areas with at least one child 0-6 years of age were eligible for services. Latinas with HIV/AIDS and long histories of addiction were typically reluctant to ask for help.

It was learned that providers who intend to assist people underserved by existing resources must aggressively seek out isolated individual and engage them. They must conduct assertive as well as creative outreach efforts to engage families in services. For example, outreach efforts held at educational conferences for families living with HIV as well as commemoration events held by the Twelve Step community for individuals in recovery were found to be successful. The program stationed staff at substance abuse centers, local hospitals and clinics where women tested for HIV. Staff also conducted outreach at Children's Dependency Court and at local Department of Public Social Services. Program staff that participated in the community held resource fairs and disseminated a linguistically and culturally appropriate brochure (attached).

Furthermore, Project Milagro staff took pride in the development of relationships with the community as the cornerstone of their success. It was through relationships that the parents were willing to explore and accept the resources and supports available to them and their families. The program learned that building relationships took many

forms, and started with a welcoming and warm approach to engaging families. The program employed staff that reflected the community they served (both linguistically and culturally) and who were willing to engage families and parents at their level. Investing in building relationships often meant that program implementation would take more time. Consequently, staff required time in their schedules to connect with families and to conduct extensive outreach to difficult to reach populations. Building partnerships with other community based organizations and non-traditional partners (faith-based, businesses) was crucial to engaging the target population as well as meeting the myriad of needs that they faced.

### *Population Served*

The program had two service tracks: one for families affected by substance abuse, one for families affected by HIV/AIDS. Families consisted of single mother, single father and two parent households and relative caregivers. Families from the substance abuse were typically headed by young, third generation Mexican-American mothers. Substance abusing women had chronic addictions to methamphetamine, and/or alcohol. The women reportedly began abusing drugs at the onset of teenage years and had experienced multiple failed drug treatment programs. Families from the substance abuse group had DCFS (Child Welfare) involvement and at least half of the sample had children placed out of home prior to enrollment in the program. Families from the substance abuse group were raised in abusive homes with substance abusing parents. Substance abusing women were in relationships with partners who were also substance abusers and often involved with gangs. Participants from the substance abuse group had limited education, criminal backgrounds, and were often unemployed. Poor parenting and mental health issues were commonly reported. Families from the HIV/AIDS group were less acculturated immigrants from Mexico and Central America. Families were isolated and disenfranchised. HIV transmission was often the result of heterosexual contact and often due to an extramarital affair. In most cases, the male partner contracted HIV through an affair and later infected his wife or female partner. Participants from the HIV group were poor, underemployed and possessed limited levels of education.

### *Point of Entry and Assessments*

Program Milagro received referrals from several entry points. Substance abuse outpatient and inpatient centers, hospitals and clinics, housing shelters, as well as DCFS (Child Welfare) referred families to the program. Additionally, word of mouth

4 and self-referrals were common. Referrals were initially screened by the Project Coordinator to determine whether or not the family was appropriate for services. Initial screenings were conducted in the client's home by the Coordinator within 2-3 days after receiving the referral. The screening focused on: introduction of services; assessment of the family's needs; parent and child risk factors; as well as the client's level of motivation to receive comprehensive home-based support. Program forms such as Intake, Confidentiality, Consents to Release Information, and Service Agreement forms were completed during the initial visit. Thorough assessments of factors that place the children at risk for abandonment and/or abuse were conducted. Parent and Child Risk Factor forms were completed and indicated level of risks.

### **Initial Visit**

The initial visit was crucial for it established trust by offering genuine non-threatening support. The families received information highlighting length of services, level of intensity of the program, confidentiality guidelines, and collaborative approaches with other key providers (i.e., DCFS, courts, drug treatment, mental health, schools).

Following the intake, the initial visit by the assigned provider was crucial to the continued engagement of the family in services. The first visit with the assigned provider was a critical session during which the following was established: initial connection with the family; foundation for trust, rapport and positive relationship between client(s) and provider developed; follow up on the initially identified risk factors, as well as families needs, were conducted. The initial session provided a forum in which program services were outlined. Although several forms were to be completed during the initial session, the core focus of the session was assessment and listening to the client as needs was presented. The family always had an opportunity to ask questions, seek clarity, express concerns as well as decline services.

### **Home-based Services**

The uniqueness and strength of the program lay in the ability to offer services in the families' natural home environment. Families received twelve months of voluntary comprehensive prevention services and supports. Services consisted of: home-based counseling; case management; parenting education; and center-based services. Home-visits were offered on a weekly basis, or as needed, and identified in the case plan. Although families for the most part closed at twelve months, exceptions were

granted for those needing services beyond that time period. The need for extended services was often due to pending or recent reunifications, changes in the health status of the parent or child diagnosed with HIV/AIDS or due to an increase in risk factors.

Accessible, flexible and most importantly family centered services proved to be the most promising in engagement and retention of families. Additionally, safety, and well-being of the child and family unit were the primary goals of Project Milagro, along with strengthening the capacity of parents to care for their children. The home-based approach implemented by the program allowed the staff to work closely with the parents and children as well as others in the home. The staff's ability to develop individual relationships with the parents was integral to engaging the families in services as well as promoting parent development and enhancing the parent's relationship with their child. The providers focused on supporting, affirming, and promoting bonding and attachment.

The program learned that observations of the home environment and family dynamics increased the validity of assessments and case service planning. Offering services in the home allowed the staff accessibility to everyone in the family and the ability to closely monitor risks and changes in home environment. Immediate interventions were also readily offered to families in crisis. The supportive multidisciplinary model addressed parenting concerns, psychosocial stressors, substance abuse, HIV, and mental health issues. Interventions concentrating on preventing out of home placement, strengthening reunification, and supporting post permanency were offered.

Family Support Workers, Substance Abuse Counselors (In-home Counselors), and Family Therapist coordinated services aimed at reducing risk factors and improving family and child well-being. In-home sessions were designed to build on family strengths and address challenges. Weekly home visits lasting an average of two hours in length addressed the following:

- 1) Basic needs of the family: food, shelter, clothing, utilities and healthcare;
- 2) Child's needs: safety, physical, proper nutrition, exercise, rest and health care;
- 3) Parent support and education: re-building relationships, communication with children, personal care, self-esteem, access to services;
- 4) Counseling: crisis intervention, conflict resolution, couples issues, child development, bonding and attachment;

- 5) Health education: healthy behaviors and life style, HIV/AIDS and other STIs; access to health care; drug use and impact on the body and compromised immune systems; prenatal substance abuse;
- 6) Recovery support: drug education, relapse prevention, coping skills, impact of substance abuse on family unit, access to drug treatment and twelve step programs;
- 7) Reunification services: understanding reunification process, navigating systems, advocacy, and compliance with court orders;
- 8) Access of community resources: knowledge and utilization of community resources; and
- 9) Daily living skills: household management, budgeting, scheduling and managing multiple tasks and responsibilities, self-sufficiency skills.
- 10) Permanency Planning: information and support to families impacted by HIV/AIDS in planning for future care of their children.

### **Field Safety**

Home visiting provided a wealth of teachable moments as well as opportunities to conduct thorough assessments. The home-based providers were well trained in managing unpredictability and responding to crisis. The program considered personal safety and protection of the staff. Ongoing in-services and supervision addressed taking protective measures as high risk areas were served. Clinical supervision also assessed the staffs feelings and concerns to clarify if they were a result of lack of experience, or from signs of impending danger. When necessary, the Program Coordinator conducted home-visits with the providers to assess the home environment. To maximize worker safety, the program adapted the following safety measures:

- Work cell phones assigned to all home visitors;
- Supervisors cell numbers were provided to all staff;
- Supervisor on Call calendar was established when immediate supervisor was on vacation;
- Training in field safety and dealing with unpredictable home environments was offered regularly;
- Staff were encouraged to use emergency 911 numbers as appropriate;

- Staff conducted visits as a team when providing home visits in high risk areas; and
- Visits were scheduled during daylight and only in rare circumstances would staff remain late during home visits.

### **Service Planning and Coordination**

Case Plans were implemented to ensure that culturally relevant, family and child focused services were delivered. The Plans served as the roadmaps to strengthening families and preventing child abandonment. They served as a starting point for identifying the goals of the family and to align them with the goals of the program. Staff's services and interventions were guided by quarterly Case Plans. Additionally, engaged in Case Plan development, the clients were able to take ownership and responsibility for personal improvements. Case Plans helped identify the role of the client, family, and service provider in reaching goals. Furthermore, the Plans helped identify strengths, presenting problems, and internal and external resources. Case planning was a comprehensive and coordinated process focused on strengthening families and promoting child well-being. The process led to desired outcomes and allowed for the monitoring of progress.

### **Project Milagro's Expected Outcomes**

- maintain at-risk infants/children in their own homes or those of their relatives;
- provide children with a safe and stable environment;
- build healthy relationships and sense of home, family and security;
- reduce parental and environmental stress;
- increase voluntary use of community resources;
- decrease use of drugs and/or alcohol;
- increase knowledge of health promoting practices, treatment protocols, and reduce risk for prenatal exposed infants;
- improve health and mental health outcomes;
- improve child developmental and health outcomes;
- increase participants' social support systems;
- strengthen family's ability to become self-sufficient; and
- increase knowledge on permanency planning by families impacted by HIV/AIDS.

## 6 Team Approach

Inter-agency, multi-disciplinary services were offered by a bilingual/bicultural team comprised of a Family Support Worker, Substance Abuse Counselor, and Mental Health Therapist. Administrative and clinical support was offered by the Director, Project Coordinator and Licensed Clinical Social Worker. The multi-level services involved family assessment, family support, case management, advocacy, child assessment, parenting, health education, medical access, child reunification, permanency planning, drug/ alcohol recovery support and mental health services.

Project Milagro's team approach was developed after a careful assessment of the needs of the target population. Careful consideration was placed on ensuring that the program employed qualified and culturally responsive staff. Consequently, education levels, ethnic and gender considerations were made. Nevertheless, given budget constraints the program had to compromise staffing patterns. Staffing a mental health provider versus a child development specialist was a trade off decision that was made early in the program design phase. Sessions carefully assessed the needs of the target population as well as available resources. The program emphasized resources to ensure that the right staff was employed. Careful consideration was placed on hiring staff with the right personality. Beyond hiring skilled staff, the program employed staff who were genuine and invested in serving disenfranchised communities. Other qualities and attributes that the program staff had were: responsible, reliable, flexible, worked well under pressure, and overall had a positive outlook on life. Additionally, the hired staff had diverse training and educational backgrounds in HIV/AIDS, substance abuse, child development, and mental health issues. Staff members were matched with program participants. This was crucial to meeting the proposed goals of the program and ensuring overall program success. Furthermore, the program set priority and funds towards staff development, supervision, and provision of technical equipment.

### **Staff Patterns and Role Definitions**

Program Coordinator was responsible for day-to-day operations of the program. Program Coordinator supervised direct line staff through individual, and group supervision. Responsibilities of the Program Coordinator included: ensuring the program operated at optimum level and meeting proposed program goals and objectives; conducting intakes

for the program; oversight of case load management of staff; coordination of services; oversight of program evaluation; implementation of program design and documents; provide quality assurance (file reviews); prepare program reports; promote collaborative relationships with other community based providers; and attend Community Collaborative and Networking Meetings.

**Family Therapist** provided individual, family, couples counseling to participants identified as having a need and receptive to mental health services. Mental Health Services were offered in the home environment and addressed issues related to substance abuse, HIV/AIDS and dual disorders.

**Family Support Worker** concentrated on engagement of family into the program. The Family Support Workers (FSW) acted as case managers, counselors, teachers and sources of support for the family. The FSW modeled appropriate parenting, household management, and coping skills. The FSW identified the needs of the family by implementing Quarterly Case Plans and presented cases on a monthly basis during Case Reviews. Additionally, FSW were responsible for completing program documentation (Progress Notes, evaluation assessments) and ensure files were organized.

**In-Home Counselor (CAADAC)** offered recovery focused supportive services. Services consisted of counseling, relapse prevention, parenting skills, reunification services, education on caring for drug exposed infants, health education, case management, resources and referrals. Additional responsibilities were: development and implementation of Quarterly Case Plans; participation in monthly Case Reviews; completion of program documentation as required by the FSW.

**Clinical Supervisor (LCSW)** provided clinical supervision both in individual (for Family Therapist) and group (Case Reviews/ Conference) settings. The Clinical Supervisor reviewed and approved Case Plans and Case Review forms.

### **Case Reviews and Staff Supervision**

Program staff received cross-disciplinary training through participation in Case Reviews (a.k.a. Case Conferences). Case Reviews were scheduled a month in advance by the Project Coordinator. All cases were reviewed once a month unless risk factors increased requiring immediate case presentation. Case presentations were conducted weekly allowing for the latest information on family to be shared. Case Reviews as well as one-on-one clinical supervision was offered by the Clinical Supervisor who acted as a guide and provided support to the team.

Additionally, the Clinical Supervisor ensured proper supports and interventions to assure the safety of the children.

New enrollments were presented within a week following intake. Assessment information gathered during the initial intake was presented during the initial Case Review. The initial case presentation served to initiate an introductory plan of action addressing any high risk issues. Ongoing monthly Case Reviews allow for ongoing group supervision and consultation to take place.

Case Reviews were integral to effective service delivery for it ensured the following:

- delivery of culturally relevant, family and child focused services;
- interventions were aligned with the goals of the family and the program;
- guided service delivery;
- examination of family strengths, needs, and presenting problems;
- identifying progress and steps towards family stabilization;
- support to staff dealing with critical issues (i.e., high risk cases, child safety, DCFS and court timeliness, challenging clients, lack of resources); and
- coordination of services across disciplines.

The program emphasized the importance of allowing families to define their needs and engage in the case planning process. The program's team focused case planning approach assisted in building the trust necessary to engage families at a deeper level. This process required enormous patience and flexibility for the needs of the families were often being identified by multiple parties: multiple family members; program team; and outside providers. Often, those at the table identified needs ranging from basic to more complex needs, which were beyond the scope of the program. In cases where multiple professionals were engaged in service delivery, careful planning and prioritizing was taken into account in efforts to prevent adding additional stress to the family.

**Case Closing**

A team agreement on closing cases was important. Project Milagro's policy was to serve families for a period of twelve months. When the families reached twelve months of services, and completed the objectives delineated in the initial and follow up Case Plans, it was time to close the case. Prior to

closing cases, families were prepared and informed of the tentative closing date. Additionally, partnering agencies and providers were notified of the programs plans to close the case (i.e., DCFS Social Workers). Prior to closing cases, the program ensured that families had a safety net of services and, when possible, kinship supports (relative). Families requiring an extension of services beyond twelve months were granted "carry-over" status. Extended services were applicable in cases such as: children were identified to be "at-risk" of child abandonment or abuse at the twelve month mark; unstable home environment; recent reunification; or recent disruption in care and custody of children. Infrequently, cases closed prematurely (prior to 12 months) due to: families' whereabouts became unknown; parent refused services; parent was non-compliant to services (missing appointments); or family moved out of the service area. Standard program policy was to close cases after 30 days of inactivity.

**Five Stage Model of Permanency Planning**

Project Milagro responded to the permanency planning needs of parents living with HIV/AIDS. The program designed a five stage culturally responsive permanency planning model that was sensitive and critical to meeting the needs of families affected by HIV/AIDS. The model served both as a conceptual framework and practical tool in educating families about future care and custody planning. The Permanency Planning Model included the following stages:

- Stage 1:** Assessing the Readiness of the Family;
- Stage 2:** Education on Permanency Planning;
- Stage 3:** Identifying a Future Guardian;
- Stage 4:** Securing the Plan; and
- Stage 5:** Aftercare services.

**STAGE 1: Assessing the Readiness of the Family**

The goal of the program was that every HIV impacted family would finalize a custody plan for their children in the event that they became incapacitated or died. The model was developed and implemented with a consideration of the families' needs and their willingness to address permanency planning. The model's approach was responsive to the multiple constraints

and stressors that HIV impacted families faced. Due to the nature and focus of permanency planning process, it was presented as a choice for parents and an opportunity to learn about legal rights and options made available to parents who are terminally ill and living in California. In efforts to provide individualized permanency planning, each family was assessed as to their interest and willingness to learn about permanency planning. Areas for the provider to assess in Stage 1 include: participants level of trust; cultural and religious implications to permanency planning; family dynamics; families support system; the emotional status of the HIV positive parent; and level of urgency in initiating the planning process.

Project Milagro encountered several challenges to implementing the permanency planning model. Challenges were for the most part client related, yet a few provider challenges were also reported. The following barriers were encountered:

## CLIENT CHALLENGES

### Psychosocial

- Poverty, isolation, limited resources, immigration factors, domestic abuse;
- Fear of stigma due to HIV/AIDS diagnosis;
- Custody disagreements between biological parents; and
- Fear of the legal system.

### Psychological

- Response to grief, fear of death, denial of diagnosis;
- Parents equated disclosure with "harming their children;"
- Current drug use;
- Mental disorders (depression, anxiety); and
- Impaired cognitive function (AIDS related dementia or memory loss).

### Cultural and Religious

- Fatalism—belief that God's Will will prevail; therefore, parents refuse to take an active role in planning for the future; and
- Baptism—religious and cultural practices that informally imply alternative caregivers (godparents) for the child.

## PROVIDER CHALLENGES

- Time constraints;

- Limited knowledge and awareness in permanency planning options; and
- Counter transference—the providers own thoughts and fears of death.

## STAGE 2: Education on Permanency Planning

There are several options for the parent or family wishing to plan for the future care of their children. As a provider, it is important for you to identify what the best option is for the family based on their unique circumstances. There are various options that exist in California, both formal (legal) and informal (not filed in a court). Each option has benefits and drawbacks.

In order for you to determine what option is best for the family, consider answering the following questions:

- Does the parent have concerns about disclosing their HIV diagnosis?
- Does the parent want to secure their decision by making a legal plan (filing in court)?
- Has the parent identified an alternative caregiver?
- Is the alternative caregiver interested in assuming legal responsibility should it ever be necessary?

These are all very important areas to assess for they guide in choosing the best suitable permanency plan option. Below are the options available to parents living in California diagnosed with a terminal illness:

### TESTAMENTARY GUARDIANSHIP

Testamentary Guardianship is a guardianship preference stated in a Will or other written document, which goes into effect after the custodial parent's death and following court approval. The custodial parent initiates Testamentary Guardianship and has nominated an alternative caregiver guardian in a Will. However, initiation of a future guardianship through a Will does not, in and of itself, ensure that a court will appoint the person named in the Will. Disadvantages to Testamentary Guardianships are that nominations through Wills can be contested and do not assist during temporary incapacitation of custodial parents.

### CAREGIVER'S AUTHORIZATION AFFIDAVIT

California Law recognizes a category of adults who have informally assumed responsibility for the care of minors residing with them. Through the Caregiver's Authorization Affidavit, a caregiver may enroll a minor in school and make

school-related medical decisions. In some circumstances, a caregiver may authorize most types of medical care for the child. Completing this affidavit does not affect the rights of a custodial parent or legal guardian regarding the care, custody and control of the minor, and does not mean that the designated caregiver has legal custody of the minor. The affidavit is not filed in a court and not valid for more than a year after the date on which it is executed.

## JOINT GUARDIANSHIP

Joint Guardianship Law allows for the parent who suffers from a terminal illness to designate someone who will participate in the care of the child if and when the parent is no longer able to provide for the child's daily needs. One of the most important aspects of this law is that it allows the custodial biological parent the opportunity to share child custody with the nominated caregiver. Further, custodial parents are permitted to retain custody and care for their children even after the joint guardianship has been granted. In most cases, this is the preferred option for parents filing for a caregiver guardianship. Joint Guardianship can also be applied in cases where two parties other than the parent, petition the court for shared custody. In this situation, the primary caregiver may request assignment of a joint caregiver guardian for additional support in raising the child. In order to file for Joint Guardianship, two conditions must be met: first, the non-custodial parent must be in agreement with the nomination of the caregiver guardian, and second, the non-custodial parent does not contest the petition submitted by the custodial parent. In addition, if the court finds it in the "best interest" of the child to agree with the petition of the custodial parent, the joint guardianship will be approved. Courts require for all non-custodial parents, grandparents, and siblings of the child to be notified of joint guardianship requests.

Guardians are permitted by law to obtain medical treatment, and they are required to ensure the safety and educational needs of the child. Guardians are also eligible to apply for public benefits on behalf of the child. Upon the death of the custodial parent, the Joint Guardian caregiver becomes the sole legal guardian of the child without any further court proceedings. Joint Guardianship appointments can be revoked by the caregiver, minor who is of 14 years or older, the parent or the court.

## TEMPORARY GUARDIANSHIP

A petition filed to the court requesting an urgent appointment of a guardian. This appointment is temporary, usually 30 days until a regular guardianship hearing is scheduled. A temporary guardian can be nominated by the parent, the guardian or the child 14 years of age or older. The temporary guardian is provided with immediate authorization for the child's care.

## ADOPTION

Adoption is a permanent legal option. Adoption is most often an order filed by the Department of Children and Family Services as a procedure to implement a permanency plan for children who have suffered abuse by their biological parents. In these cases, foster care parents or relative caregivers adopt children. In adoptions, the rights of both parents must either be relinquished (voluntarily given up) or terminated by a court order. Adoptive parents assume all legal rights of adopted children, including but not limited to religion, education and medical care. The majority of terminally ill parents are not ready to relinquish their rights as parents and therefore often do not chose adoption as a plan for the future care of their children. In cases where a parent is deceased, the alternative caregiver (if not the other parent) can chose to file for adoption of the child.

### **STAGE 3: Identifying a Future Guardian**

Careful consideration needs to be given to choosing an alternative caregiver. Unfortunately, it is common for parents to wait until an urgent need arises to identify either a temporary or permanent caregiver. Making choices in times of urgency does not lend to careful considerations or thoughts as to whom would best care for their children. Likewise, the nominated caregiver may feel compromised to accept due to the urgency and not really consider the extent of their commitment. In such situations, parents run the risk of securing only a temporary placement followed by disruptions and at times multiple unsuccessful placements. The process of identifying an alternative caregiver can be challenging; nevertheless, it is a crucial step in the parent's planning process.

The following questions assist in the process of selecting an alternative caregiver:

1. Has the parent experienced past hospitalizations?  
O Yes; O No
2. If yes, who cared for their children during the hospitalization?
3. Would this person care for their children long term or permanently?

**10** There are other important considerations in choosing the alternative caregiver. We recommend that as a provider you help the parent explore the following:

- Is the potential caregiver of age (18 years or older) and in good health?
- Is the potential caregiver aware of the parent's health condition? If not, how will he/she respond if they found out?
- Is the potential caregiver interested in assuming the responsibility permanently?
- Do the children have a relationship with him or her?
- Would the other parent object to the nomination of the potential caregiver?
- Is there anyone who the parent absolutely would not want to care for their children?

As the parent selects the future caregiver, it is important for them to know the court process for approving a nominated guardian. Although there are no hard rules as to who is most appropriate to be a guardian, it is up to the discretion of the court to approve a nomination. The court will weigh many factors in making a decision to appoint a guardian. Judges in California follow guidelines provided by law in appointment of guardians. Factors used to give guardianship preference include: to one or both parents; to the person whom the child has been living in a stable environment; and to any person determined suitable and able to provide adequate and proper care and guidance to the child (Goldoftas & Brown, 2000). Ultimately, the most important consideration in naming a guardian is the "best interest of the child."

Other important things to know before filing a *legal* guardianship:

1. The nominated guardian **does not**:
  - a. have to be a legal resident or citizen.
  - b. have to be married or be a parent.
  - c. have to be a relative of the child.
2. The nominated guardian **does** have to:
  - a. have a basic ability to "parent" the child.
  - b. have an ability to provide the child with food, shelter, clothing, and medical care.
  - c. be in fair health.

3. Reasons why a court might find a nomination improper:
  - a. a person who has been charged with neglecting or abusing a minor.
  - b. a person who has been convicted of a felony.
  - c. other run-ins with the law depending on the crime, how long ago it was committed and the current lifestyle of the person.
4. The minor and appointed guardian will be interviewed before the court proceeding by an investigator who will give the judge a recommendation.
5. Non-custodial parents, grandparents, and siblings will be notified of the petition.
6. If the child is 14 years old or older, the child must consent to the guardianship.
7. After appointment of a guardian, the child's parents remain legally responsible for supporting the child. While not a requirement, many guardians volunteer to accept this responsibility.
8. At the request of the parent, the diagnosis of the parent can be kept confidential during the hearing.

#### INVOLVING THE CHILDREN IN THE PROCESS

One of the many challenging decisions faced by parents living with a terminal illness is whether or not to disclose their health status to their children as well as finding the best time to disclose. Disclosure of a terminal illness to a child is one that requires thought and preparation as well as support and guidance from professionals. Professional help can assist by reducing the parent's worries and fears. Parents commonly experience worries related to disclosure such as: is the child old enough to understand? Will the child keep the illness and information confidential? Additionally, parents often fear that disclosing their illness to their child will intensify acting out behavior or emotional problems such as depression. The following areas should be considered in determining the appropriateness of disclosing the parents diagnosis to their children:

- The age of the child(ren);
- The emotional status of the child(ren);
- The child's ability to keep the health status confidential if asked to.
- The level of support available to the parent and family.

- The child's past response to death (if applicable) or fears about dying.

Based on our experience, we found the following tips have been extremely helpful to parents as they continue in the process:

- avoid secretive talk around the children;
- avoid disclosure of health or plans in a moment of anger or frustration;
- ensure the children receive information from the parent for this will maintain a level of trust and security;
- open and honest communication with children, especially if they are of age to understand; and
- maintain a consistent level of communication with those who support the parent.

It was learned that traditional and religious beliefs and practices often provide valuable insights to parents who are planning to discuss life and death issues to their loved ones. Tapping into alternative forms of support (i.e., spiritual) and guidance as well as to the past traditional practices that have been effective in facing and processing grief, death, and future.

#### **STAGE 4: Securing the Plan**

Securing the parent's wishes and plan is one of the most important steps in permanency planning.

##### **STEPS TO SECURING A PLAN**

1. The parent decides on the approach they will take toward securing the appointment of a guardian (legal or an informal appointment through a will or Caregivers Affidavit).
2. In urgent cases (parent is in the end stages of life), filing for a Temporary Guardianship appointment is strongly suggested.
3. Contact the local Probate Court and request procedures for filing Guardianship. Most courts offer assistance either through the clerk or in-house legal clinic.
4. Find out if there is an organization that assists with filing legal Guardianship.
5. Set up an appointment with the legal clinic or walk in during walk in hours.
6. Prior to the appointment ensure that the parent has all the necessary documents required to file a guardianship (birth certificates, social security numbers, addresses etc.). This will

reduce unnecessary trips to the court and a prolonging of the court date.

7. If eligible the parent may qualify for a fee waiver for filing the petition.

#### **STAGE 5: Aftercare Services**

Aftercare support is crucial for a family that has completed a permanency plan. In cases where the transition of children to the new caregiver has occurred, it is important that comprehensive support is provided to assist in the adaptation process. Counseling, assistance with accessing resources, and obtaining entitlements is important. Additional assistance such as enrollment of children to new schools and identifying medical resources are also important. The following is a list of resources available to parents or caregivers and the minors:

##### **FINANCIAL SUPPORT**

**CalWORKs** Government benefits that provide financial support to parents or guardians and dependent children. Apply in person at the local Department of Public Social Services (DPSS) or call (866) 613-3777. Contact can also be made via the internet at [www.ladpss.org](http://www.ladpss.org).

**Social Security Benefits** Call the Social Security office at (800) 772-1213 or contact via the internet at [www.ssa.gov](http://www.ssa.gov).

Social Security Disability (SSDI) pays monthly cash benefits to disabled workers under age 65 and their dependents.

Supplemental Security Income (SSI) pays monthly benefits to people with low incomes and limited assets who are age 65 or older, or individuals of any age who are blind or disabled.

Social Security Survivors Benefits pays monthly benefits to family members of a deceased person if he/she earned enough "work credits."

**Food Stamps** Monthly benefits for low income individuals to purchase food through an electronic benefits transfer (EBT) card. Apply in person at the local Department of Public Social Services (DPSS) or call (866) 613-3777. Contact can also be made via the internet at [www.ladpss.org](http://www.ladpss.org).

**WIC** Food and nutritional education programs for at-risk, low-income pregnant women, infants, and children under the age of five. Call (888) 942-9675 or contact via the internet at [www.fns.usda.gov](http://www.fns.usda.gov).

**Housing** Call L.A. County Housing Authority at (800) 731-4663 or contact via the internet at [www.lacd.org](http://www.lacd.org).

**12** Section 8 provides low income housing through rent subsidies.

HOPWA Section 8 provides housing assistance to people living with HIV/AIDS.

Shelter Plus Care provides rental assistance and support assistance to low income individuals with disabilities.

## HEALTH CARE

• Medi-Cal Public health financing program that provides free medical coverage for low income families and certain groups of people (people eligible for CalWORKS and children in Foster Care). Call (800) 430-4264 or contact via the internet at [www.lacd.org](http://www.lacd.org).

**Healthy Families** Low cost insurance program for children and teens that do not have insurance and do not qualify for free Medi-Cal. Call (800) 880-5305 or contact via the internet at [www.healthyfamilies.gov](http://www.healthyfamilies.gov).

## LEGAL ASSISTANCE

**Public Counsel Children's Rights Project** Legal assistance in filling guardianships, adoptions and legal advocacy for minors with unmet educational needs. Call (213) 385-2977 or (800) 870-8090.

**HALSA** Free legal advocacy and services for HIV/AIDS impacted families. Call (323) 993-1640.

**Legal Aid Foundation of Los Angeles** Legal advocacy, representation and education for low income individuals. Call (800) 399-4529 or contact via the internet at [www.lafla.org](http://www.lafla.org).

**Special Immigrant Juvenile Status** Legal residency for children under the age of 21 (must not be married). Children must be dependent of the juvenile court or abandoned by their parents to be eligible. Call Pro Per Clinic at (213) 893-1030 or Dependency Court's Special Immigrant Status Unit at (323) 725-4667.

## LESSONS LEARNED- PROFESSIONAL TO PROFESSIONAL

Several lessons were learned in the years of implementing the permanency planning model. The most important lesson was the importance of honoring the parents' wishes and control of their future. Additionally, it was important to respect the parents desire to maintain their illness confidential. The program staff ensured the parents at all times felt a sense of control of their decision to disclose as well the timing and to whom. Unfortunately, parents often lived in confinements of secrecy and experienced increases psychological distress as a

result of their reluctance to disclose. Parents at times veiled or disguised their disclosure by reporting to have an illness other than HIV such as cancer or rare blood disorders. In a few cases, parents with HIV were also reluctant to engage in permanency planning due to "hopes of immortality." Parents found to be living in stable health were less likely to explore permanency planning options. Such participants took into account the highly publicized "idea" that if they remained compliant to their medication regimen, they would live longer and that "death" was no longer an emerging threat. Program staff was respectful of the parents' views and encouraged their hopeful perspectives. Nevertheless, parents were encouraged to take advantage of the specialized support provided by the Project Milagro team. Overall, the program learned that the disclosure process existed in a continuum, with parents conveying varying degrees of information to their loved ones. Parents tended to disclose as their illness progressed and often to older children.

To facilitate and expedite permanency planning process the project relied on the legal support of Public Counsel Law Center, a firm that offered free permanency planning services to HIV impacted families. Additionally, a workbook (attached) was developed to assist and guide parents through the process of planning for the future care of their children. Planning for the Future Care of My Children workbook was made available to participants in English and Spanish.

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## Building Bridges Through Community Partnerships

Project Milagro placed an emphasis on building community partnerships that were responsive to the needs of families affected by substance abuse and HIV/AIDS. The development of this web of support required investment by the front line providers as well as the Coordinator. This was instrumental in ensuring the families served were linked to services and resources. Collaborations were developed with organizations that concentrated on the following areas: parent education; Early Care and Education; maternal and child health; mental health; child welfare; legal clinics; children with disabilities; alcohol and substance abuse prevention and treatment programs. Specific partnerships were developed with: LA County USC Medical Center HIV Unit; Women and Children's Maternal Health Clinic; housing entities such as Salvation Army Alegria and Hollywood Housing; HUD; Section 8; Institute of Women's Health substance abuse outpatient program;

Public Council Law Firm; and non-traditional partners (Faith Community Church). The primary goal of Project Milagro was preventing child abandonment through direct strategies emphasizing strengthening the families' protective capacity. Nevertheless, the program realized the need to provide direct care services to the children as well as the adult parents. Limitations due to staffing patterns, and a model that emphasized on family stabilization led to engagement of community resources that focused on the needs of the children. Linkages to Early Care and Education, local Regional Centers offering specialized services to children with disabilities, and child care centers were established.

## Project Evaluation

The evaluation assessed process and outcome variables related to the achievement of the project's service goals and strategies. The evaluation captured the program model's strengths and weaknesses; successful and unsuccessful strategies; and culturally competent practices for evaluating Latino families. In this project, the lead evaluator worked closely with project staff to assess progress; identify barriers and challenges; and assist with data collection protocols and assessment tools.

### **Qualitative and Quantitative Data Collection**

The evaluation implemented data collection procedures that were practical for participants and project staff. The overarching goal of the evaluation was to capture effective strategies that promoted child safety, permanency, and family and child well being. Parallel to this framework, the evaluation examined the culture-specific practices using measures that provide assessed outcomes for children, parents and families. Descriptive data was obtained for the sample's socio-characteristics, demographic variables, socio-cultural variables such as ethnicity, country of origin, primary language and number of years in the U.S., family composition and housing status. The evaluation provided an enriched assessment of race/ethnicity that moved beyond general United States Census data, by acknowledging the heterogeneous elements when studying Latinos.

Process variables included types and nature of the ongoing service needs and services provided to meet the program needs of children and their families; service utilization rates; and project capacity building activities (e.g. staff trainings). The project's collaboration process with other culturally competent

community providers (resources) was further examined by the evaluation. Tracking logs were used to collect process data. Health status and substance abuse usage, including prenatal drug exposure and generational substance abuse, was collected using the Health survey. The Parent/Child Risk Factor Survey examined risk factor prevalence rates for children and parents and/or primary caregivers. Child well being outcomes assessed safety, permanency, child development, behavioral, emotional and health status using risk factor assessments, developmental screenings and child-focused testing. Family well being outcome indicators included assessment of parenting stress using the Parent Stress Index-Short Form; mental health conditions were evaluated by the Health Related Quality of Life and CES-D depressive symptom scale; health status was obtained by the project's Health Forms for HIV and Substance Abuse; acculturation levels were determined using the Short Acculturation Scale-Hispanic; and psychological distress factors were evaluated as subsections from the HRQOL measure. The evaluation additionally captured data on permanency outcomes for children. These were: child placement, child abuse report history, and current DCFS case status (voluntary maintenance plan, open-case).

### **Evaluation Methods and Procedures**

Project Milagro, through the evaluation effort, tested the efficacy of a culturally specific evidence based home based model for preventing infant and child abandonment among Latina women of child bearing age impacted by HIV/AIDS and Substance Abuse. The evaluation was based on past data collection and outcome analyses to examine the project's services and strategies.

### **Evaluation Design**

The project's comprehensive methodology utilized a quasi-experimental design with a series of measures to effectively assess the project's goals and objectives. Project Milagro's home based model provided comprehensive services and interventions with a number of expected short-term and long-term outcomes. The evaluation design incorporated measurements of the multiple outcomes. The quasi-experimental design applied to the current project was feasible and most appropriate for community-based organizations. Despite the need for experimental control groups to determine causal effects, the current trend in evaluating community programs is to utilize and apply a more realistic and useful design. In this design, participants were assessed as their own control using baseline measurements. The study used a pre and

14 post-test design with baseline, six month and twelve month data collection time points.

### **Sample**

Participants comprised substance abusing Latinas and their affected children and Latinas living with HIV/AIDS and their children. The participants consisted of two groups: HIV/AIDS and Substance Abuse. Data was obtained from biological mothers, children and in some cases, fathers and caregivers.

**Process evaluation** Process evaluation provided information on project planning, patterns of service needs and utilization, and implementation. This level of evaluation yielded information on the various aspects of the project's strategies utilized. Information collected for process variables included: outreach efforts, staff trainings, participant service utilization rates, participant completion and attrition rates, participant satisfaction with program services, referrals and linkages, and the program's ability of the project to meet the cultural and linguistic needs of the participants.

**Outcome evaluation** The outcome evaluation measured the attainment of measurable project goals. Participants were assessed at baseline, 6 months (posttest 1) and 12 months (posttest 2). Measurements were evaluated at each point and patterns of change over time were examined. Participants comprising the project's two groups: HIV/AIDS and Substance Abuse were assessed for within group and between group changes the project's outcomes.

**Data collection procedure** The evaluation team worked closely with project staff to provide hands on training on administering and completing the evaluation forms. The project staff was bilingual and bicultural, and administered the instruments in English or Spanish. Prior to data collection, each participant was asked to sign a consent form for the evaluation component (see Appendix B). Consent forms were available in Spanish and English. The evaluation utilized a repeated measurement design for collecting the project's data. Data was collected at baseline, 6 months (posttest 1) and 12 months—program completion (posttest 2). Because the target population is transient, homeless, migrate to different counties or impacted by HIV related health difficulties, post-test 1 provided termination data for those clients receiving less services.

**Data collection instruments** Selecting measures that adequately assess project goals, objectives, process and outcome variables must take into account the cultural and

linguistic needs of the target population and the usefulness of the instrument to project staff. The instruments were in part, consistent with the AIA Cross-site data collection plan, and can be used for case planning and screening tools for children and families. For some measures, normative data for Latino women with children and/or Hispanics is limited; however, the project has established a database with respective referent means. The project administered and collected the AIA cross-site form, PSI and SHIF required by the Children's Bureau AIA evaluation. The following instruments were used for the evaluation of this project:

### **Data Collection Instruments**

**Bienvenidos Intake Agency form** used to enroll clients and identify service needs. Form provides demographics.

**Safety | Family Assessment Form (FAF)** The form provides a standardized assessment of family functioning and service planning for families. The project utilized the "safety" domain to assess child safety in the environment and family's stability and functioning to meet child's safety needs.

**Parent/Child Risk Factor Survey** This is a 25 item checklist that identifies parent risk factors and child risk factors based on current stressors, problems and past experiences, incidents.

**Developmental Screening Form** This questionnaire was developed by the evaluator to identify and screen developmental risks and age appropriate functioning.

**Parent Stress Index-SF (PSI)** This survey assesses life stress, parenting efficacy, parenting stress, parent-child bond and child behaviors. This measure is used in the AIA Cross-Site Evaluation. The PSI long form and short form have been used in the AIA Project Milagro evaluation. This standardized tool has a reliability of .87 for current sample. The PSI Short Form was used in the project and has a published Spanish version.

**CES-D** This 20 item self-report measure assesses at risk levels of Depression and has been used with Latinas for the past 2 decades. This screening tool is currently used in the project and obtained a reliability of .86.

**Developmental Profile II** – This is a child development measure that examines physical, self-help, cognitive, language and social development for children ages 3 months to 10 years old. The DP-II was used to assess child participants aged 5 years and older.

**Ages and Stages Questionnaire** This is a child development measure that examines physical, self-help, cognitive, language

and social development for children ages 3 months to 5 years old. The ASQ was used to assess children up to 5 years old.

**Health Related Quality of Life** This self-report tool provides perceived level of quality of life using 9 indicators of physical, emotional, psychological and mental well-being for individuals dealing with a health condition. The HRQOL (Rand, 1999) was developed primarily for HIV/AIDS males although the current project used this measure. Reliabilities for both the long version (15 domains) and short form for our current sample were .79 to .89.

**Short Acculturation Scale for Hispanics** This measure identifies cultural and linguistic practices in the home and socially. It provides a continuum from low acculturation to high acculturation among Hispanics.

**Client Satisfaction Survey** This survey will be administered at termination and will assess participant's satisfaction with specific services and linkages provided by the program.

**Changes in Home/Environment Form** This tracking tool will identify changes in service needs and/or family composition that impact child and family well being.

**Linkages/Referrals Form** This form is an ongoing tracking form used to identify needs, referrals and linkages.

## References

David Brown, Lisa Goldoftas (2000) *The Guardianship Book for California: How to Become a Child's Legal Guardian 3rd Edition*.

Lessons Learned from Abandoned Infants Assistance Projects: Assessing and Supporting Parenting in Families Affected by Substance Abuse and HIV 2007.

Santiago-Rivera, Azara, (2003). *Latino Values and Family Transitions: Practical Considerations for Counseling*. Retrieved November 14, 2008 from <http://findarticles.com>.

The project's instruments appear in Appendix B. Spanish versions used are also included. Instruments with copyright rules are not provided in this manual.

**Health Survey Interview** A short health survey developed by the evaluation was used to assess HIV women and Substance Abuse women. Different versions applicable to HIV or Substance abuse were developed.

## Appendices

### Appendix A: Job descriptions for positions

1. Family Support Worker
2. In-home Counselor
3. Therapist

### Appendix B: Evaluation instruments

1. Bienvenidos Intake Form
2. Parent/Caregiver Risk Factor Survey: I + II
3. Child Risk Factor Survey: I + II
4. CES-D
5. Short Acculturation Scale for Hispanics (SASH)
6. Social Support
7. Medical Access Form [English and Spanish]
8. Family Assessment Form (FAF Safety scale)
9. Health Related Quality of Life Survey
10. Coping Survey [English and Spanish]
11. Health Interview Survey for HIV/AIDS
12. Substance Abuse Health Interview
13. Changes in Home/Environment / Family Log
14. Client Satisfaction Survey for AIA Family Programs
15. Copyright Instruments
16. Informed Consent Form for Treatment and Evaluation

### Appendix C: Program Documents

1. In-home Visit Progress Report
2. Case Plan

### Appendix D: Program Brochure

### Appendix E: Planning for the Future Care of My Children Workbook

# Appendix A: Job Descriptions

## 1. JOB DESCRIPTION: Family Support Worker

**Organization Mission Statement:** Bienvenidos Children's Center, Inc., (B.C.C.) is a state licensed private non-profit, nonsectarian, child/family welfare agency offering services throughout Los Angeles County. B.C.C.'s mission is to strengthen vulnerable families and to support and encourage the healthy development of their children.

**Job Title:** Family Support Worker, Full Time Position

**Supervised by:** Program Coordinator

**Classification:** Salary/Exempt

### **Duties and Responsibilities:**

- Conduct home visits, comprehensive assessments assessing risk of child abuse and/or child abandonment.
- Provide counseling and case management services to children, youth and families impacted by HIV/AIDS.
- Provide linkages and referrals to families (transportation and advocacy in the community).
- Meet with identified families in their home environment as prescribed by the family support plan.
- Complete all necessary documentation according to project protocol (monthly documentation, intake and evaluation documents).
- Actively participate in regularly scheduled interdisciplinary case conferences with Project Support Team and individual supervision with Program Coordinator.
- Meet with Program Supervisor for supervision.
- Conduct outreach activities (participate in outreach events, and community presentations).
- Participate in program and BFS meetings.
- Other activities as required to conduct program and agency objectives.

### **Qualifications:**

- Bachelor's Degree in Social Work, Psychology or related discipline and a minimum of two years of practical experience in the field of social services.
- Bilingual/ Bicultural (Spanish Speaking): Class 3 Drivers License.

## 2. JOB DESCRIPTION: In-Home Counselor

**Organization Mission Statement:** Bienvenidos Children's Center, Inc., (B.C.C.) is a state licensed private non-profit, nonsectarian, child/family welfare agency offering services throughout Los Angeles County. B.C.C.'s mission is to strengthen vulnerable families and to support and encourage the healthy development of their children.

**Job Title:** In-Home Counselor, Full Time Position

**Supervised by:** Program Coordinator

**Classification:** Salary/Exempt

### **Duties and Responsibilities:**

- Conduct home visits, comprehensive assessments assessing risk of child abuse and/or child abandonment.
- Provide counseling and case management services to children, youth and families impacted by HIV/AIDS and/or Substance Abuse.
- Provide Parenting Education, and information on Child Development.
- Meet with identified families in their home environment as prescribed by the family support plan.
- Coordinate transportation services to clients and their families.
- Complete all necessary documentation according to project protocol.
- Actively participate in regularly scheduled interdisciplinary case conferences with Project Support Team and individual supervision with Program Coordinator.
- Conduct outreach activities in the community (presentations, distribution of program material).
- Other activities as required to conduct program and agency objectives.

### **Qualifications:**

- Bachelor's Degree in Social Work, Psychology or related discipline and/ or CAADAC.
- A minimum of one year of practical experience in the field of HIV/AIDS, Substance Abuse and Child Welfare.
- Bilingual/Bicultural (Spanish Speaking): Class 3 Drivers License

### **3. JOB DESCRIPTION: Family Therapist**

**Organization Mission Statement:** Bienvenidos Children's Center, Inc., (B.C.C.) is a state licensed private non-profit, nonsectarian, child/family welfare agency offering services throughout Los Angeles County. B.C.C.'s mission is to strengthen vulnerable families and to support and encourage the healthy development of their children.

**Job Title:** Family Therapist, Full Time Position

**Supervised by:** Program Coordinator

**Classification:** Salary/Exempt

#### **Duties and Responsibilities:**

- Conduct thorough psycho-social assessments for children, youth and participating project families that are impacted by substance abuse and/or HIV/AIDS.
- Provide intensive home-based counseling and therapy to adults and families.
- Meet with identified families in their home environment as prescribed by the family support plan.
- Complete all necessary documentation according to project protocol.
- Participate in regularly scheduled interdisciplinary case conferences with Project Support Team.
- Meet with Project Coordinator and Clinical Supervisor for direct supervision.
- Other duties as assigned (i.e., facilitate groups for families impacted by HIV/AIDS, conduct presentations in the community).

#### **Qualifications:**

- Master's Degree in Social Work, Psychology or related discipline, and;
- A minimum of two years of clinical experience in the field of HIV/AIDS, Substance Abuse and Child Welfare.
- Bilingual/Bicultural (Spanish Speaking): Class 3 Drivers License



# Bienvenidos Family Services

Date of Initial Intake \_\_\_\_\_  
 ID# \_\_\_\_\_  
 SPA# \_\_\_\_\_  
 District# \_\_\_\_\_

Name: \_\_\_\_\_

Relation to Child \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Cit/State/ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ Message Phone \_\_\_\_\_

Marital status code \_\_\_\_\_ Ethnic Code \_\_\_\_\_ Years in Us \_\_\_\_\_ Country of Origin \_\_\_\_\_

Primary language in home 1-English 2 - Spanish 3-other \_\_\_\_\_ 4-Bilingual S.S.# (optional) \_\_\_\_\_

<b>Educational status</b>	<b>Work/Employment status</b>	<b>Health Insurance Status</b>
00 Elementary Education only	01 Does not work	01 MEDI-CAL
01 Number of years of Education completed _____	02 Seeking employment	02 HMO
02 GED	03 Working part-time	03 Healthy Families
	04 Working full-time	04 No Insurance
		Other _____

In School 1-Full-time 2-Part-time 3-No Source of Income (\$): TANF/GR \_\_\_\_\_ Food Stamps \_\_\_\_\_ Employment \_\_\_\_\_  
 SSI \_\_\_\_\_ Spouse \_\_\_\_\_

Number of household families to be served: Adults \_\_\_\_\_ Children \_\_\_\_\_

<b>Biological Mother</b> (Complete below only if applicable)  Marital Status Code _____ Ed. Code _____ Work Code _____  DOB _____ Resides in the home Yes _____ No _____		<b>Biological Father</b> (Complete below only if applicable)  Marital Status Code _____ Ed. Code _____ Work Code _____  DOB _____ Resides in the home Yes _____ No _____	
<b>Mother's Name</b> _____ Comments: _____ _____ _____		<b>Father's Name</b> _____ Comments: _____ _____ _____	

<b>Program Assignment</b> 1-AIA 2-1733 3-IWH ( Substance Abuse) 4-Family Preservation 9 ELA 9 Covina 5- Clarity 6-HEAL 7-CSBG 8-Project Escuelita	9-Family Support 9 ELA 9 Covina 10-Project Corazon 9BFS 9HSA 11-Wraparound 12-CALWORKS 13- Joven Noble 9 FED 9 STATE 14- Fatherhood 9 Teen 9 CLP 15- Health Center 16 Other _____	<b>Assigned to:</b> 1-Coordinator _____ 2-Case Worker _____  Opening date: _____ / _____ / _____ Closing date: _____ / _____ / _____
---	--	---

Previous BFS Services: Yes/No Which program: \_\_\_\_\_

**STATUS OF DCFS/DPSS CASE:**

1-None 2-Family Preservation 3-Permanency Planning 4-Emergency Response 5-Adoptions 6-Closed case 7-Reunification 8-Maintenance

DCFS Case # \_\_\_\_\_ Office \_\_\_\_\_

(Optional)

CSW \_\_\_\_\_ Phone# \_\_\_\_\_

Date of Initial Involvement \_\_\_\_\_ Date of Initial Placement \_\_\_\_\_

Placement History \_\_\_\_\_

Attorney's name \_\_\_\_\_ Phone# \_\_\_\_\_

DPSS-Case Worker \_\_\_\_\_ Case # \_\_\_\_\_ Tel. # \_\_\_\_\_

CHILDREN							
#	Name /	Ethnic Code	F / M	DOB/ AGE	Parent	Placement Code	Date of Reunification
1			F / M				
2			F / M				
3			F / M				
4			F / M				
5			F / M				
6			F / M				
7			F / M				
8			F / M				
9			F / M				
10			F / M				

CHILDREN'S RISK FACTORS																							
Risk Factor		Child #										Risk Factor		Child #									
Behavior problems.....None		1	2	3	4	5	6	7	8	9	10	Low birth weight.....None		1	2	3	4	5	6	7	8	9	10
Caloric deprivation.....None		1	2	3	4	5	6	7	8	9	10	Motor impairment.....None		1	2	3	4	5	6	7	8	9	10
Cardiac anomalies.....None		1	2	3	4	5	6	7	8	9	10	Neonatal drugs or alcohol.....None		1	2	3	4	5	6	7	8	9	10
Is placed out of the home.....None		1	2	3	4	5	6	7	8	9	10	No prenatal care.....None		1	2	3	4	5	6	7	8	9	10
Developmental delays.....None		1	2	3	4	5	6	7	8	9	10	Prematurely.....None		1	2	3	4	5	6	7	8	9	10
Down's Syndrome.....None		1	2	3	4	5	6	7	8	9	10	Seizures.....None		1	2	3	4	5	6	7	8	9	10
Failure-to-thrive.....None		1	2	3	4	5	6	7	8	9	10	Severe emotional disturbance.....None		1	2	3	4	5	6	7	8	9	10
Hearing impairment.....None		1	2	3	4	5	6	7	8	9	10	Sleep apnea syndrome.....None		1	2	3	4	5	6	7	8	9	10
History of placements.....None		1	2	3	4	5	6	7	8	9	10	Vision impairment.....None		1	2	3	4	5	6	7	8	9	10
Learning disability.....None		1	2	3	4	5	6	7	8	9	10	Other.....None		1	2	3	4	5	6	7	8	9	10

## PARENT/CAREGIVER RISK FACTORS

Teen Parent.....	1-Yes	2-No	Poverty.....	1-Yes	2-No
Pregnant Teen (Due Date _____)....	1-Yes	2-No	Isolation.....	1-Yes	2-No
Current Substance abuse.....	1-Yes	2-No	Presently homeless.....	1-Yes	2-No
History of substance abuse (drug of choice _____)	1-Yes	2-No	History of homelessness.....	1-Yes	2-No
			Rent or Own.....	1-Yes	2-No
			Living with others_____		
History of substance abuse during pregnancy.....	1-Yes	2-No	Substandard living/temporary housing..	1-Yes	2-No
Domestic abuse-emotional or physical.....	1-Yes	2-No	Physical Disabilities.....	1-Yes	2-No
Victim: childhood physical, emotional sexual abuse.....	1-Yes	2-No	Developmentally disabled.....	1-Yes	2-No
History of being identified as abusive.....	1-Yes	2-No	Illiterate.....	1-Yes	2-No
Court identified as abusive.....	1-Yes	2-No	Health Insurance.....	1-Yes	2-No
Court identifies as neglectful.....	1-Yes	2-No	History of employment	1-Yes	2-No
Poor parenting skills.....	1-Yes	2-No	History of incarceration	1-Yes	2-No
History of Mental illness.....	1-Yes	2-No	(Date : _____)		
Poor job skills.....	1-Yes	2-No	Criminal Status: .....	1-Probation	2-Parole 3-No
Other _____	1-Yes	2-No	Current Medication	1-Yes	2-No

## Services Request and Linkages

SERVICES REQUESTED	REFERRED TO:	
<input type="checkbox"/> Advocacy	<input type="checkbox"/> After school Program	<input type="checkbox"/> Prenatal Care
<input type="checkbox"/> Anger Management	<input type="checkbox"/> Case Management	<input type="checkbox"/> Recovery Support
<input type="checkbox"/> Case Management	<input type="checkbox"/> Childcare/Day Care	<input type="checkbox"/> Regional Center
<input type="checkbox"/> Counseling	<input type="checkbox"/> Concrete Services	<input type="checkbox"/> Psychological Evaluation
<input type="checkbox"/> Concrete Services	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Sexual Abuse Counseling
<input type="checkbox"/> Court Services	<input type="checkbox"/> E.S.L.	<input type="checkbox"/> Special Education
<input type="checkbox"/> Crisis Intervention	<input type="checkbox"/> Educational Evaluation	<input type="checkbox"/> Support Groups
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Family Counseling	<input type="checkbox"/> Transportation Services
<input type="checkbox"/> Employment Counseling	<input type="checkbox"/> Financial Assistance	<input type="checkbox"/> Other:
<input type="checkbox"/> Fatherhood Classes	<input type="checkbox"/> Food Assistance	
<input type="checkbox"/> In-Home Services	<input type="checkbox"/> Health Services	
<input type="checkbox"/> Self-Help Groups	<input type="checkbox"/> HIV/AIDS Services	
<input type="checkbox"/> Parenting Classes <input type="checkbox"/> English <input type="checkbox"/> Spanish	<input type="checkbox"/> Housing Assistance	
<input type="checkbox"/> Respite Services	<input type="checkbox"/> Independent Living Program	
<input type="checkbox"/> Substance Abuse: Education Recovery	<input type="checkbox"/> Individual Counseling	
<input type="checkbox"/> Teen's Girl's Group	<input type="checkbox"/> In-Home Support	
<input type="checkbox"/> Teen Male Group	<input type="checkbox"/> Job Readiness	
<input type="checkbox"/> Transportation	<input type="checkbox"/> Mental Health	
<input type="checkbox"/> Workshops	<input type="checkbox"/> Mommy & Me	
<input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Parent Education	

**NARRATIVE (must include the presenting problem and reason for referral):**

Lined area for narrative text.

**FOLLOW-UP:**

Lined area for follow-up text.

Referring agency \_\_\_\_\_ Contact: \_\_\_\_\_  
Referred by: 1-Hospital 2-Substance abuse program 3-DCFS 4-Self/friend/relative 5-Mental Health  
6- Shelter 7- Judicial 8-Regional Center 9- BFFA 10- Other \_\_\_\_\_

**Code Box**

<u>Ethnic Code</u>	<u>Marital Status</u>	<u>Resides with (Current Placement List)</u>
1-Anglo	1-Married	1-Home w/ parent, no CPS involvement
2-Hispanic	2-Divorced	2-Home w/ parent CPS involvement
3-African/American	3-Separated	3-Adoptive home parent
4-Asian	4-Widowed	4-W/relative, informal placement
5-Pacific Islander	5-Domestic Partner	5-W/relative, foster care
6-American Indian	6-Single	6-Non-relative, informal placement
7-Other	9-N/A	7-Foster Family Care
9-N/A		8-Group home/shelter
		9-Residential treatment with
		10-Residential treatment w/o parent
		11-Hospital
		12-Homeless shelter w/parent
		13-W/relative - Legal Guardianship

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

Intake taken by: \_\_\_\_\_

## In Case of Emergency Contacts

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

## Medical Problems

Special Medical Problems: \_\_\_\_\_  
\_\_\_\_\_

Family Doctor: \_\_\_\_\_

Name of Clinic/Hospital: \_\_\_\_\_

Phone: \_\_\_\_\_

## Child/Children to be released to:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of release: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of release: \_\_\_\_\_

BFS ID #: _____	<b>PROJECT MILAGRO</b>	Today's Date: _____
ET SEQ #: _____	Abandoned Infants Assistance	Intake Date: _____

**Baseline Parent/Caregiver Risk Factors**

*Please complete during the **Initial Intake/Referral** for those parents/primary caregivers who are currently residing with child(ren) participating in Project Milagro*

	<u>Relationship to child</u>
Caregiver 1: _____	_____
Caregiver 2: _____	_____

*Please check the following items that place **parents/caregivers at risk** and thereby potentially limit the child(ren)'s ability to develop normally (within the social, emotional, physical, cognitive and adaptive domains)*

**Section 1: Past Risk Factors** (occurring during caregivers' childhood or **longer than 6 months ago**)

	<b>Caregiver</b>	
	<b>1</b>	<b>2</b>
1. Witnessed domestic abuse as a child (specify type: physical___ emotional___) .....	<input type="checkbox"/>	<input type="checkbox"/>
2. Victim of domestic abuse (specify type: physical___ emotional___) .....	<input type="checkbox"/>	<input type="checkbox"/>
3. Grew up in a household with substance abuser(s) (specify drug(s): _____) .....	<input type="checkbox"/>	<input type="checkbox"/>
4. Substance abuse (specify drug(s): _____) .....	<input type="checkbox"/>	<input type="checkbox"/>
5. Substance abuse during pregnancy (specify drug(s): _____) .....	<input type="checkbox"/>	<input type="checkbox"/>
6. Victim of childhood abuse (specify type: physical___ sexual___ emotional___ neglect___) .....	<input type="checkbox"/>	<input type="checkbox"/>
7. Court identified as abusive /neglectful .....	<input type="checkbox"/>	<input type="checkbox"/>
8. Homelessness/shelter/unstable living situation .....	<input type="checkbox"/>	<input type="checkbox"/>
9. Developmental delays/learning disability .....	<input type="checkbox"/>	<input type="checkbox"/>
10. Physical disability (specify: _____) .....	<input type="checkbox"/>	<input type="checkbox"/>
11. Mental disorder (specify: _____) .....	<input type="checkbox"/>	<input type="checkbox"/>
12. Chronic/long term medical illness (specify: _____) .....	<input type="checkbox"/>	<input type="checkbox"/>
13. Multiple incarcerations .....	<input type="checkbox"/>	<input type="checkbox"/>

*continued on next page*

*Note: Requests to duplicate this instrument/form can be forward to Lourdes Carranza, Project Manager at Bienvenidos, address*

**Section 2: Current Risk Factors (occurring within last 6 months)**

	Caregiver	
	1	2
14. Victim of domestic abuse (specify type: physical ___ emotional ___)	<input type="checkbox"/>	<input type="checkbox"/>
15. Marital/Partner discord	<input type="checkbox"/>	<input type="checkbox"/>
16. Pregnant (Date due: _____)	<input type="checkbox"/>	<input type="checkbox"/>
17. Substance abuse (specify drug(s): _____)	<input type="checkbox"/>	<input type="checkbox"/>
18. Court identified as abusive/neglectful	<input type="checkbox"/>	<input type="checkbox"/>
19. Children detained by DCFS (during the past year)	<input type="checkbox"/>	<input type="checkbox"/>
20. Poor/limited parenting skills	<input type="checkbox"/>	<input type="checkbox"/>
21. Poor/limited job skills	<input type="checkbox"/>	<input type="checkbox"/>
22. Poverty	<input type="checkbox"/>	<input type="checkbox"/>
23. Isolation	<input type="checkbox"/>	<input type="checkbox"/>
24. Presently homeless	<input type="checkbox"/>	<input type="checkbox"/>
25. Substandard living/temporary housing	<input type="checkbox"/>	<input type="checkbox"/>
26. Unemployed for most or all of the past year	<input type="checkbox"/>	<input type="checkbox"/>
27. Inadequate or no health insurance	<input type="checkbox"/>	<input type="checkbox"/>
28. Developmental delays/learning disability	<input type="checkbox"/>	<input type="checkbox"/>
29. Physical disability (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>
30. Mental disorder, asymptomatic (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>
31. Symptomatic mental illness (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>
32. Medical illness, expected to improve (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>
33. Taking medication for medical or psychological condition	<input type="checkbox"/>	<input type="checkbox"/>
34. Incarcerated during the past year	<input type="checkbox"/>	<input type="checkbox"/>
35. Probation/parole during the past 12 months	<input type="checkbox"/>	<input type="checkbox"/>
36. Illiteracy: unable to read	<input type="checkbox"/>	<input type="checkbox"/>
37. Illiteracy: unable to write	<input type="checkbox"/>	<input type="checkbox"/>
38. Caring for a disabled/ill person in the same household	<input type="checkbox"/>	<input type="checkbox"/>
39. Caring for a medically fragile child or child with special needs	<input type="checkbox"/>	<input type="checkbox"/>
40. Experienced a traumatic event (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>

BFS ID #: \_\_\_\_\_  
 ET SEQ #: \_\_\_\_\_

**PROJECT MILAGRO**  
 Abandoned Infants Assistance

Today's Date: \_\_\_\_\_  
 Intake Date: \_\_\_\_\_

**Completion Parent/Caregiver Risk Factors**

Please complete during the *Initial Intake/Referral* for those parents/primary caregivers who are currently residing with child(ren) participating in Project Milagro

	Name	Relationship to child
Caregiver 1:	_____	_____
Caregiver 2:	_____	_____

Please check the following items that place **parents/caregivers at risk** and thereby potentially limit the child(ren)'s ability to develop normally (within the social, emotional, physical, cognitive and adaptive domains)

**Section 1: Past Risk Factors** (occurring during caregivers' childhood or longer than 6 months ago)

	Caregiver	
	1	2
1. Witnessed domestic abuse as a child (specify type: physical___ emotional___) .....	<input type="checkbox"/>	<input type="checkbox"/>
2. Victim of domestic abuse (specify type: physical___ emotional___) .....	<input type="checkbox"/>	<input type="checkbox"/>
3. Grew up in a household with substance abuser(s) (specify drug(s): _____) .....	<input type="checkbox"/>	<input type="checkbox"/>
4. Substance abuse (specify drug(s): _____) .....	<input type="checkbox"/>	<input type="checkbox"/>
5. Substance abuse during pregnancy (specify drug(s): _____) .....	<input type="checkbox"/>	<input type="checkbox"/>
6. Victim of childhood abuse (specify type: physical__ sexual__ emotional__ neglect__ ) .....	<input type="checkbox"/>	<input type="checkbox"/>
7. Court identified as abusive /neglectful .....	<input type="checkbox"/>	<input type="checkbox"/>
8. Homelessness/shelter/unstable living situation .....	<input type="checkbox"/>	<input type="checkbox"/>
9. Developmental delays/learning disability .....	<input type="checkbox"/>	<input type="checkbox"/>
10. Physical disability (specify: _____) .....	<input type="checkbox"/>	<input type="checkbox"/>
11. Mental disorder (specify: _____) .....	<input type="checkbox"/>	<input type="checkbox"/>
12. Chronic/long term medical illness (specify: _____) .....	<input type="checkbox"/>	<input type="checkbox"/>
13. Multiple incarcerations .....	<input type="checkbox"/>	<input type="checkbox"/>

continued on next page

BFS ID #: _____	<b>PROJECT MILAGRO</b>	Today's Date: _____
ET SEQ #: _____	Abandoned Infants Assistance	Intake Date: _____

### Completion Parent/Caregiver Risk Factors

**Section 2: Current Risk Factors (occurring within last 6 months)**

	Caregiver	
	1	2
14. Victim of domestic abuse (specify type: physical ___ emotional ___) .....	<input type="checkbox"/>	<input type="checkbox"/>
15. Marital/Partner discord .....	<input type="checkbox"/>	<input type="checkbox"/>
16. Pregnant (Date due: _____) .....	<input type="checkbox"/>	<input type="checkbox"/>
17. Substance abuse (specify drug(s): _____) .....	<input type="checkbox"/>	<input type="checkbox"/>
18. Court identified as abusive/neglectful .....	<input type="checkbox"/>	<input type="checkbox"/>
19. Children detained by DCFS (during the past year) .....	<input type="checkbox"/>	<input type="checkbox"/>
20. Poor/limited parenting skills .....	<input type="checkbox"/>	<input type="checkbox"/>
21. Poor/limited job skills .....	<input type="checkbox"/>	<input type="checkbox"/>
22. Poverty .....	<input type="checkbox"/>	<input type="checkbox"/>
23. Isolation .....	<input type="checkbox"/>	<input type="checkbox"/>
24. Presently homeless .....	<input type="checkbox"/>	<input type="checkbox"/>
25. Substandard living/temporary housing .....	<input type="checkbox"/>	<input type="checkbox"/>
26. Unemployed for most or all of the past year .....	<input type="checkbox"/>	<input type="checkbox"/>
27. Inadequate or no health insurance .....	<input type="checkbox"/>	<input type="checkbox"/>
28. Developmental delays/learning disability .....	<input type="checkbox"/>	<input type="checkbox"/>
29. Physical disability (specify: _____) .....	<input type="checkbox"/>	<input type="checkbox"/>
30. Mental disorder, asymptomatic (specify: _____) .....	<input type="checkbox"/>	<input type="checkbox"/>
31. Symptomatic mental illness (specify: _____) .....	<input type="checkbox"/>	<input type="checkbox"/>
32. Medical illness, expected to improve (specify: _____) .....	<input type="checkbox"/>	<input type="checkbox"/>
33. Taking medication for medical or psychological condition .....	<input type="checkbox"/>	<input type="checkbox"/>
34. Incarcerated during the past year .....	<input type="checkbox"/>	<input type="checkbox"/>
35. Probation/parole during the past 12 months .....	<input type="checkbox"/>	<input type="checkbox"/>
36. Illiteracy: unable to read .....	<input type="checkbox"/>	<input type="checkbox"/>
37. Illiteracy: unable to write .....	<input type="checkbox"/>	<input type="checkbox"/>
38. Caring for a disabled/ill person in the same household .....	<input type="checkbox"/>	<input type="checkbox"/>
39. Caring for a medically fragile child or child with special needs .....	<input type="checkbox"/>	<input type="checkbox"/>
40. Experienced a traumatic event (specify: _____) .....	<input type="checkbox"/>	<input type="checkbox"/>

BFS ID #: _____	<b>PROJECT MILAGRO</b>	Today's Date: _____
ET SEQ #: _____	Abandoned Infants Assistance	Intake Date: _____
Child's Name: _____		Child's Age: _____

### Baseline Child Risk Factors/Developmental Screening

Please complete this assessment during the **Initial Intake/Referral** for **index** child participating in Project Milagro

Please check any of the following factors which may impact age-appropriate development in the areas of social (behavioral,

relationship), emotional, physical (motor), cognitive (learning, language) and independent (self-help skills) functioning.

**Section 1: Past Risk Factors (occurring prior to birth or longer than 6 months ago)**

	Yes	No
1. Lack of prenatal care or "well baby" pediatric care (date of last physical exam ___/___).....	<input type="checkbox"/>	<input type="checkbox"/>
2. Preterm birth .....	<input type="checkbox"/>	<input type="checkbox"/>
3. Low birth weight .....	<input type="checkbox"/>	<input type="checkbox"/>
4. Prenatal drug exposure (specify drug(s): _____) .....	<input type="checkbox"/>	<input type="checkbox"/>
5. Exposure to substance abuse in the household (specify drug(s): _____).....	<input type="checkbox"/>	<input type="checkbox"/>
6. Exposure to domestic violence .....	<input type="checkbox"/>	<input type="checkbox"/>
7. Victim of abuse or neglect (specify type: _____) .....	<input type="checkbox"/>	<input type="checkbox"/>
8. Out-of-home placement(s) .....	<input type="checkbox"/>	<input type="checkbox"/>
9. Unstable housing (homelessness, shelters, more than 2 moves in a year) .....	<input type="checkbox"/>	<input type="checkbox"/>

**Section 2: Current Risk Factors (occurring within last 6 months)**

	Yes	No
10. Lack of "well child" pediatric care/ immunization (date of last physical exam ___/___).....	<input type="checkbox"/>	<input type="checkbox"/>
11. Inadequate nutrition, caloric deprivation or anemia (specify: _____) .....	<input type="checkbox"/>	<input type="checkbox"/>
12. Chronic health problem (specify: _____) .....	<input type="checkbox"/>	<input type="checkbox"/>
13. Exposure to substance abuse in the household (specify drug(s): _____) .....	<input type="checkbox"/>	<input type="checkbox"/>
14. Exposure to domestic violence .....	<input type="checkbox"/>	<input type="checkbox"/>
15. Victim of abuse or neglect (specify type: _____) .....	<input type="checkbox"/>	<input type="checkbox"/>
16. Death of a parent or other member of household with significant relationship to child.....	<input type="checkbox"/>	<input type="checkbox"/>
17. Other significant traumatic event (specify: _____) .....	<input type="checkbox"/>	<input type="checkbox"/>
18. Lack of stable family composition (absentee parent, changing caregivers) .....	<input type="checkbox"/>	<input type="checkbox"/>
19. Out-of-home placement.....	<input type="checkbox"/>	<input type="checkbox"/>
20. Unstable housing (homelessness, shelters, more than 1 move in past 6 months).....	<input type="checkbox"/>	<input type="checkbox"/>

BFS ID #: _____	<b>PROJECT MILAGRO</b>	Today's Date: _____
ET SEQ #: _____	Abandoned Infants Assistance	Intake Date: _____
Child's Name: _____		Child's Age: _____

## Baseline Child Risk Factors/Developmental Screening

### Section 3: Developmental Screening

Please indicate any of the following conditions that have been formally diagnosed by a medical or other professional, or which have been observed or suspected by either the intake examiner or the child's caregiver. For undiagnosed conditions, check only if the problem is expected to have a significant impact on the child's normal development.

	Formally	Observed / Suspected by:	
	<u>Diagnosed</u>	<u>Examiner</u>	<u>Caregiver</u>
<b>Physical conditions:</b>			
1. Cardiac anomaly .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Motor/physical impairment (specify: _____) ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Asthma/respiratory problem .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Hearing impairment .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Vision impairment .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Failure-to-thrive .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Fetal Alcohol Syndrome .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Seizures .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Cerebral palsy .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Other neurological disorder (specify: _____) ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Congenital HIV – asymptomatic .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Symptomatic HIV infection .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Other chronic medical condition (specify: _____) ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mental and Emotional/Behavioral conditions:</b>			
14. Down syndrome .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Pervasive Developmental Disorder/Autism .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Other developmental delay (specify: _____) ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Severe emotional disturbance (specify: _____) ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Attention Deficit Disorder (or ADHD) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Other learning disability (specify: _____) ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Behavioral problem (specify: _____) ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Other mental health disorder (specify: _____) ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the examiner or child's caregiver suspects that the child has special needs based on a condition not listed above, please provide a detailed description below:

BFS ID #: _____	<b>PROJECT MILAGRO</b>	Today's Date: _____
ET SEQ #: _____	Abandoned Infants Assistance	Intake Date: _____
Child's Name: _____		Child's Age: _____

**Completion Child Risk Factors/Developmental Screening**  
 Please complete this assessment at termination for index child participating in Project Milagro

Please check any of the following factors which may impact age-appropriate development in the areas of social (behavioral, relationship), emotional, physical (motor), cognitive (learning, language) and independent (self-help skills) functioning.

**Section 1: Past Risk Factors (occurring prior to birth or longer than 6 months ago)**

	Yes	No
1. Lack of prenatal care or "well baby" pediatric care (date of last physical exam ___/___).....	<input type="checkbox"/>	<input type="checkbox"/>
2. Preterm birth .....	<input type="checkbox"/>	<input type="checkbox"/>
3. Low birth weight .....	<input type="checkbox"/>	<input type="checkbox"/>
4. Prenatal drug exposure (specify drug(s): _____) .....	<input type="checkbox"/>	<input type="checkbox"/>
5. Exposure to substance abuse in the household (specify drug(s): _____).....	<input type="checkbox"/>	<input type="checkbox"/>
6. Exposure to domestic violence .....	<input type="checkbox"/>	<input type="checkbox"/>
7. Victim of abuse or neglect (specify type: _____) .....	<input type="checkbox"/>	<input type="checkbox"/>
8. Out-of-home placement(s) .....	<input type="checkbox"/>	<input type="checkbox"/>
9. Unstable housing (homelessness, shelters, more than 2 moves in a year) .....	<input type="checkbox"/>	<input type="checkbox"/>

**Section 2: Current Risk Factors (occurring within last 6 months)**

	Yes	No
10. Lack of "well child" pediatric care/ immunization (date of last physical exam ___/___).....	<input type="checkbox"/>	<input type="checkbox"/>
11. Inadequate nutrition, caloric deprivation or anemia (specify: _____) .....	<input type="checkbox"/>	<input type="checkbox"/>
12. Chronic health problem (specify: _____) .....	<input type="checkbox"/>	<input type="checkbox"/>
13. Exposure to substance abuse in the household (specify drug(s): _____) .....	<input type="checkbox"/>	<input type="checkbox"/>
14. Exposure to domestic violence .....	<input type="checkbox"/>	<input type="checkbox"/>
15. Victim of abuse or neglect (specify type: _____) .....	<input type="checkbox"/>	<input type="checkbox"/>
16. Death of a parent or other member of household with significant relationship to child.....	<input type="checkbox"/>	<input type="checkbox"/>
17. Other significant traumatic event (specify: _____) .....	<input type="checkbox"/>	<input type="checkbox"/>
18. Lack of stable family composition (absentee parent, changing caregivers) .....	<input type="checkbox"/>	<input type="checkbox"/>
19. Out-of-home placement.....	<input type="checkbox"/>	<input type="checkbox"/>
20. Unstable housing (homelessness, shelters, more than 1 move in past 6 months).....	<input type="checkbox"/>	<input type="checkbox"/>

BFS ID #: _____	<b>PROJECT MILAGRO</b>	Today's Date: _____
ET SEQ #: _____	Abandoned Infants Assistance	Intake Date: _____
Child's Name: _____		Child's Age: _____

### Completion Child Risk Factors/Developmental Screening

#### Section 3: Developmental Screening

Please indicate any of the following conditions that have been formally diagnosed by a medical or other professional, or which have been observed or suspected by either the intake examiner or the child's caregiver. For undiagnosed conditions, check only if the problem is expected to have a significant impact on the child's normal development.

	Formally	Observed / Suspected	
	<u>Diagnosed</u>	<u>Examiner</u>	<u>Caregiver</u>
<b>Physical conditions:</b>			
1. Cardiac anomaly .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Motor/physical impairment (specify: _____) ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Asthma/respiratory problem .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Hearing impairment .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Vision impairment .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Failure-to-thrive .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Fetal Alcohol Syndrome .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Seizures .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Cerebral palsy .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Other neurological disorder (specify: _____) ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Congenital HIV – asymptomatic .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Symptomatic HIV infection .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Other chronic medical condition (specify: _____) ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mental and Emotional/Behavioral conditions:</b>			
14. Down syndrome .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Pervasive Developmental Disorder/Autism .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Other developmental delay (specify: _____) ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Severe emotional disturbance (specify: _____) ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Attention Deficit Disorder (or ADHD) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Other learning disability (specify: _____) ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Behavioral problem (specify: _____) ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Other mental health disorder (specify: _____) ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the examiner or child's caregiver suspects that the child has special needs based on a condition not listed above, please provide a detailed description below:

Below is a list of some of the ways you may have felt or behaved. Please circle how often you have felt this way during the past week	<i>rarely or none of the time</i>	<i>some of the time</i>	<i>occasionally</i>	<i>most or all of the time</i>
	<i>under 1 day</i>	<i>1-2 days</i>	<i>3-4 days</i>	<i>5-7 days</i>
1. I was bothered by things that usually don't bother me	1	2	3	4
2. I did not feel like eating; my appetite was poor	1	2	3	4
3. I felt that I could not shake off the blues even with help from my family or friends	1	2	3	4
4. I felt that I was just as good as other people	1	2	3	4
5. I had trouble keeping my mind on what I was doing	1	2	3	4
6. I felt depressed	1	2	3	4
7. I felt that everything I did was an effort	1	2	3	4
8. I felt hopeful about the future	1	2	3	4
9. I thought my life had been a failure	1	2	3	4
10. I felt fearful	1	2	3	4
11. My sleep was restless	1	2	3	4
12. I was happy	1	2	3	4
13. I talked less than usual	1	2	3	4
14. I felt lonely	1	2	3	4
15. People were unfriendly	1	2	3	4
16. I enjoyed life	1	2	3	4
17. I had crying spells	1	2	3	4
18. I felt sad	1	2	3	4
19. I felt that people disliked me	1	2	3	4
20. I could not get "going"	1	2	3	4

Note: Requests to duplicate this instrument/form can be forward to Lourdes Carranza, Project Manager at Bienvenidos, 316 W. 2<sup>nd</sup> Street, Suite 800, Los Angeles, CA 90012.

Client ID: \_\_\_\_\_

Group:  HA  SA  HS

Date of Intake: \_\_\_\_\_

Today's Date: \_\_\_\_\_

PRE only

Total Score= \_\_\_\_\_

**SASH****A. English**

1. In general, what language(s) do you read and speak?

- |                          |                             |                          |                             |                          |
|--------------------------|-----------------------------|--------------------------|-----------------------------|--------------------------|
| 1                        | 2                           | 3                        | 4                           | 5                        |
| <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Only Spanish             | Spanish better than English | Both Equally             | English better than Spanish | only English             |

2. What was the Language(s) you used as a child?

- |                          |                             |                          |                             |                          |
|--------------------------|-----------------------------|--------------------------|-----------------------------|--------------------------|
| 1                        | 2                           | 3                        | 4                           | 5                        |
| <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Only Spanish             | Spanish better than English | Both Equally             | English better than Spanish | only English             |

3. What language(s) do you usually speak at home?

- |                          |                             |                          |                             |                          |
|--------------------------|-----------------------------|--------------------------|-----------------------------|--------------------------|
| 1                        | 2                           | 3                        | 4                           | 5                        |
| <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Only Spanish             | Spanish better than English | Both Equally             | English better than Spanish | only English             |

4. In which language(s) do you usually think?

- |                          |                             |                          |                             |                          |
|--------------------------|-----------------------------|--------------------------|-----------------------------|--------------------------|
| 1                        | 2                           | 3                        | 4                           | 5                        |
| <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Only Spanish             | Spanish better than English | Both Equally             | English better than Spanish | only English             |

5. What language(s) do you usually speak with your friends?

- |                          |                             |                          |                             |                          |
|--------------------------|-----------------------------|--------------------------|-----------------------------|--------------------------|
| 1                        | 2                           | 3                        | 4                           | 5                        |
| <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Only Spanish             | Spanish better than English | Both Equally             | English better than Spanish | only English             |

6. In what language(s) are the TV programs you usually watch?

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only Spanish	Spanish better than English	Both Equally	English better than Spanish	only English

7. In what language(s) are the radio programs you usually listen to?

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only Spanish	Spanish better than English	Both Equally	English better than Spanish	only English

8. In general, in what language(s) are the movies, TV, and radio programs you prefer to watch and listen to:

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only Spanish	Spanish better than English	Both Equally	English better than Spanish	only English

9. Your close friends are:

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only Latinos	More Latinos than Americans	About half and half	More Americans than Latinos	All Americans

10. You prefer going to social gatherings/parties at which the people are:

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only Latinos	More Latinos than Americans	About half and half	More Americans than Latinos	All Americans

11. The persons you visit or who visit you are:

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only Latinos	More Latinos than Americans	About half and half	More Americans than Latinos	All Americans

12. If you could choose your children's friends, you would want them to be:

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only Latinos	More Latinos than Americans	About half and half	More Americans than Latinos	All Americans

Client ID: \_\_\_\_\_

Group:  HA  SA  HS

Date of Intake: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Total Score= \_\_\_\_\_

**SASH 10**

**A. Spanish**

1. Por lo general, que idioma(s) leé y habla usted?

- |                          |                             |                          |                             |                          |
|--------------------------|-----------------------------|--------------------------|-----------------------------|--------------------------|
| 1                        | 2                           | 3                        | 4                           | 5                        |
| <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| solo Español             | Español mejor<br>Que Ingles | Ambos por<br>igual       | Ingles mejor<br>Que Español | Solo Ingles              |

2. Cual fue el idioma(s) que hablo cuando era niño(a)?

- |                          |                             |                          |                             |                          |
|--------------------------|-----------------------------|--------------------------|-----------------------------|--------------------------|
| 1                        | 2                           | 3                        | 4                           | 5                        |
| <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| solo Español             | Español mejor<br>Que Ingles | Ambos por<br>igual       | Ingles mejor<br>Que Español | Solo Ingles              |

3. Por lo general, en que idioma(s) habla en su casa?

- |                          |                             |                          |                             |                          |
|--------------------------|-----------------------------|--------------------------|-----------------------------|--------------------------|
| 1                        | 2                           | 3                        | 4                           | 5                        |
| <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| solo Español             | Español mejor<br>Que Ingles | Ambos por<br>igual       | Ingles mejor<br>Que Español | Solo Ingles              |

4. Por lo general, en que idioma(s) habla en su casa?

- |                          |                             |                          |                             |                          |
|--------------------------|-----------------------------|--------------------------|-----------------------------|--------------------------|
| 1                        | 2                           | 3                        | 4                           | 5                        |
| <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| solo Español             | Español mejor<br>Que Ingles | Ambos por<br>igual       | Ingles mejor<br>Que Español | Solo Ingles              |

5. Por lo general, en que idioma(s) habla con sus amigos(as)?

- |                          |                             |                          |                             |                          |
|--------------------------|-----------------------------|--------------------------|-----------------------------|--------------------------|
| 1                        | 2                           | 3                        | 4                           | 5                        |
| <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| solo Español             | Español mejor<br>Que Ingles | Ambos por<br>igual       | Ingles mejor<br>Que Español | Solo Ingles              |

6. Por lo general, en que idioma(s) son los programas de televisión que usted ve?

- |                          |                             |                          |                             |                          |
|--------------------------|-----------------------------|--------------------------|-----------------------------|--------------------------|
| 1                        | 2                           | 3                        | 4                           | 5                        |
| <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| solo Español             | Español mejor<br>Que Ingles | Ambos por<br>igual       | Ingles mejor<br>Que Español | Solo Ingles              |

7. Por lo general, en que idioma(s) son los programas de radio que escucha?

- |                          |                             |                          |                             |                          |
|--------------------------|-----------------------------|--------------------------|-----------------------------|--------------------------|
| 1                        | 2                           | 3                        | 4                           | 5                        |
| <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| solo Español             | Español mejor<br>Que Ingles | Ambos por<br>igual       | Ingles mejor<br>Que Español | Solo Ingles              |

8. Por lo general, en que idioma(s) prefiere oír y ver películas, y programas de radio y televisión?

- |                          |                             |                          |                             |                          |
|--------------------------|-----------------------------|--------------------------|-----------------------------|--------------------------|
| 1                        | 2                           | 3                        | 4                           | 5                        |
| <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| solo Español             | Español mejor<br>Que Ingles | Ambos por<br>igual       | Ingles mejor<br>Que Español | Solo Ingles              |

9. Sus amigos y amigas mas cercanos son?

- |                          |                               |                          |                               |                          |
|--------------------------|-------------------------------|--------------------------|-------------------------------|--------------------------|
| 1                        | 2                             | 3                        | 4                             | 5                        |
| <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> |
| solo Latinos             | Mas Latinos que<br>Americanos | Ambos por<br>igual       | Mas Americanos<br>que Latinos | solo Americanos          |

10. Usted prefiere ir a reuniones sociales/fiestas en la cuales las personas son:

- |                          |                               |                          |                               |                          |
|--------------------------|-------------------------------|--------------------------|-------------------------------|--------------------------|
| 1                        | 2                             | 3                        | 4                             | 5                        |
| <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> |
| solo Latinos             | Mas Latinos que<br>Americanos | Ambos por<br>igual       | Mas Americanos<br>que Latinos | solo Americanos          |

11. Las personas que usted visita o que lo(a) visitan son?

- |                          |                               |                          |                               |                          |
|--------------------------|-------------------------------|--------------------------|-------------------------------|--------------------------|
| 1                        | 2                             | 3                        | 4                             | 5                        |
| <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> |
| solo Latinos             | Mas Latinos que<br>Americanos | Ambos por<br>igual       | Mas Americanos<br>que Latinos | solo Americanos          |

12. Si usted pudiera escoger los amigos(as) de sus hijos(as), quisiera que ellos(as) fueran:

- |                          |                               |                          |                               |                          |
|--------------------------|-------------------------------|--------------------------|-------------------------------|--------------------------|
| 1                        | 2                             | 3                        | 4                             | 5                        |
| <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> |
| solo Latinos             | Mas Latinos que<br>Americanos | Ambos por<br>igual       | Mas Americanos<br>que Latinos | solo Americanos          |

Baseline Date: \_\_\_\_\_

Completion (Post): \_\_\_\_\_

Client's Name: \_\_\_\_\_

Client BFS ID#: \_\_\_\_\_

**Circle of Support Form**

Think of the people in your life **who help you cope with your HIV/AIDS or substance abuse**. Using the Circle of Support diagram, list the people who you feel that you can count on and that are **inside your circle of support**. **Please list in order of importance.**

Supportive Person # 1: \_\_\_\_\_

What relationship do you have with this person? \_\_\_\_\_

1. How much can you rely on this person for **practical** support? (financial, household, transportation, childcare, etc.).
- Completely  Very Much  Somewhat  A little bit  Not at all
2. How much can you rely on this person for **emotional** support?
- Completely  Very Much  Somewhat  A little bit  Not at all
3. Does this person know about your HIV/AIDS or Substance Abuse?
- I am certain he/she he/she knows  I think he/she knows  I'm sure he/she does not know  Yes, I told him/her

Supportive Person # 2: \_\_\_\_\_

What relationship do you have with this person? \_\_\_\_\_

1. How much can you rely on this person for **practical** support? (financial, household, transportation, childcare, etc.).
- Completely  Very Much  Somewhat  A little bit  Not at all
2. How much can you rely on this person for **emotional** support?
- Completely  Very Much  Somewhat  A little bit  Not at all
3. Does this person know about your HIV/AIDS or Substance Abuse?
- I am certain he/she he/she knows  I think he/she knows  I'm sure he/she does not know  Yes, I told him/her

Supportive Person # 3: \_\_\_\_\_

What relationship do you have with this person? \_\_\_\_\_

1. How much can you rely on this person for **practical** support? (financial, household, transportation, childcare, etc.).
- Completely  Very Much  Somewhat  A little bit  Not at all
2. How much can you rely on this person for **emotional** support?
- Completely  Very Much  Somewhat  A little bit  Not at all
3. Does this person know about your HIV/AIDS or Substance Abuse?
- I am certain he/she he/she knows  I think he/she knows  I'm sure he/she does not know  Yes, I told him/her

Supportive Person # 4:

What relationship do you have with this person?

1. How much can you rely on this person for **practical** support?  
(financial, household, transportation, childcare, etc.)

Completely	Very Much	Somewhat	A little bit	Not at all
<input type="checkbox"/>				

2. How much can you rely on this person for **emotional** support?

Completely	Very Much	Somewhat	A little bit	Not at all
<input type="checkbox"/>				

3. Does this person know about your HIV/AIDS or Substance Abuse?

I am certain he/she he/she knows	I think he/she knows	I'm sure he/she does not know	Yes, I told him/her
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supportive Person # 5:

What relationship do you have with this person?

1. How much can you rely on this person for **practical** support?  
(financial, household, transportation, childcare, etc.)

Completely	Very Much	Somewhat	A little bit	Not at all
<input type="checkbox"/>				

2. How much can you rely on this person for **emotional** support?

Completely	Very Much	Somewhat	A little bit	Not at all
<input type="checkbox"/>				

3. Does this person know about your HIV/AIDS or Substance Abuse?

I am certain he/she he/she knows	I think he/she knows	I'm sure he/she does not know	Yes, I told him/her
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supportive Person # 6:

What relationship do you have with this person?

1. How much can you rely on this person for **practical** support?  
(financial, household, transportation, childcare, etc.)

Completely	Very Much	Somewhat	A little bit	Not at all
<input type="checkbox"/>				

2. How much can you rely on this person for **emotional** support?

Completely	Very Much	Somewhat	A little bit	Not at all
<input type="checkbox"/>				

3. Does this person know about your HIV/AIDS or Substance Abuse?

I am certain he/she he/she knows	I think he/she knows	I'm sure he/she does not know	Yes, I told him/her
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supportive Person # 7: \_\_\_\_\_

What relationship do you have with this person? \_\_\_\_\_

1. How much can you rely on this person for **practical** support?  
(financial, household, transportation, childcare, etc.).
2. How much can you rely on this person for **emotional** support?
3. Does this person know about your HIV/AIDS or Substance Abuse?
- |                                     |                          |   |                          |                          |
|-------------------------------------|--------------------------|---|--------------------------|--------------------------|
| Completely                          | Very Much                | Somewhat                                | A little bit             | Not at all               |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> |
| Completely                          | Very Much                | Somewhat                                | A little bit             | Not at all               |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> |
| I am certain he/she<br>he/she knows | I think he/she<br>knows  | I'm sure he/she<br>does <b>not</b> know | Yes, I told<br>him/her   |                          |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> |

Supportive Person # 8: \_\_\_\_\_

What relationship do you have with this person? \_\_\_\_\_

1. How much can you rely on this person for **practical** support?  
(financial, household, transportation, childcare, etc.).
2. How much can you rely on this person for **emotional** support?
3. Does this person know about your HIV/AIDS or Substance Abuse?
- |                                     |                          |   |                          |                          |
|-------------------------------------|--------------------------|---|--------------------------|--------------------------|
| Completely                          | Very Much                | Somewhat                                | A little bit             | Not at all               |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> |
| Completely                          | Very Much                | Somewhat                                | A little bit             | Not at all               |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> |
| I am certain he/she<br>he/she knows | I think he/she<br>knows  | I'm sure he/she<br>does <b>not</b> know | Yes, I told<br>him/her   |                          |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> |

Supportive Person # 9: \_\_\_\_\_

What relationship do you have with this person? \_\_\_\_\_

1. How much can you rely on this person for **practical** support?  
(financial, household, transportation, childcare, etc.).
2. How much can you rely on this person for **emotional** support?
3. Does this person know about your HIV/AIDS or Substance Abuse?
- |                                     |                          |   |                          |                          |
|-------------------------------------|--------------------------|---|--------------------------|--------------------------|
| Completely                          | Very Much                | Somewhat                                | A little bit             | Not at all               |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> |
| Completely                          | Very Much                | Somewhat                                | A little bit             | Not at all               |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> |
| I am certain he/she<br>he/she knows | I think he/she<br>knows  | I'm sure he/she<br>does <b>not</b> know | Yes, I told<br>him/her   |                          |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> |

Note: Requests to duplicate this instrument/form can be forward to Lourdes Carranza, Project Manager at Bienvenidos, 316 W. 2<sup>nd</sup> Street, Suite 800. Los Angeles, CA 90012.

Client ID: \_\_\_\_\_

Group:  HA  SA  HS

Timeline: Baseline \_\_\_\_\_

12 Months \_\_\_\_\_

Today's Date: \_\_\_\_\_

---

Medical Access Form

---

1. If I need hospital care, I can get admitted without any trouble?  
 strongly agree  
 somewhat agree  
 uncertain  
 somewhat disagree  
 strongly disagree
  
2. It is hard for me to get medical care in an emergency.  
 strongly agree  
 somewhat agree  
 uncertain  
 somewhat disagree  
 strongly disagree
  
3. Sometimes it is a problem to cover my share of the cost for a medical visit.  
 strongly agree  
 somewhat agree  
 uncertain  
 somewhat disagree  
 strongly disagree
  
4. Sometimes I go without the medical care I need because it is too expensive  
 strongly agree  
 somewhat agree  
 uncertain  
 somewhat disagree  
 strongly disagree
  
5. The clinic(s) I attend should be open for more hours than it is.  
 strongly agree  
 somewhat agree  
 uncertain  
 somewhat disagree  
 strongly disagree
  
6. I have easy access to the medical specialist I need.  
 strongly agree  
 somewhat agree  
 uncertain  
 somewhat disagree  
 strongly disagree

Medical Access form/Client ID# \_\_\_\_\_ Timeline:  Baseline  12 months

7. Places where I can get medical care are very conveniently located.
- strongly agree
  - somewhat agree
  - uncertain
  - somewhat disagree
  - strongly disagree
8. If I have a medical question, I can reach a doctor or nurse practitioner for help.
- strongly agree
  - somewhat agree
  - uncertain
  - somewhat disagree
  - strongly disagree
9. I am able to get medical care whenever I need it.
- strongly agree
  - somewhat agree
  - uncertain
  - somewhat disagree
  - strongly disagree
10. The medical staff understands my Hispanic (or \_\_\_\_\_) culture.
- strongly agree
  - somewhat agree
  - uncertain
  - somewhat disagree
  - strongly disagree
11. The medical staff can communicate with me in my native language (Spanish /English/ other).
- strongly agree
  - somewhat agree
  - uncertain
  - somewhat disagree
  - strongly disagree

Client ID: \_\_\_\_\_

Group:  HA  SA  HS

Timeline: Baseline \_\_\_\_\_

12 Months \_\_\_\_\_

Today's Date: \_\_\_\_\_

---

Medical Access Form

---

1. ¿Si necesito cuidado de hospitalización, me pueden ingresar sin ningún problema?
  - Estoy muy de acuerdo
  - Estoy algo de acuerdo
  - No estoy seguro
  - Estoy algo de desacuerdo
  - Estoy muy en desacuerdo
  
2. ¿Me resulta difícil obtener cuidado medico en una emergencia?
  - Estoy muy de acuerdo
  - Estoy algo de acuerdo
  - No estoy seguro
  - Estoy algo de desacuerdo
  - Estoy muy en desacuerdo
  
3. De vez en cuando es problemático cubrir mi porción del costo de una visita de cuidado medico
  - Estoy muy de acuerdo
  - Estoy algo de acuerdo
  - No estoy seguro
  - Estoy algo de desacuerdo
  - Estoy muy en desacuerdo
  
4. De vez en cuando no recibo el cuidado medico que necesito porque es demasiado caro
  - Estoy muy de acuerdo
  - Estoy algo de acuerdo
  - No estoy seguro
  - Estoy algo de desacuerdo
  - Estoy muy en desacuerdo
  
5. Esta clínica debería de estar abierta más horas de lo que está abierta en actualidad
  - Estoy muy de acuerdo
  - Estoy algo de acuerdo
  - No estoy seguro
  - Estoy algo de desacuerdo
  - Estoy muy en desacuerdo
  
6. Tengo acceso fácil a los médicos especialistas que necesito
  - Estoy muy de acuerdo
  - Estoy algo de acuerdo
  - No estoy seguro
  - Estoy algo de desacuerdo
  - Estoy muy en desacuerdo

7. Los lugares donde puedo recibir cuidado medico están ubicados en lugares locales
- Estoy muy de acuerdo
  - Estoy algo de acuerdo
  - No estoy seguro
  - Estoy algo de desacuerdo
  - Estoy muy en desacuerdo
8. Si tengo una pregunta medica, puedo comunicarme con un medico o enfermero para que me presten ayuda
- Estoy muy de acuerdo
  - Estoy algo de acuerdo
  - No estoy seguro
  - Estoy algo de desacuerdo
  - Estoy muy en desacuerdo
9. Puedo recibir cuidado medico cuando lo necesite
- Estoy muy de acuerdo
  - Estoy algo de acuerdo
  - No estoy seguro
  - Estoy algo de desacuerdo
  - Estoy muy en desacuerdo
10. El personal medico entienden mi cultura hispana(o)
- Estoy muy de acuerdo
  - Estoy algo de acuerdo
  - No estoy seguro
  - Estoy algo de desacuerdo
  - Estoy muy en desacuerdo
11. El personal medico se comunican con migo en mi idioma (Español/Ingles/otro).
- Estoy muy de acuerdo
  - Estoy algo de acuerdo
  - No estoy seguro
  - Estoy algo de desacuerdo
  - Estoy muy en desacuerdo

Today's Date: \_\_\_\_\_  
 BFS ID# \_\_\_\_\_  
 ET ID# \_\_\_\_\_

HA  SA  HS

**AIA Project Milagro  
 Safety Assessment (FAF-Section A)**

#	Section A: Living Conditions	Use scoring key	
		Baseline Score	12 month Score
1	<b>Cleanliness/Orderliness - Outside Environmental Conditions.</b> Refers to environmental health and hygiene factors (e.g. litter, garbage, vermin, clutter, odors around the exterior of the home) that are <i>Not within the family's control</i> .		
2	<b>Cleanliness/Orderliness - Outside Home Maintenance</b> Refers to environmental health and hygiene factors (e.g. litter, garbage, vermin, clutter, odors around the exterior of the home) that <b>Are Within the family's ability to control</b> . Assesses family's willingness and ability to maintain clean, orderly environment.		
3	<b>Cleanliness/Orderliness - Inside Home Maintenance</b> Refers to litter, garbage, cleanliness, feces, vermin, clutter, and odors in home. Does not refer to cleanliness of people in home. Assesses health hazards and physical neglect issues that <b>Are Within the family's control</b> .		
4	<b>Safety – Outside Environmental Conditions</b> Refers to condition of building in terms of danger as well as functioning of utilities. If a rental, assesses conditions that are generally <b>Not Within family's control</b> .		
5	<b>Safety - Outside Home Maintenance</b> Refers to caregiver's thoughtfulness as regards to safety precautions. Assesses conditions that <b>Are Within family's control</b> .		
6	<b>Safety - Inside Home Maintenance</b> Refers to caregiver's thoughtfulness as regards to safety precautions in the home. Assesses conditions that <b>Are Within the family's control</b> .		

*Note:* Requests to duplicate this instrument/form can be forward to Lourdes Carranza, Project Manager at Bienvenidos, 316 W. 2<sup>nd</sup> Street, Suite 800, Los Angeles, CA 90012.

### HEALTH-RELATED QUALITY OF LIFE

Client Id.# \_\_\_\_\_

Timeline:  Baseline  12 Months

Today's Date: \_\_\_\_\_

Group:  HA  SA  HS

Medical Illness: \_\_\_\_\_

A1. I'm going to read you a list of activities. Please tell me if your health limited you a lot, a little or not at all in doing each of these activities in the past four weeks. IF R SAYS HE/SHE DOES NOT DO ACTIVITY FOR REASON OTHER THAN HEALTH, CODE 3 - NOT LIMITED AT ALL.

(Circle One Number on Each Line)

		YES, LIMITED <u>A LOT</u>	YES, LIMITED <u>A LITTLE</u>	NO, NOT LIMITED <u>AT ALL</u>
B08A01A	a. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports? .....	1	2	3
B08A01B	b. Climbing one flight of stairs? .....	1	2	3
B08A01C	c. Walking more than a mile? .....	1	2	3
B08A01D	d. Walking one block? .....	1	2	3
B08A01E	e. Bathing or dressing yourself? .....	1	2	3
B08A01F	f. Preparing meals or doing laundry? .....	1	2	3
B08A01G	g. Shopping? .....	1	2	3
B08A01H	h. Getting around inside your home? .....	1	2	3
B08A01I	i. Feeding yourself? .....	1	2	3

A2. During the past four weeks, has your health prevented you from (READ ACTIVITY) all of the time, some of the time, or none of the time?

(Circle One Number on Each Line)

		YES, FOR ALL OF <u>THE TIME</u>	YES, FOR SOME OF <u>THE TIME</u>	NONE OF <u>THE TIME</u>
B08A02A	a. Working at a job, doing work around the house, or going to school? .....	1	2	3
B08A02B	b. Doing certain kinds or amounts of work, housework, or schoolwork? .....	1	2	3
B08A02C	c. Taking care of paperwork for health insurance or medical bills? .....	1	2	3

A3. During the past four weeks, how many days did your health cause you to stay in bed for 1/2 a day or more?

B08A03 DAYS: \_\_\_\_\_

NOTE: FOR CAPI, RESPONSE CAN'T BE >28.

A4. During the past four weeks, how much did pain interfere with your normal work (including work outside the house and housework)? Would you say:

B08A04 (Circle One)

- Not at all, ..... 1
- A little bit, ..... 2
- Moderately, ..... 3
- Quite a bit, or ..... 4
- Extremely? ..... 5

A5. During the past four weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups? Would you say:

B08A05 (Circle One)

- Not at all, ..... 1
- A little bit, ..... 2
- Moderately, ..... 3
- Quite a bit, or ..... 4
- Extremely? ..... 5

A6. In general, would you say your health in the past four weeks was:

B08A06 (Circle One)

- Excellent, ..... 1
- Very Good, ..... 2
- Good, ..... 3
- Fair, or ..... 4
- Poor? ..... 5

Client Id.# \_\_\_\_\_

Timeline:  Baseline  12 Months

Today's Date: \_\_\_\_\_

Group:  HA  SA  HS

Medical Illness: \_\_\_\_\_

A7. (HAND R CARD #35) Please indicate the extent to which the following statements are true or false for you during the past four weeks:

(Circle One Number on Each Line)

		DON'T TRUE	MOSTLY TRUE	DEFINITELY KNOW	DEFINITELY FALSE	MOSTLY FALSE
B08A07A	a. I seem to get sick a little easier than other people.....	1	2	3	4	5
B08A07B	b. I have been feeling bad lately.....	1	2	3	4	5

A8. (HAND CARD #36) How much of the time during the past four weeks (READ ITEM), Would you say all of the time, most of the time, a good bit of the time, some of the time, a little of the time, or none of the time?

(Circle One Number on Each Line)

		ALL OF THE TIME	MOST OF THE TIME	A GOOD BIT OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME
B08A08A	a. Have you felt calm and peaceful?.....	1	2	3	4	5	6
B08A08B	b. Have you felt downhearted and blue?.....	1	2	3	4	5	6
B08A08C	c. Did you feel tired?.....	1	2	3	4	5	6
B08A08D	d. Have you been a happy person? .....	1	2	3	4	5	6
B08A08E	e. Have you been a very nervous person?.....	1	2	3	4	5	6
B08A08F	f. Did you have enough energy to do the things you wanted to do? .....	1	2	3	4	5	6
B08A08G	g. Have you felt so down in the dumps that nothing could cheer you up? .....	1	2	3	4	5	6
B08A08H	h. Have you been anxious or worried? .....	1	2	3	4	5	6
B08A08I	i. Have you felt depressed?..	1	2	3	4	5	6

A9. During the past four weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)? These answer choices are a little different. Would you say:

(Circle One)

- B08A09
- All of the time,..... 1
  - Most of the time,..... 2
  - Some of the time,..... 3
  - A little of the time, or..... 4
  - None of the time?..... 5

A10. How much bodily pain have you had during the past four weeks? Would you say:

(Circle One)

- B08A10
- None, ..... 1
  - Very mild,..... 2
  - Mild, ..... 3
  - Moderate,..... 4
  - Severe, or ..... 5
  - Very severe?..... 6

### HEALTH-RELATED QUALITY OF LIFE

Client Id.# \_\_\_\_\_

Timeline:  Baseline  12 Months

Today's Date: \_\_\_\_\_

Group:  HA  SA  HS

Medical Illness: \_\_\_\_\_

A1. Voy a leerle una lista de actividades. Por favor dígame si su salud le ha limitado mucho, un poco o nada al hacer cada una de estas actividades en las últimas cuatro semanas. IF R SAYS HE/SHE DOES NOT DO ACTIVITY FOR REASON OTHER THAN HEALTH, CODE 3 - NOT LIMITED AT ALL.

(Circle One Number on Each Line)

	SI, LO HA LIMITADO <u>MUCHO</u>	SI, LO HA LIMITADO <u>UN POCO</u>	NO, NO LE HA LIMITADO <u>NADA</u>
a. ¿Actividades fuertes, como correr, levantar objetos pesados, participar en deportes fuertes? .....	1	2	3
b. ¿Al subir un piso de escaleras/gradas? .....	1	2	3
c. ¿Al caminar más de una milla? .....	1	2	3
d. ¿Al caminar una cuadra? .....	1	2	3
e. ¿Al bañarse o vestirse? .....	1	2	3
f. ¿Al preparar comida o lavar la ropa? .....	1	2	3
g. ¿Al ir de compras? .....	1	2	3
h. ¿Al hacer cosas en su casa? .....	1	2	3
i. ¿Al alimentarse? .....	1	2	3

A2. Durante las últimas cuatro semanas, ¿le ha impedido su salud (READ ACTIVITY) todo el tiempo, algunas veces, o nunca?

(Circle One Number on Each Line)

	SI, TODO EL TIEMPO	SI, ALGUNAS VECES	NO, NUNCA
a. ¿Trabajar en un empleo, trabajar en casa, o ir a la escuela? .....	1	2	3
b. ¿Hacer cierto tipo o cantidad de trabajo, quehaceres, o tareas de la escuela? .....	1	2	3
c. ¿Encargarse del papeleo para el seguro médico (aseguranza) o cuentas médicas? .....	1	2	3

A3. Durante las últimas cuatro semanas, ¿cuántos días se tuvo que quedar en la cama por 1/2 día o más a causa de su salud?

DAYS: \_\_\_\_\_

**NOTE: FOR CAPI, RESPONSE CAN'T BE >28.**

A4. Durante las últimas cuatro semanas, ¿cuánto interfirió el dolor con su trabajo normal (incluyendo el trabajo fuera de la casa y los quehaceres de la casa)? Diría Ud.:

**(Circle One)**

- Para nada, ..... 1
- Un poquito, ..... 2
- Moderadamente, ..... 3
- Bastante, o ..... 4
- Mucho? ..... 5

A5. Durante las últimas cuatro semanas, ¿en cuánto ha interferido su salud o sus problemas emocionales con sus actividades sociales normales con su familia, amigos, vecinos, o grupos? Diría Ud.:

**(Circle One)**

- Para nada, ..... 1
- Un poco, ..... 2
- Moderadamente, ..... 3
- Bastante, o ..... 4
- Mucho? ..... 5

A6. En general, diría Ud. que su salud en estas últimas cuatro semanas fue:

**(Circle One)**

- Excelente, ..... 1
- Muy buena, ..... 2
- Buena, ..... 3
- Regular o, ..... 4
- Mala? ..... 5

Client Id.# \_\_\_\_\_

Timeline:  Baseline  12 Months

Today's Date: \_\_\_\_\_

Group:  HA  SA  HS

Medical Illness: \_\_\_\_\_

A7. (HAND R CARD #34) Por favor dígame que tan ciertas o que tan falsas han sido las siguientes frases para Ud. durante las últimas cuatro semanas:

(Circle One Number on Each Line)

	DEFINITI- VAMENTE CIERTO	MAS O MENOS CIERTO	NO SABE	MAS O MENOS FALSO	DEFINITI- VAMENTE FALSO
a. Parezco enfermarme más fácilmente que otras personas.....	1	2	3	4	5
b. Me he estado sintiendo mal últimamente.....	1	2	3	4	5

A8. (HAND CARD #35) ¿Cuánto tiempo durante las últimas cuatro semanas (READ ITEM). Diría Ud. todo el tiempo, la mayor parte del tiempo, una buena parte del tiempo, alguna parte del tiempo, un poco de tiempo, o nunca?

(Circle One Number on Each Line)

	TODO EL TIEMPO	LA MAYOR PARTE DEL TIEMPO	UNA BUENA PARTE DEL TIEMPO	ALGUNA PARTE DEL TIEMPO	UN POCO DE TIEMPO	NUNCA
a. Se ha sentido calmado/a y tranquilo/a?.....	1	2	3	4	5	6
b. Se ha sentido desanimado (desconsolado/a) y triste?.....	1	2	3	4	5	6
c. Se ha sentido cansado/a?.....	1	2	3	4	5	6
d. Ha sido Ud. una persona feliz?.....	1	2	3	4	5	6
e. Ha sido Ud. una persona muy nerviosa?.....	1	2	3	4	5	6
f. Ha tenido suficiente energía para hacer las cosas que quería hacer? .....	1	2	3	4	5	6
g. Se ha sentido Ud. tan triste que nada lo/la podía alegrar? .....	1	2	3	4	5	6

- h. Ha estado ansioso/a o preocupado/a? ..... 1            2            3            4            5            6
- i. Se ha sentido deprimido/a? 1            2            3            4            5            6

A9. Durante las últimas cuatro semanas, ¿cuánto ha interferido su salud física o sus problemas emocionales con sus actividades sociales (como visitar amigos, parientes, etc.)? Estas respuestas son un poco diferentes. Diría Ud.:

(Circle One)

- Todo el tiempo, ..... 1
- La mayor parte del tiempo, ..... 2
- Parte del tiempo, ..... 3
- Un poco del tiempo, o ..... 4
- Nunca? ..... 5

A10. ¿Cuánto dolor de cuerpo ha tenido durante las últimas cuatro semanas? Diría Ud. que:

(Circle One)

- Nada, ..... 1
- Muy poco, ..... 2
- Poco, ..... 3
- Moderado, ..... 4
- Grave, o ..... 5
- Muy grave? ..... 6

### Coping (English)

Client ID: \_\_\_\_\_

Group:  HA  SA  HS

Today's Date: \_\_\_\_\_

Baseline  Completion

Identified Event: \_\_\_\_\_

Please indicate which of the following (below) you did in connection with this event:

	No	Yes, Once or Twice	Yes, sometimes	Yes, fairly often
1. Tried to find out more about the situation	_____	_____	_____	_____
2. Talked with spouse or other relative about the problem.	_____	_____	_____	_____
3. Talked with a friend	_____	_____	_____	_____
4. Talked with a professional person (e.g. doctor, lawyer, clergy)	_____	_____	_____	_____
5. Prayed for guidance and/or strength	_____	_____	_____	_____
6. Prepared for the worst	_____	_____	_____	_____
7. Didn't worry about it figured everything would probably work out	_____	_____	_____	_____
8. Took it out on other people when I felt angry or depressed	_____	_____	_____	_____
9. Tried to see the positive side of the situation	_____	_____	_____	_____
10. Got busy with other things to keep my mind off of the problem	_____	_____	_____	_____
11. Made a plan of action and followed it	_____	_____	_____	_____
12. Considered several alternatives for handling the problem	_____	_____	_____	_____
13. Drew on my past experiences, I was in a similar situation before	_____	_____	_____	_____
14. Kept my feelings to myself	_____	_____	_____	_____
	No	Yes,	Yes,	Yes,

		Once or Twice	sometimes	fairly often
15. Took things a day at a time one step at a time	_____	_____	_____	_____
16. Tried to step back from the situation and be more objective	_____	_____	_____	_____
17. Went over the situation in my mind to try to understand it	_____	_____	_____	_____
18. Tried not to act too hastily or follow my first hunch	_____	_____	_____	_____
19. Told myself things that helped me feel better	_____	_____	_____	_____
20. Got away from things for a while	_____	_____	_____	_____
21. I know what had to be done and tried harder to make things work	_____	_____	_____	_____
22. Avoided being with people in general	_____	_____	_____	_____
23. Made a promise to myself that things would be different next time	_____	_____	_____	_____
24. Refused to believe that it happened	_____	_____	_____	_____
25. Accepted it; nothing could be done	_____	_____	_____	_____
26. Let my feelings out somehow	_____	_____	_____	_____
27. Sought help from persons or groups with similar experiences	_____	_____	_____	_____
28. Bargained or compromised to get something positive from the situation	_____	_____	_____	_____
29. Tried to reduce tension by:				
a. drinking (alcohol) more	_____	_____	_____	_____
b. eating more	_____	_____	_____	_____
c. smoking more	_____	_____	_____	_____
d. exercising more	_____	_____	_____	_____
e. taking more tranquilizers	_____	_____	_____	_____

**Coping**  
(Spanish)

Client ID: \_\_\_\_\_

Group:  HA  SA  HS

Today's Date: \_\_\_\_\_

Baseline  Completion

Por favor escoja el problema más importante que le haya afectado.

Escriba el nombre de este evento/situación \_\_\_\_\_

Por favor indique a continuación cómo reaccionó usted con respecto a este evento;

	No	Si, Una o Dos veces	Si, algunas veces	Si, frecuente- mente
1. Traté de informarme más al respecto de el problema	_____	_____	_____	_____
2. Hablé con mi esposo ú otro familiar sobre el problema	_____	_____	_____	_____
3. Hablé con un amigo	_____	_____	_____	_____
4. Hablé con una persona professional (doctor, abogado, sacerdote)	_____	_____	_____	_____
5. Resé para recibir fuerza y dirección	_____	_____	_____	_____
6. Me preparé para lo peor	_____	_____	_____	_____
7. No me preocupé; pense que todo saldría bien	_____	_____	_____	_____
8. Me desquité con otras personas cuando me senti enojada o deprimida	_____	_____	_____	_____
9. Traté de ver el lado positivo de la situación	_____	_____	_____	_____
10. Me ocupé en otras cosas para evitar pensar en el problema	_____	_____	_____	_____

	No	Si, una o dos veces	Si, algunas veces	Si, frecuente- mente
11. Hice un plan de acción y lo seguí	_____	_____	_____	_____
12. Consideré varias alternativas para tratar con el problema	_____	_____	_____	_____
13. Me basé en mis experiencias anteriores; estuve en una situación similar	_____	_____	_____	_____
14. Fui muy reservado(a) sobre el problema	_____	_____	_____	_____
15. Tomé las cosas con calma, día a día, paso a paso	_____	_____	_____	_____
16. Traté de salirme de la situación, Y ser más objetivo(a)	_____	_____	_____	_____
17. Revisé la situación en mi mente, para tratar de entenderla	_____	_____	_____	_____
18. Traté de no actuar aceleradamente o de seguir mi primera intuición	_____	_____	_____	_____
19. Me dije a mi mismo(a) cosas que me ayudaron a sentir mejor	_____	_____	_____	_____
20. Me alejé por un tiempo	_____	_____	_____	_____
21. Yo sabía lo que tenía que hacer y traté de hacer que las cosas trabajaran	_____	_____	_____	_____
22. En general traté de evitar a otras personas	_____	_____	_____	_____
23. Hice una promesa a mi mismo que las cosas serían diferentes la próxima vez	_____	_____	_____	_____
24. No creí lo que había pasado	_____	_____	_____	_____

25. Acepté que no podría hacer nada sobre el problema \_\_\_\_\_  
Client ID: \_\_\_\_\_ Group:  HA  SA  HS

Today's Date: \_\_\_\_\_  Baseline  Completion

26. Descargué mis sentimientos de alguna forma \_\_\_\_\_

27. Busqué ayuda en personas o grupos con experiencias similares \_\_\_\_\_

28. Me prometí sacar algo positivo de la situación \_\_\_\_\_

29. Traté de reducir la tensión por medio de:

a. Tomando alcohol más \_\_\_\_\_

b. Comiendo más \_\_\_\_\_

c. Fumando más \_\_\_\_\_

d. Haciendo más ejercicio \_\_\_\_\_

e. Tomando más tranquilizantes \_\_\_\_\_

**HEALTH INTERVIEW SURVEY FOR HIV/AIDS**

Client ID#: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Baseline

Post

**Medical Diagnosis**

1. Medical Diagnosis is:  AIDS  HIV Symptomatic  HIV + Asymptomatic
2. Date of Diagnosis: \_\_\_\_\_ (When client was informed)
3. Transmission Category:  Homosexual  Bisexual  Heterosexual  I.V. Drug User  
 Blood Transfusion  Hemophiliac  Birth
4. Client was infected by (specify): \_\_\_\_\_
5. Client was informed of HIV/Aids diagnosis by:  Partner  Physician  Lab Tests (routine)  
 During a Hospitalization  HIV/Aids Test  Parent(s)  Relative/Friend
6. Was a retest conducted to confirm the client's positive HIV results?  Yes  No
7. Did client (or child's parent) seek a "second opinion"?  Yes  No  
 If yes, where?  United States  Other Country, specify if possible : \_\_\_\_\_

**Present Medical Status**

8. Client's most recent laboratory results:
 

value	as of (date)
CD4	
CD4%	
Viral Load	
9. Karnofsky Scale assessment:
 

Stage I=100-80	Stage II=70-60	Stage III=50-40	Stage IV=30-20
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is client presently disabled due to HIV/AIDS?  yes  no
11. Has this client been hospitalized in the past:  week  30 days  6 months  year  no

**AIDS-related illnesses**

Please check any AIDS-related illnesses or co-existing illnesses the client is experiencing currently:

- |  |   |
|--|---|
| <input type="checkbox"/> PCP   | <input type="checkbox"/> meningitis                         |
| <input type="checkbox"/> wasting syndrome  | <input type="checkbox"/> dementia (memory impairment)       |
| <input type="checkbox"/> gynecological problems (abnormal PAP, yeast infections)   | <input type="checkbox"/> mood disorders (anxiety disorders) |
| <input type="checkbox"/> cervical cancer   | <input type="checkbox"/> TB                                 |
| <input type="checkbox"/> Kaposi's Sarcoma (lesions in the skin or internal organs) | <input type="checkbox"/> Hepatitis B                        |
| <input type="checkbox"/> thrush (fungal infection)                                 | <input type="checkbox"/> Hepatitis C                        |
| <input type="checkbox"/> toxoplasmosis (swelling, lesions in brain)                | <input type="checkbox"/> other, specify: _____              |

Note: Requests to duplicate this instrument/form can be forward to Lourdes Carranza, Project Manager at Bienvenidos, address

### Medication Treatment

*note: questions 12-15 apply to the pregnancy & birth of the child identified as the AIA Index Child only*

	yes,AZT	yes,other	no	n/a
12. Did client take medication for HIV/AIDS during pregnancy? If yes, give start & end months: ____ (month began meds) to ____ (month ended meds)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Was newborn placed on HIV/AIDS medication? If yes, how long was medication given to newborn?: _____ weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Did the newborn test positive for HIV?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Was the newborn breastfed by the mother?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16. Is client currently taking medication for HIV/AIDS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. Is the client currently compliant to medication treatment? If no, why not? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Medication Side Effects

Please check any medication side effects the client is experiencing currently:

- |  |   |
|--|---|
| <input type="checkbox"/> lipodystrophy (redistribution of body fat)            | <input type="checkbox"/> weight loss                |
| <input type="checkbox"/> skin irritation, rash                                 | <input type="checkbox"/> abdominal pain, discomfort |
| <input type="checkbox"/> peripheral neuropathy (pain, numbness in hands, feet) | <input type="checkbox"/> anemia                     |
| <input type="checkbox"/> dizziness   | <input type="checkbox"/> low blood pressure         |
| <input type="checkbox"/> headaches   | <input type="checkbox"/> high blood pressure        |
| <input type="checkbox"/> fatigue, weakness                                     | <input type="checkbox"/> menstrual irregularities   |
| <input type="checkbox"/> numbness around mouth                                 | <input type="checkbox"/> kidney stones              |
| <input type="checkbox"/> swelling around mouth                                 | <input type="checkbox"/> pancreatitis               |
| <input type="checkbox"/> taste perversion                                      | <input type="checkbox"/> fever                      |
| <input type="checkbox"/> oral ulcers   | <input type="checkbox"/> delusions                  |
| <input type="checkbox"/> nausea  | <input type="checkbox"/> impaired concentration     |
| <input type="checkbox"/> vomiting  | <input type="checkbox"/> insomnia                   |
| <input type="checkbox"/> diarrhea  | <input type="checkbox"/> mood disorders             |
| <input type="checkbox"/> loss of appetite                                      | <input type="checkbox"/> other, specify: _____      |

### Alternative Treatments

Please check any alternative treatments for HIV/AIDS the client is seeking currently:

- |  |  |
|--|--|
| <input type="checkbox"/> herbal/homeopathy       | <input type="checkbox"/> proper nutrition/diet |
| <input type="checkbox"/> nutritional supplements | <input type="checkbox"/> healer/curandera      |
| <input type="checkbox"/> acupuncture             | <input type="checkbox"/> other, specify: _____ |

**SUBSTANCE ABUSE HEALTH INTERVIEW**

Client ID: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Baseline

Post

**Medical Conditions**

1. Please check any medical conditions the client is experiencing currently:

- |   |   |
|---|---|
| <input type="checkbox"/> tuberculosis           | <input type="checkbox"/> bladder infections     |
| <input type="checkbox"/> heart disease          | <input type="checkbox"/> STDs                   |
| <input type="checkbox"/> seizures               | <input type="checkbox"/> arthritis              |
| <input type="checkbox"/> blood clots            | <input type="checkbox"/> gynecological problems |
| <input type="checkbox"/> ulcer                  | <input type="checkbox"/> Hepatitis A            |
| <input type="checkbox"/> gallstones             | <input type="checkbox"/> Hepatitis B            |
| <input type="checkbox"/> diabetes               | <input type="checkbox"/> Hepatitis C            |
| <input type="checkbox"/> thyroid irregularities | <input type="checkbox"/> HIV/AIDS               |
| <input type="checkbox"/> asthma                 | <input type="checkbox"/> severe headaches       |
| <input type="checkbox"/> emphysema              | <input type="checkbox"/> mental health disorder |
| <input type="checkbox"/> chronic bronchitis     | <input type="checkbox"/> cancer                 |
| <input type="checkbox"/> kidney stones          | <input type="checkbox"/> back problems          |
| <input type="checkbox"/> kidney infections      | <input type="checkbox"/> other, specify: _____  |

yes      no

2. Has client received medical treatment for the above condition(s)?  yes       no

3. Has this client had any surgeries during the past year?  yes       no

**Drug History**

1. Please check the client's primary drug of choice in the primary column. (Check more than one drug in the primary column only if the client is or was a polydrug user (i.e., client used more than two drugs on a regular basis). In the recent column, please check any drugs client has used in the past 6 months.

- | <i>primary</i>           | <i>recent</i>            |                    | <i>primary</i>           | <i>recent</i>            |  |
|--------------------------|--------------------------|--------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | alcohol            | <input type="checkbox"/> | <input type="checkbox"/> | methamphetamines                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | cocaine/crack      | <input type="checkbox"/> | <input type="checkbox"/> | hallucinogens ( <i>LSD, mushrooms</i> )                |
| <input type="checkbox"/> | <input type="checkbox"/> | marijuana          | <input type="checkbox"/> | <input type="checkbox"/> | club drugs ( <i>roofies, ecstasy, Special K, GHB</i> ) |
| <input type="checkbox"/> | <input type="checkbox"/> | heroin             | <input type="checkbox"/> | <input type="checkbox"/> | inhalants ( <i>whippets, poppers, etc.</i> )           |
| <input type="checkbox"/> | <input type="checkbox"/> | PCP                | <input type="checkbox"/> | <input type="checkbox"/> | prescription meds ( <i>Vicodin, Valium, etc.</i> )     |
| <input type="checkbox"/> | <input type="checkbox"/> | amphetamines/speed | <input type="checkbox"/> | <input type="checkbox"/> | other, specify: _____                                  |

1. How long did the client use drugs?  less than 1 year       1-5 years       over 5 years

2. How long has the client been drug-free?  less than 1 month       1-6 months       over 6 months

3. At what age did client first started drinking alcohol or using drugs? \_\_\_\_\_ years

**AIA Changes in Home Environment and/or Family Composition**

Client BFS ID #: \_\_\_\_\_ Group (circle one): SA HA HS

<i>Initial Information</i>	<i>Name</i>	<i>HIV status (+ / - / na)</i>
<b>Index Child</b>		
<b>Biological Mother</b>		
<b>Biological Father</b>		
<b>Primary Caregiver</b> <i>Relationship to Index Child →</i>		

**1st Change in Home Environment/Family Composition**

<i>Change (s) that Occurred Affecting Index child and/or primary caretaker?</i>	
<i>Type or Reason for change</i>	
<i>Siblings Involved?</i>	
<i>Date of Change</i>	

**2nd Change in Home Environment/Family Composition**

<i>Change (s) that Occurred Affecting Index child and/or primary caretaker?</i>	
<i>Type or Reason for change</i>	
<i>Siblings Involved?</i>	
<i>Date of Change</i>	

**3rd Change in Home Environment/Family Composition**

<i>Change (s) that Occurred Affecting Index child and/or primary caretaker?</i>	
<i>Type or Reason for change</i>	
<i>Siblings Involved?</i>	
<i>Date of Change</i>	

**Client Satisfaction Survey for  
AIA Funded Programs**

In order to better serve the clients of the AIA Project Milagro, we are requesting that you fill out the following survey. Please check the response that best describes your experience with the program. Your participation is greatly appreciated.

1. I received services promptly.

- Strongly disagree     Disagree     Agree     Strongly agree

2. Agency/program staff was respectful of me and my culture.

- Strongly disagree     Disagree     Agree     Strongly agree

3. I received the services my worker said I would receive.

- Strongly disagree     Disagree     Agree     Strongly agree

4. The services I received were helpful.

- Strongly disagree     Disagree     Agree     Strongly agree

5. Please rate your overall satisfaction with this agency and it's services.

- Poor     Fair     Good     Excellent

Please include any comments that you wish to share about your experiences with this program:

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**ASQ Child Measure:**

Squires, J., Potter, L., & Bricker, D. (2004). *The ASQ User's Guide for the Ages & Stages Questionnaires: A Parent-Completed, Child-Monitoring System*. Second Edition, Brooks Publishing Company, Baltimore.

**Developmental Profile 2 Scale:**

Alpern, G. (2002). *Developmental Profile 2 User's Guide*. Western Psychological Services, Los Angeles. \*Note: DP3 is now available and has replaced the DP2. Contact information for this instrument: [wspublish.com](http://wspublish.com)

**Parent Stress Index:**

Abidin, R. (2005). *Parenting Stress Index, 3rd Edition*, Psychological Assessment Resources, Inc. Publishing, Florida.  
Web address: [www.parinc.com](http://www.parinc.com)



**INFORMED CONSENT FORM FOR TREATMENT AND EVALUATION:  
PROJECT MILAGRO**

**Purpose of Project Milagro**

The Abandoned Infants Assistance Program- Project Milagro (CFDA # 93.551) is a federally funded program by Children's Bureau- DHHS designed to prevent infant abandonment, by addressing the needs of families affected by HIV/AIDS and/or substance abuse. Participants will receive home-based supportive services using a team approach. The team approach will include a Family Support Worker, Counselor, Parent Educator, Health Educator, and when needed Therapist. Center-based services offering Parenting classes, Drug Education, Health Workshops and support groups, will also be available. Project services are aimed at strengthening families, assisting parents and their children, and improving quality of life.

**Procedures:**

Project Milagro is a 12 month service program offering home-based support and education services. The evaluation consists of you completing questionnaires/surveys at the time of enrollment, at 6 months and again at 12 months. This process will take approximately 90 minutes and will be conducted individually. All questionnaires are available in English and Spanish. Staff members are available to assist you completing these forms if requested.

**Potential Risks:**

There are minimal potential risks in participating in evaluation services. Risks include the possibility that you may experience some anxiety when completing questionnaires or discussing issues related to your health, personal and family substance abuse, and legal/criminal problems. No other known physical, emotional or psychological risk is anticipated. In the event that you experience stress or anxiety in relation to completing this process, mental health professionals will be available for you to talk to.

**Benefits:**

It has been the experience of the staff at this program that the benefits of participation in the evaluation of this project will far outweigh the potential risks involved. The information collected from you is expected to result in a number of significant outcomes that can help the project better serve future participants and to find out if the program is effective.

**Confidentiality Statement:**

Maintenance of confidentiality is of paramount importance and steps will be taken to ensure that all information is handled as confidential as possible. Surveys and questionnaires will be identified with a number and information will remain in a locked cabinet. Records will be kept for three years. However, the staff is required by law to report any suspected case of child abuse or neglect or threats to harm your-self or harm others.

Participation in this evaluation is strictly voluntary. You have a right to withdraw your consent without prejudice or the termination of services or referrals. You have the right to revoke this consent at any time, or it will expire 12 months from today \_\_\_\_\_ (Today's Date).

**Offer to answer questions:**

If you have any questions relating to Project Milagro, please feel free to call Lourdes Carranza (323) 728-9577 or Dr. Martha Cristo at (213) 968-0338 at any time. You will be given a copy of this form to keep. If you have any complaints about the project, you can call Bienvenidos Family Services at (323) 728-9577 and ask to speak to someone on the *Institutional Review Board* (the committee that helps protect people who are in evaluation projects). The review board will then investigate your complaint. We encourage you to ask questions, give us suggestions, or tell us what you do not like about the project to try to best help you.

**Agreement:**

YOUR SIGNATURE BELOW INDICATES THAT YOU AGREE TO PARTICIPATE HAVING READ THE INFORMATION ABOVE.

---

Participants Printed Name	Date	Staff Printed Name	Date
---------------------------	------	--------------------	------

---

Signature of the Participant	Date	Staff's Signature	Date
------------------------------	------	-------------------	------

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Approved Research Committee Chairman	Date
--------------------------------------	------

**VIDEO, PHOTOGRAPHY AND/OR INTERVIEW RELEASE:**

The Abandoned Infants Assistance Bienvenidos Project Milagro would like to document the progress and promote the success of its participants. At times, staff will be taking pictures of program activities—of which you may be a part of—over the course of the next four years. On occasion, members of the media, including newspaper photographers and television cameramen, may visit the project to video tape, photograph or interview participants. We would like your permission so that you may participate in this process. This permission will cover the four years of the program unless you notify us later that you do not wish to participate.

**I DO** give permission to be video taped, photographed and/or interviewed.

**OR**

**I DO NOT** give permission to be video taped, photographed and/or interviewed.

Thank you for your cooperation.

\_\_\_\_\_  
Signature of Participant, Parent or Guardian Date

\_\_\_\_\_  
Witness Signature                      Date

**Appendix C 1 In-home Visit Progress Report**

**AIA - Project Milagro**

**In-Home Visit Progress Report**

Case Name:			Date of Visit:
Case Number:	Session # for Month:	Start Time	<input type="checkbox"/> <u>Client's Home</u>
Client available:		Stop Time	<input type="checkbox"/> Other_ _
Family (counseling) <input type="checkbox"/> yes <input type="checkbox"/> no			
Client (counseling) <input type="checkbox"/> yes <input type="checkbox"/> no			
Group (counseling) <input type="checkbox"/> yes <input type="checkbox"/> no			

ADULTS VISITED	CHILDREN VISITED
1. Mother:	1.
2. Father:	2.
3. Caregiver	3.
4.	4.
5.	5.
	6.

*Primary Topics Discussed On Face-To Face Visit (As Applicable)*

<input type="checkbox"/> Child's Functioning/ Development	<input type="checkbox"/> Parental Functioning / Parent Education	<input type="checkbox"/> Case Management/Advocacy
<input type="checkbox"/> Family Dynamics & Communication	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Health/ Medical/Dental issues
<input type="checkbox"/> Safety Factors (environmental)	<input type="checkbox"/> Stress Management (Problem solving)	<input type="checkbox"/> Physical/ Sexual/Verbal abuse
<input type="checkbox"/> Immediate Basic Needs	<input type="checkbox"/> Mental Health issues	<input type="checkbox"/> Personal goals: _____
<input type="checkbox"/> Anger Management/ Conflict resolution	<input type="checkbox"/> Domestic Violence/ Self-Esteem/ Empowerment	<input type="checkbox"/> Other: _____

<input type="checkbox"/> Referrals/ Linkages needed: _
<input type="checkbox"/> Concrete services being requested:

*Any of the above that were discussed during this visit must be summarized by:*

- Follow Up** on task/ issues discussed at previous visit.

--

- Child Safety Issues** (Discuss conditions of the home, child (ren's) physical appearance, child (ren's) health, changes in household).

--

- Family Functioning** (discuss relationships, parent/child interaction, strengths/challenges, changes, commitment to program. Highlight crisis intervention)

--

- Progress towards goals stated In Case Plan** (also discuss any strengths/challenges toward goal achievement)

--

5. **Evaluation of essential Linkage Services** (discuss effectiveness of services being provided, barriers to service provisions, parent's level of participation and any other services which may benefit the family or improve family functioning, etc.)

6. **Additional Comments** (include items to follow-up with CSW, with other service providers, family member(s))

---

*Family Support Worker*  
*Date*

---

*Program Coordinator Signature*  
*Date*

PROJECT MILAGRO Case Plan

Initial       Quarterly Review       HA     HS     SA

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_ ID #: \_\_\_\_\_

STRENGTHS (Enter as many)

CHALLENGES/BARRIERS (Enter as many)

1. CONCERNS: \_\_\_\_\_ Client: \_\_\_\_\_

GOAL: \_\_\_\_\_

OBJECTIVES

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

Follow up: \_\_\_\_\_

2. CONCERNS: \_\_\_\_\_ Client: \_\_\_\_\_

GOAL: \_\_\_\_\_

OBJECTIVES

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

Follow up: \_\_\_\_\_

3. CONCERNS: \_\_\_\_\_ Client: \_\_\_\_\_

GOAL: \_\_\_\_\_

Continued

**OBJECTIVES**

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

**Follow up:** \_\_\_\_\_

4. **CONCERNS:** \_\_\_\_\_ **Client:** \_\_\_\_\_

**GOAL:** \_\_\_\_\_

**OBJECTIVES**

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

**Follow up:** \_\_\_\_\_

**Agreement of Case Plan required.**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client (Minor if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Family Support Worker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Family Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Case Plan Review**       **Quarterly**      **Date of review:** \_\_\_\_\_

Family Support Worker Signature \_\_\_\_\_ Date \_\_\_\_\_

Family Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_



BIENVENIDOS FAMILY SERVICES

5233 East Beverly Blvd.  
East Los Angeles, CA 90022  
☎ 323.728.9577 • ~ 323 728-3483  
fs@bienvenidos.org  
www.bienvenidos.org

*Free and confidential services  
Servicios son gratis y confidenciales*

# Project Milagro



*A home visitation program for families  
affected by HIV/AIDS or substance abuse.*

*Un programa de apoyo que brinda servicios  
en su hogar enfocándose a mejorar la  
calidad de vidas en familias afectadas por  
el VIH/SIDA o abuso de alcohol o drogas.*



**OUR MISSION:**

*To ensure the permanency, safety, and well-being of HIV and/or drug affected children.*

**Proyecto Milagro** ofrece un sentido de esperanza y mejor calidad de vida a mujeres Latinas y sus niños que han sido afectados por VIH/SIDA, o consumo de alcohol y drogas. El personal es compasivo y culturalmente sensible, y en equipo ofrecen servicios en el hogar que incluyen consejería, educación, abogacía y recursos en la comunidad. La meta del programa es mantener un ambiente sano y seguro para los niños y establecer la permanencia y estadia de los niños con miembros de la familia. Proyecto Milagro en colaboración con servicios sociales y médicos en la comunidad proveen una red de apoyo logrando reducir el nivel de estrés, depresión y desolación en las familias afectadas por VIH/SIDA, o consumo de alcohol y drogas.



**Project Milagro** offers hope and a better quality of life for Latina women and their families affected by HIV/AIDS or substance abuse. Compassionate, culturally sensitive staff offer in-home counseling, education, and advocacy with the goal of creating a safe environment for children. Team-based services help fragile families create a plan to ensure their children remain within their home environment. Referrals to a wide network of social, medical, and community resources decrease parental stress, depression, and isolation – for more stable and healthy families.

**SERVICES**

- Family Support
- Recovery Support
- Individual Counseling
- Family Counseling
- Case Management
- Parent Education
- Health Education
- Reunification Services
- Advocacy
- Child Development Services
- Resources and Referrals
- Long-term Planning for Children

**SERVICIOS**

- Apoyo en su Hogar
- Consejería Individual
- Consejería Familiar
- Manejo de Casos
- Educación Sobre Salud
- Clases de Padres
- Servicios de Reunificación
- Tratamiento de Alcohol o Drogas
- Recursos en la Comunidad
- Planificación Sobre Tutela de Hijos
- Desarrollo Infantil

*NUESTRA MISIÓN: Asegurar la permanencia, seguridad y bienestar de niños afectados por el VIH/SIDA y/o drogas.*

**El programa esta disponible a familias con niños menores de seis años que viven en el área del Este, Sureste de Los Angeles y en Este de Hollywood.**





**Planning  
for the  
Future Care  
of My  
Children**



*There are things that we  
don't want to happen  
but have to accept,  
things we don't want to know  
but have to learn,  
and people we can't live without  
but have to let go.*

**Author unknown**

*Written by*

**Lourdes Carranza**

December 2008

BIENVENIDOS

Los Angeles, California

213 785 5906

[www.bienvenidos.org](http://www.bienvenidos.org)

**This workbook is dedicated  
to all the courageous  
and caring parents  
living with a terminal illness  
and their cherished children.**

*Funding for this workbook was provided  
by the Abandoned Infants Assistance  
grant award (2004-2008), Children's Bureau  
Administration for Children and Families-  
Department of Human Health Services.*

## **Contents**

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*Section 4 **Involving the Children in the Process***

*Section 5 **Securing Your Plan***

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## Introduction

I admire your strength and courage in not only picking up this workbook but also proceeding to read it. Perhaps you are sitting in your living room or in a waiting area for a medical visit and wondering if this workbook has any purpose in your life. It may or may not. However, it contains valuable information for you to read, whether you find it helpful for yourself or for someone you know.

Living with a terminal illness can be a devastating reality. As a parent you may be facing multiple decisions in the midst of unpredictable physical and emotional health. Custody planning can be very difficult emotionally,

*There is no greater reassurance than knowing your children's future is secure and as a parent you played a significant role in securing it.*

especially when you are not informed of the options available to you. It is important for you to know that there is hope as well as support in planning for the future care of your children. This workbook is designed

to provide support and relieve your worries about: "What will happen to my children in the event I become too ill to care for them?" There is no greater reassurance than knowing your children's future is secure and as a parent you played a significant role in securing it.

This workbook will serve as a practical guide in planning for the future care of your children in the event that you are no longer able to care for them. We realize that this is a difficult subject to approach and to process, yet we are confident that in the end you will find "peace of mind." It is also important that you give thought to this and if possible, plan ahead while you are able to make informed and competent decisions about your children's future.



At this point, you may find yourself debating whether to continue reading this workbook. To encourage you to continue, we would like to share what we have learned over the years of

offering support to parents living with HIV/AIDS who embarked on the journey of planning the future care of their children:

- > *Early planning prevented several children from entering the foster care system*
- > *Planning supported the transition of children to their new caregiver and reduced unnecessary separation between siblings*
- > *Parents wishes were honored and their children in due course resided with suitable and loving caregivers*
- > *Parent's who finalized their plans ultimately shared an overall sense of "peace" and faced their futures with rest and reassurance*

It is important to keep in mind that this workbook is not intended to replace legal counsel or advice. Laws and procedures relating to custody and visitation as well as the rights of grandparents are determined and may vary by each state. This workbook provides information for people living in California. We suggest that residents of other states consult with attorneys or knowledgeable service providers for further information and guidance.

## SECTION 1

# Finding Courage: Are You Ready?

Planning for the future care of your children may be one of the most challenging experiences you will face. Although difficult, this process will allow you as a parent to make decisions about the lives of your children. Notably, beginning the process of future care and custody planning is a personal decision. Whether you are embarking on this journey as a result of an urgent change in your health or as part of a long-term plan, it is a personal journey. You have begun a critical and often emotional process to securing the future of your children. This process neither has a timeline nor an ideal order to follow.

Over the years, we have learned that families have unique beliefs, values and life experiences that inevitably influence their plan for the future care of their children and its process. We have listened to countless anecdotes from parents who have completed their plan. Many parents have shared their capability to currently enjoy life because they found comfort in knowing who will care for their children. Parents also shared that despite their discomfort and difficulty at the onset, the planning process eventually evolved as therapeutic and healing for themselves and their children. We also learned that parents living with stigmatized illnesses such as HIV/AIDS commonly expressed struggling with decisions in disclosing the nature and extent of their illness. These parents often experienced shame and guilt, and tended to be reluctant to disclose their health status to their children as well as future caregivers.

As you begin exploring these ideas and your thoughts, you are actually beginning the process of planning. Don't be afraid to seek guidance and support. The following questions will help process possible concerns that you may have and help determine if you are ready to take your planning to the next step.



## Purpose of this Workbook

This workbook was specifically designed for parents living with a terminal illness. It provides you and your family with the information necessary to carry out your plans for the future care of your children. This can be a long-term process and requires a personal commitment. It is not easy nor is it a one-day journey. Planning, while coping with a compromised health condition and experiencing "good and not so good days," can be challenging. It is important to know that dealing with the possibility of surrendering the care of your children can be emotionally demanding. As you embark on this journey, it is highly recommended you find a friend or professional to journey with you. The road to planning for the future care of your children can be daunting and difficult at times; however, the final steps will bring inner peace and calm to your troubled heart.

This workbook was developed after careful assessment and consideration of the needs of children living with terminally ill parents. The workbook follows a framework successfully applied to Latino/a parents living with the HIV virus or AIDS who engaged in the journey of planning for the future care of their children. This framework incorporates a sensitive approach that is further applicable and helpful to families living with other terminal illnesses. This workbook serves as an informational resource aimed at helping parents plan for their children's future. Moreover, it provides professionals with meaningful strategies and tools to assist parents in this emotionally complex process. Germane to the workbook, a parent securing a plan is hereinafter referred to as the "custodial parent" and the individual nominated (by the parent) to provide the future care of his/her children is hereinafter referred to as "future or alternative caregiver" or "nominated guardian."

> Is it important for you to plan for the future care of your children?

Yes No

> Have you considered talking to someone about this?

Yes No

If yes, who? \_\_\_\_\_

> Is there someone who would care for your children in the event that you couldn't?

Yes No

If yes, who \_\_\_\_\_

> Has anyone cared for your children in the past?

Yes No

If yes, who \_\_\_\_\_

> Do you want to express your wishes and ensure that your children do not end up with a particular person?

Yes No

> Do you need information on who to contact for emotional support and/or legal counsel?

Yes No

> Do you need information on benefits and services for you and your surviving children?

Yes No



## SECTION 2

# What are Your Options?

There are several options for the parent or family wishing to plan for the future care of their children. It will be important for you to identify what is the best option for you and your family, based on your unique circumstances. There are many factors to consider when deciding on a future plan for your children. For example, a factor to consider is how to ensure the future care of your children without giving up your rights and responsibilities. In this section, you will be informed of the various options that exist in California, both formal (legal) and informal (not filed in a court). Each option has benefits and drawbacks that are briefly discussed. As you move forward in the planning process, it will help if you consult with a professional or friend to help you as you process your emotions.

In order for you to determine what option is best for you and your family, consider answering the following questions:

- > Do you have concerns about disclosing your illness?
- > Do you want to secure your decisions by making a formal legal plan (filing in court)?
- > Do you have concerns about filing a legal plan in court?
- > Do you have a person in mind who is interested in assuming legal responsibility should it ever be necessary?

These are all very important questions which, if not yet present, will eventually surface. As soon as you can determine your answers, you will be better able to make a decision in choosing an option that is best for you and your family. Below are the options available to parents living in California diagnosed with a terminal illness:

### **Testamentary Guardianship**

Testamentary Guardianship is a guardianship preference stated in a Will or other written document, which goes into effect after the custodial parent's death and following court approval. The custodial parent initiates Testamentary Guardianship and has nominated an *alternative caregiver guardian in a Will*. However, initiation of a future guardianship through a Will does not, in and of itself, ensure that a court will appoint the person named in the Will. Disadvantages to Testamentary

Guardianships are that nominations through Wills can be contested and do not assist during temporary incapacitation of custodial parents.

### **Caregiver's Authorization Affidavit**

California Law recognizes a category of adults who have informally assumed responsibility for the care of minors residing with them. Through the Caregiver's Authorization Affidavit, a caregiver may enroll a minor in school and make school-related medical decisions. In some circumstances, a caregiver may authorize most types of medical care for the child. Completing this affidavit does not affect the rights of a custodial parent or legal guardian regarding the care, custody and control of the minor, and does not mean that the designated caregiver has legal custody of the minor. The affidavit is not filed in a court and not valid for more than a year after the date on which it is executed.

### **Joint Guardianship**

Joint Guardianship Law allows for the parent who suffers from a terminal illness to designate someone who will participate in the care of the child if and when the parent is no longer able to provide for the child's daily needs. One of the most important aspects of this law is that it allows the custodial biological parent the opportunity to share child custody with the nominated caregiver. Further, custodial parents are permitted to retain custody and care for their children even after the joint guardianship has been granted. In most cases, this is the preferred option for parents filing for a caregiver guardianship. Joint Guardianship can also be applied in cases where two parties other than the parent, petition the court for shared custody. In this situation, the primary caregiver may request assignment of a joint caregiver guardian for additional support in raising the child. In order to file for Joint Guardianship, two conditions must be met: first, the non-custodial parent must be in agreement with the nomination of the caregiver guardian, and second, the non-custodial parent does not contest the petition submitted by the custodial parent. In addition, if the court finds it in the "best interest" of the child to agree with the petition of the custodial parent, the joint guardianship will be approved. Courts require for all non-custodial parents, grandparents, and siblings of the child to be notified of joint guardianship requests.



Guardians are permitted by law to obtain medical treatment, and they are required to ensure the safety and educational needs of the child. Guardians are also eligible to apply for public benefits on behalf of the child. Upon the death of the custodial parent, the Joint Guardian caregiver becomes the sole legal guardian of the child without any further court proceedings. Joint Guardianship appointments can be revoked by the caregiver, minor who is of 14 years or older, the parent or the court.

### **Temporary Guardianship**

A petition filed to the court requesting an urgent appointment of a guardian. This appointment is temporary, usually 30 days until a regular guardianship hearing is scheduled. A temporary guardian can be nominated by the parent, the guardian or the child 14 years of age or older. The temporary guardian is provided with immediate authorization for the child's care.

### **Adoption**

Adoption is a permanent legal option. Adoption is most often an order filed by the Department of Children and Family Services as a procedure to implement a permanency plan for children who have suffered abuse by their biological parents. In these cases, foster care parents or relative caregivers adopt children. In adoptions, the rights of both parents must either be relinquished (voluntarily given up) or terminated by a court order. Adoptive parents assume all legal rights of adopted children, including but not limited to religion, education and medical care. The majority of terminally ill parents are not ready to relinquish their rights as parents and therefore often do not chose adoption as a plan for the future care of their children. In cases where a parent is deceased, the alternative caregiver (if not the other parent) can chose to file for adoption of the child.

### SECTION 3

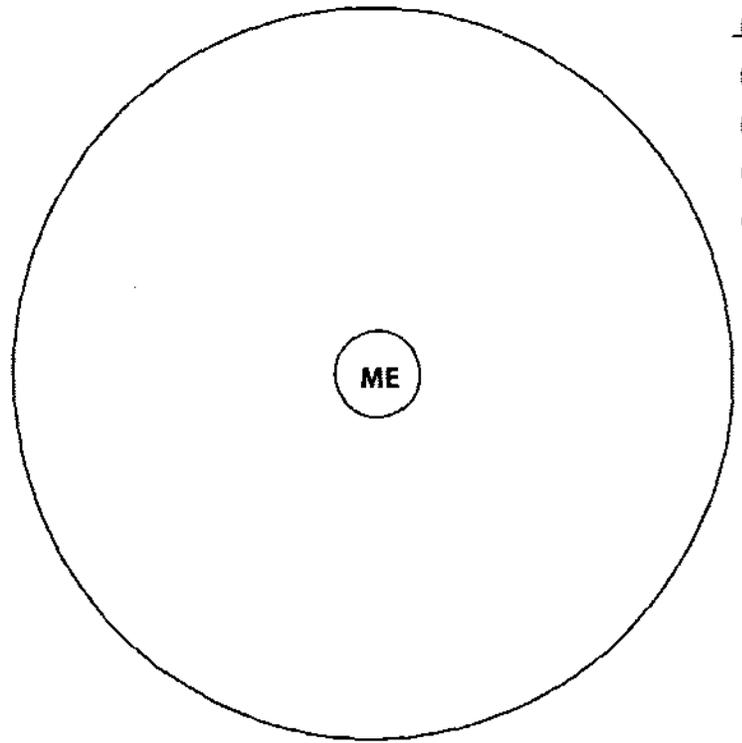
# Choosing an Alternative Caregiver

Careful consideration needs to be given to choosing an alternative caregiver. Unfortunately, it is common for parents to wait until an urgent need arises to identify either a temporary or permanent caregiver. Making choices in times of urgency often does not allow for careful consideration or thought as to whom would best care for your children. Similarly, the nominated caregiver may feel compromised to accept this role, mainly due to the urgency of parents' illness. Often, the opportunity for comprehensive review and consideration of the extent of this commitment is limited. In such situations, parents run the risk of securing only a temporary placement followed by disruptions and at times multiple unsuccessful placements. We are aware that the process of identifying an alternative caregiver can be challenging. However, we also recognize that this is a critical step in your planning process.

To assist you in the process of selecting an alternative caregiver, please follow the next steps:

**STEP 1:** Answer the following questions:

1. Have you experienced past hospitalizations?  
**Yes No**
2. If yes, who cared for your children during your last hospitalization?  
\_\_\_\_\_
3. If you were to be hospitalized today, do you have someone to care for your children?  
**Yes No Not sure**
4. If you answered yes above, could this person care for your children long term?  
**Yes No Not sure**
5. Would this person be willing to care for your children permanently?  
**Yes No Not sure**



**STEP 2:** Identify who is in your circle of support.

Inside the circle, identify who are the persons closest to you and your children.

\_\_\_\_\_

**STEP 3:** Circle the names of the people who are aware of your illness.

This exercise will help you identify a suitable caregiver for your children. There are other important considerations in choosing the alternative caregiver. We recommend that you spend time giving some thought to the following:

- > Is the potential caregiver of age (18 years or older) and in good health?
- > Is the potential caregiver aware of your health condition? If not, how do you think he/she will respond if they found out?
- > Is the potential caregiver interested in assuming the responsibility permanently?
- > Do the children have a relationship with him or her?
- > Would the other parent object to your nomination of caregiver?
- > Is there anyone who you absolutely would not want to care for your children?

6 As you begin selecting the future caregiver, it is important for you to know the court process for approving a nominated guardian. Although there are no hard rules on whom is appropriate to be a guardian, it is the sole discretion of the court to approve a nomination. The court weighs many factors in making a decision to appoint a guardian. Judges in California follow guidelines stipulated by law in the appointment of guardians. Factors used for guardianship preference include: to one or both parents; to the person whom the child has been living in a stable environment; and to any person determined suitable and able to provide adequate and proper care and guidance to the child (Goldoftas & Brown, 2000). Ultimately, the most important consideration in naming a guardian is the “best interest of the child.”

**Additional important factors to know before filing a legal guardianship:**

The nominated guardian *does not*:

- > have to be a legal resident or citizen.
- > have to be married or be a parent.
- > have to be a relative of the child.

The nominated guardian *does* have to:

- > have a basic ability to “parent” the child.
- > have an ability to provide the child with food, shelter, clothing, and medical care.
- > be in fair health.

Reasons why a court might find a nomination improper:

- > a person who has been charged with neglecting or abusing a minor.
- > a person who has been convicted of a felony.
- > other run-ins with the law depending on the crime, how long ago it was committed and the current lifestyle of the person.

The minor and appointed guardian will be interviewed before the court proceeding by an investigator who will provide a recommendation to the judge.

- > Non-custodial parents, grandparents and siblings will be notified of the petition.
- > If the child is 14 years old or older, the child must consent to the guardianship.
- > After appointment of a guardian, the child’s parents remain legally responsible for supporting the child. While not a requirement, many guardians volunteer to accept this responsibility.
- > At the request of the parent, the diagnosis of the parent can be kept confidential during the hearing.

## SECTION 4

# Involving the Children in the Process

One of the many challenging decisions faced by parents living with a terminal illness is whether or not to disclose their health condition to their children as well as determining the best time to do this. Disclosure of a terminal illness to a child requires thought and preparation. Parental disclosure is enhanced with support and guidance from professionals. Professional help can assist by reducing the parent’s worries and fears. Common worries experienced by parents about disclosure include: Is the child old enough to understand? Will the child keep the illness and information confidential? Additionally, parents often fear that disclosing their illness to their child will intensify acting out behavior or emotional problems such as child sadness or even depression. As you determine the appropriateness of disclosing your health status to your children, we recommend you consider the following:

- > The age of your child(ren);
- > The emotional status and maturity of your child(ren);
- > The child’s ability to keep your health status confidential if asked to do so;
- > The level of support you will need; and
- > Your child’s past response to death (if applicable) or present fears about dying.

It is important to keep in mind that children often respond better than we anticipate and, for the most part, are more resilient than adults. Additionally, all children are different and you (the parent) know your child(ren) better than anyone else. Based on our experience, the following tips have been extremely helpful to parents as they continue in the planning process:

- > avoid secretive talk around the children;
- > avoid disclosure of health or plans in a moment of anger or frustration;
- > ensure the children receive information from you (the parent) for this will maintain a level of trust and security;
- > be as open and honest with children, especially if they are of age to understand; and
- > maintain a consistent level of communication with those who support and encourage you.

Traditional and religious beliefs and practices often provide valuable insights to parents who are planning to discuss life and death issues with their loved ones. If and when appropriate, we recommend that you tap into spiritual support and guidance as well as to the past traditional practices that have been effective in facing significant life events.



## SECTION 5

# Securing Your Plan

Securing your wishes and determining your plan is one of the most important steps in determining your children's future. In the event the need arises to implement the plan, the challenging decisions will be done. To assist you with this we recommend the following steps to help you put your thoughts into action. If you haven't already, consider reaching out to a professional who can help you navigate the resources you will be contacting.

### *Steps to securing a plan*

- > Decide if you will be filing your appointment of a guardian in a legal court or an informal appointment through a Will or Caregivers Affidavit.
- > Determine if there is urgency and if a Temporary Guardianship appointment is necessary.
- > Contact your local Probate Court and request procedures for filing Guardianship. Most courts offer assistance either through the clerk or in-house legal clinic.
- > Find out if there is an organization that assists with filing legal Guardianship.
- > Set up an appointment with the legal clinic or walk in during business hours.
- > Prior to the appointment, make certain that you have all the necessary documents required to file a guardianship (birth certificates, social security numbers, addresses etc.). This will reduce unnecessary repeated trips to the court and a prolonging of the court date.
- > Request a fee waiver. If eligible, your filing fees will be waived.
- > If you do not file a legal plan, obtain a copy of a Caregiver Affidavit.
- > After the guardianship is finalized, provide copies of the legal documents to the nominated caregiver guardian and trusted individuals.

## SECTION 6

# Additional Information and Resources

## FINANCIAL SUPPORT

**CalWORKs** Government benefits that provide financial support to parents or guardians and dependent children. Apply in person at the local Department of Public Social Services (DPSS) or call (866) 613-3777. Contact can also be made via the internet at [www.ladpss.org](http://www.ladpss.org).

**Social Security Benefits** Call the Social Security office at (800) 772-1213 or contact via the internet at [www.ssa.gov](http://www.ssa.gov).

**Social Security Disability (SSDI)** pays monthly cash benefits to disabled workers under age 65 and their dependents.

**Supplemental Security Income (SSI)** pays monthly benefits to people with low incomes and limited assets who are age 65 or older, or individuals of any age who are blind or disabled.

**Social Security Survivors Benefits** pays monthly benefits to family members of a deceased person if he/she earned enough "work credits."

**Food Stamps** Monthly benefits for low income individuals to purchase food through an electronic benefits transfer (EBT) card. Apply in person at the local Department of Public Social Services (DPSS) or call (866) 613-3777. Contact can also be made via the internet at [www.ladpss.org](http://www.ladpss.org).

**WIC** Food and nutritional education programs for at-risk, low-income pregnant women, infants, and children under the age of five. Call (888) 942-9675 or contact via the internet at [www.fns.usda.gov](http://www.fns.usda.gov).

**Housing** Call L.A. County Housing Authority at (800) 731-4663 or contact via the internet at [www.lacd.org](http://www.lacd.org).

**Section 8** provides low income housing through rent subsidies.

**HOPWA Section 8** provides housing assistance to people living with HIV/AIDS.

**Shelter Plus Care** provides rental assistance and support assistance to low income individuals with disabilities.

## HEALTH CARE

**Medi-Cal** Public health financing program that provides free medical coverage for low income families and certain groups of people (people eligible for CalWORKS and children in Foster Care). Call (800) 430-4264 or contact via the internet at [www.lacd.org](http://www.lacd.org).

**Healthy Families** Low cost insurance program for children and teens that do not have insurance and do not qualify for free Medi-Cal. Call (800) 880-5305 or contact via the internet at [www.healthyfamilies.gov](http://www.healthyfamilies.gov).

## LEGAL ASSISTANCE

**Public Counsel Children's Rights Project** Legal assistance in filling guardianships, adoptions and legal advocacy for minors with unmet educational needs. Call (213) 385-2977 or (800) 870-8090.

**HALSA** Free legal advocacy and services for HIV/AIDS impacted families. Call (323) 993-1640.

**Legal Aid Foundation of Los Angeles** Legal advocacy, representation and education for low income individuals. Call (800) 399-4529 or contact via the internet at [www.lafla.org](http://www.lafla.org).

**Special Immigrant Juvenile Status** Legal residency for children under the age of 21 (must not be married). Children must be dependent of the juvenile court or abandoned by their parents to be eligible. Call Pro Per Clinic at (213) 893-1030 or Dependency Court's Special Immigrant Status Unit at (323) 725-4667.

## References

Brown, D. & Goldoftas, L., (2000). *The Guardianship Book for California: How to Become a Child's Legal Guardian* (3<sup>rd</sup> Edition).



**Un Plan  
para el  
Futuro  
Cuidado de  
Mis Hijos**



*Hay cosas que no quisiéramos  
Que sucedieran  
Pero que tenemos que aceptar,  
Cosas que no quisiéramos saber  
Pero que tenemos que comprender,  
Y personas sin las que no podemos vivir  
Pero que tenemos que dejar ir.*

**Autor anónimo**

*Escrito por*

**Lourdes Carranza**

Diciembre de 2008

BIENVENIDOS

Los Ángeles, California

213 785 5906

[www.bienvenidos.org](http://www.bienvenidos.org)

**Este folleto está dedicado a todos aquellos  
padres valientes y comprensivos que sufren una  
enfermedad terminal y a sus apreciados hijos.**

*Los fondos para la creación de este folleto fueron provistos  
por la Concesión de Subsidios para la Asistencia a los  
Niños Abandonados (2004-2008) y la Oficina de la  
Agencia Infantil para Niños y Familias-Departamento de  
Servicios Humanos de Salud.*

## **Contenido**

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*Propósito de este folleto*

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**Sección 2 ¿Cuáles Son Sus Opciones?**

**Sección 3 Buscar un Tutor Alterno**

**Sección 4 Involucrar a los Niños en el Proceso**

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y Recursos Adicionales**

## Introducción

Admiro su fortaleza y valor no solo por tomar en sus manos este folleto sino, también, por atreverse a leerlo. Quizá esté sentado en la sala de su casa o en una sala de espera de un consultorio y se pregunta si este folleto tiene algún propósito en su vida. Puede ser que lo tenga; puede ser que no. Sin embargo contiene información valiosa que debe leer, y puede ser que sea de ayuda para usted o para alguien que cono .

Vivir con una enfermedad terminal puede ser devastador. Como padre se puede encontrar en la situación de tener

*No hay mayor tranquilidad que saber que el futuro de sus hijos está asegurado y como padre, usted desempeña un papel importante en el logro del mismo.*

que tomar múltiples decisiones en medio de imprevisibles condiciones de salud física y emocional. La planificación de una custodia puede ser muy difícil desde el punto de vista anímico, sobre todo cuando ignora las opciones que están a su disposición. Es

importante que sepa que hay esperanza, así como hay apoyo en la planificación para el cuidado de sus hijos en el futuro. Este libro está diseñado para ayudarle y así aliviar sus preocupaciones acerca de: "¿Qué va a pasar con mis hijos en el caso de que esté tan enfermo como para no poder cuidar de ellos?" No hay mayor tranquilidad que saber que el futuro de sus hijos está asegurado y como padre, usted desempeña un papel importante en el logro del mismo.

Este panfleto servirá como una guía práctica en la planificación para el futuro cuidado de sus hijos en el caso de que usted ya no sea capaz de poder hacerlo. Nos damos cuenta de que éste es un tema difícil de abordar



y de manejar, pero estamos seguros de que al final encontrará "paz para su espíritu." También es importante que reflexione sobre esto y si es posible,

planifique el mañana ahora que usted es capaz de tomar decisiones competentes y bien informadas acerca del porvenir de sus hijos.

A estas alturas, puede ser que se encuentre debatiendo en si debe continuar o no con la lectura de este folleto. Para animarle a continuar, nos gustaría compartir lo que hemos aprendido en los últimos años al ofrecer apoyo a los padres que viven con el VIH / SIDA y que se embarcaron en el viaje de la planificación de la atención futura de sus hijos:

- > *Una planificación temprana impidió que varios niños entrarán en el sistema de hogares adoptivos*
- > *La planificación apoyó en la transición de los niños con su nuevo tutor y hubo una reducción en la separación innecesaria entre hermanos*
- > *Los deseos de los padres se respetaron y sus hijos, en su debido momento, residieron con el tutor adecuado*
- > *Los padres que completaron sus planes, al final disfrutaron de una sensación general de "paz" y enfrentaron su futuro sin preocupación y tranquilidad*

Es importante tener en cuenta que este folleto no está destinado a sustituir la asesoría o consejo legal. Las leyes y los procedimientos relativos a la custodia y la visitación, así como los derechos de los abuelos, son determinados por cada estado y pueden variar según éste. Aquí solo se proporciona información para las personas que viven en California. Sugerimos que los residentes de otros estados consulten con abogados o con los proveedores de servicios para obtener más información y orientación.

decisiones médicas relacionadas con dicha escuela. En algunas circunstancias, la persona puede autorizar la mayoría de los tipos de atención médica que necesite el niño. Completar esta declaración jurada no afectará los derechos de custodia de un padre o tutor legal en relación con el cuidado, la custodia y el control del menor, y no significa que la persona designada tiene la custodia legal del menor. La declaración jurada no se presenta ante un tribunal y no es válida por más de un año después de la fecha en que se haya ejecutado.

### **Tutela compartida**

La Ley de Tutela compartida le permite al padre, que sufre de una enfermedad terminal, designar a alguien que participará en el cuidado del niño cuando éste ya no sea capaz de proveerle con las necesidades diarias. Uno de los aspectos más importantes de esta ley es que permite a los padres biológicos la oportunidad de compartir la custodia de los hijos con el tutor designado. Además, a los padres que tienen la custodia se les permite conservarla así como el cuidado de sus hijos, incluso después de que la tutela compartida se haya concedido. En la mayoría de los casos, esta es la opción que prefieren los padres que están haciendo una petición de cuidado tutelar. La tutela conjunta también se puede aplicar en los casos donde hay involucradas dos partes distintas de los padres, esto es, petición ante el tribunal para la custodia compartida. En este caso, el tutor principal podrá solicitar la asignación de otro como apoyo complementario en la crianza del niño. Con el fin de hacer una petición para tutela conjunta, se deben cumplir dos condiciones: en primer lugar, el que no tiene la custodia debe estar de acuerdo con la propuesta de nombramiento de tutor, en segundo lugar, tampoco debe oponerse a la petición presentada por el padre que sí la tiene. Además, si el tribunal considera que es en el "mejor interés" del niño estar de acuerdo con la petición de la custodia, la tutela conjunta será aprobada. Los tribunales exigen que todos los padres que no tienen la custodia, los abuelos y hermanos del niño sean notificados de las solicitudes de tutela conjunta.

Los tutores están autorizados legalmente para recibir tratamiento médico, y se les exige que garanticen la seguridad y las necesidades educativas del niño. A los tutores también se les aprueba para solicitar beneficios públicos en nombre del niño. A la muerte del padre custodial, el conjunto tutelar se convierte en el único



tutor legal del niño sin más procedimientos judiciales. La tutela conjunta asignada se puede revocar, ya sea por el tutor, el menor (de 14 años o más), el padre o el tribunal.

### **La tutela temporal**

Es una petición presentada al tribunal solicitando un nombramiento urgente de un tutor. Este nombramiento es temporal, por lo general 30 días, hasta que se concierta una audiencia para tutela regular. Un tutor temporal puede ser designado por los padres, puede ser un tutor o un niño de 14 años de edad o más. Al tutor provisional, se le da autorización inmediata para el cuidado del niño.

### **Adopción**

La adopción es una opción legal permanente. La adopción es en la mayoría de las veces una orden presentada por el Departamento de Niños y Servicios Familiares como un procedimiento para aplicar un plan permanente para niños que han sufrido abuso por sus padres biológicos. En estos casos, padres guardianes o familiares guardianes adoptan a los niños. En las adopciones, los derechos de ambos padres deben ser cedidos (renuncian voluntariamente) o suspendidos por una orden judicial. Los padres adoptivos tienen todos los derechos legales sobre los niños adoptados, incluyendo, pero no limitado, a la religión, la educación y la atención médica. La mayoría de padres con enfermedad terminal no están dispuestos a renunciar a sus derechos como padres y, por lo tanto, a menudo no eligen la adopción como un plan para el futuro cuidado de sus hijos. En los casos en que un padre haya fallecido, el guardián alterno (si no es el otro padre) puede presentar una petición de adopción para el niño.

### SECCIÓN 3

## La elección de un tutor alternativo

Es necesario considerar cuidadosamente la posibilidad de escoger un tutor alternativo. Lamentablemente, es común que los padres esperen hasta que una necesidad urgente surja para asignar aun guardián temporal o permanente. Hacer la elección en momentos de apremio a menudo no permite que se considere o se piense cuidadosamente en cuanto a quién sería el mejor tutor para sus hijos. Del mismo modo, el tutor designado puede sentirse comprometido a aceptar este papel, principalmente debido a la urgencia de la enfermedad del padre. A menudo, la oportunidad de revisión completa y consideración del grado de este compromiso es limitada. En tales situaciones, los padres corren el riesgo de asegurar sólo una colocación temporal seguida de interrupciones y colocaciones, a veces múltiples, sin éxito. Somos conscientes de que el proceso de identificación de un cuidador alternativo puede ser un reto. Sin embargo, también reconocemos que este es un paso importantísimo en el proceso de su planificación.

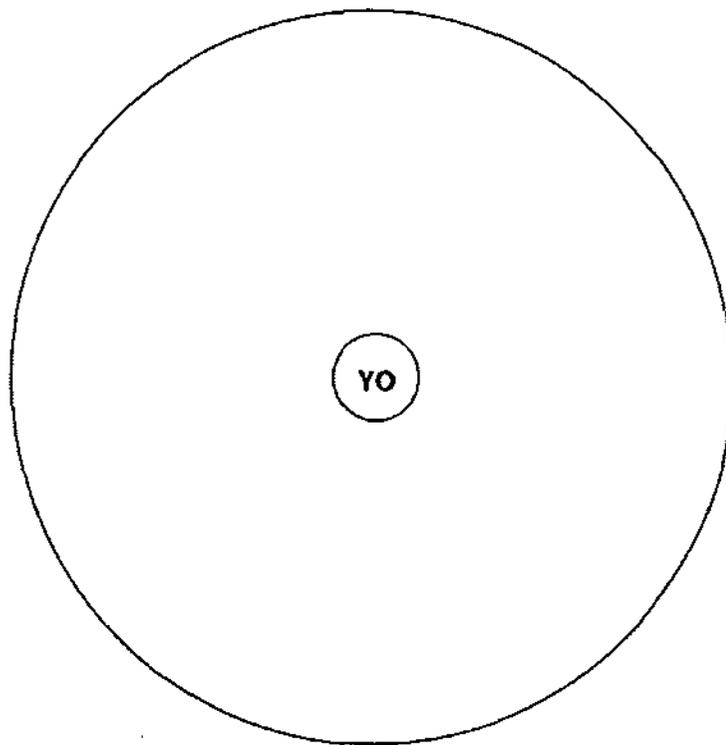
Para ayudarle en el proceso de selección de un guardián alternativo, por favor, siga los siguientes pasos:

**PASO 1:** Conteste las siguientes preguntas:

1. ¿Ha tenido que estar hospitalizado en el pasado?  
**Sí No**
2. Si la respuesta es sí, ¿quién cuidó a sus hijos mientras estuvo hospitalizado la última vez?

---

3. ¿Si tuviera que ser hospitalizado hoy, tiene alguien que se haga cargo de sus hijos?  
**Sí No No estoy seguro**
4. Si la respuesta es sí, ¿podría esta persona hacerse cargo de ellos por largo tiempo?  
**Sí No No estoy seguro**
5. ¿Estaría esta persona dispuesta a cuidarlos permanentemente?  
**Sí No No estoy seguro**



**PASO 2:** Identifique quien está en su círculo de apoyo

En la parte de adentro del círculo, identifique quienes son las personas más cercanas a usted y a sus hijos.

**PASO 3:** Encierre en un círculo los nombres de las personas que están al tanto de su enfermedad.

Este ejercicio le ayudará a identificar al tutor correcto para sus hijos. Hay otras consideraciones importantes que hacer al elegir al guardián alternativo. Le recomendamos que dedique tiempo y reflexione en lo siguiente:

- > ¿El posible guardián tiene la edad requerida (18 años o más) y goza de buena salud?
- > ¿El posible guardián está al tanto de su enfermedad? Si no, ¿cómo cree usted que el/ella responderá si se entera?
- > ¿El posible guardián está interesado en asumir la responsabilidad permanentemente?
- > ¿Los niños tienen amistad con él o ella?
- > ¿Habrá objeción por parte de su pareja para la persona que asigne como guardián?
- > ¿Hay alguien quien no desea que por ningún motivo cuide a sus hijos?

Al empezar la selección del futuro tutor, es importante que conozca el proceso de la corte para la aprobación de un tutor designado. Aunque no existen normas rígidas para quién podría ser el tutor apropiado, queda a discreción de la corte aprobar a quien se haya designado. El tribunal pondera muchos factores en la toma de una decisión de nombrar a un tutor. Los jueces de California se guían por las directrices estipuladas por la ley en el nombramiento de tutores. Los factores utilizados para elegir la tutela son: uno o ambos padres; la persona con quien el niño ha estado viviendo en un ambiente estable, y cualquier persona que, sea adecuada y capaz de ofrecer atención y orientación convenientes para el niño (Goldoftas & Brown, 2000). En última instancia, la consideración más importante en el nombramiento de un tutor es: en "el mejor interés" para el niño.

Otros factores importantes que se deben saber antes de la petición de una tutela *legal*:

El tutor designado *no tiene que ser*:

- > residente legal o ciudadano.
- > casado o ser padre.
- > pariente del niño.

El tutor designado *debe*:

- > tener habilidad básica de "paternidad".
- > ser capaz de proveerle al niño: comida, un hogar, ropa y cuidado médico.
- > estar en buen estado de salud.

Razones por las que la corte puede decidir que una elección es inapropiada:

- > una persona que ha recibido cargos por negligencia o abuso a un menor
- > una persona que ha sido condenada por un delito grave.
- > tenga otros problemas con la ley dependiendo del delito, ¿cuánto tiempo hace que se cometió? y el actual estilo de vida de la persona.

Tanto el menor como el tutor elegido serán entrevistados por un investigador antes de que la corte decida. El investigador le dará una recomendación al juez.

- > Los padres que no tienen la custodia, los abuelos y hermanos serán notificados de la petición.
- > Si el niño tiene 14 años de edad o más, éste podrá dar su consentimiento con respecto a la tutela.
- > Tras el nombramiento de un tutor, los padres del niño siguen siendo *legalmente responsables de mantenerlo y apoyarlo*. Aunque no sea un requisito, muchos tutores voluntariamente aceptan esta responsabilidad.
- > A petición del padre, el diagnóstico de su enfermedad puede mantenerse confidencial durante la audiencia.

## SECCIÓN 4

# Involucrar a los niños en el proceso

Entre las muchas decisiones difíciles que enfrentan los padres diagnosticados con enfermedades terminales, está la de si deben o no revelarles su estado de salud a sus hijos, así como determinar el mejor momento para hacerlo. Para revelarle a un niño la condición de una enfermedad terminal se necesita pensarlo bien y hacer una preparación adecuada. Esta revelación tendrá mayor realce si el padre la hace con el apoyo y la orientación de profesionales. La orientación profesional puede ayudar al padre a reducir sus preocupaciones y sus temores. Las preocupaciones más comunes que un padre enfrenta en cuanto a la divulgación incluyen: ¿Tiene el niño la edad suficiente como para entender? ¿Mantendrá el niño la información de la enfermedad confidencial? Además, los padres suelen temer que la revelación de su enfermedad a su hijo le hará tener problemas de comportamiento o problemas emocionales como tristeza o incluso depresión. Mientras piensa la forma apropiada de decirles a sus hijos de su enfermedad, le recomendamos considerar lo siguiente:

- > La edad de su niño(s);
- > La condición emocional y madurez de su niño(s);
- > La habilidad para guardar el secreto de su estado de salud, si se le pide que lo haga;
- > El grado de apoyo que va a necesitar; y
- > La actitud de su hijo hacia la muerte, en el pasado (si se aplica) o temores actuales sobre la muerte.

Es importante tener en cuenta que los niños suelen responder mejor de lo que podemos anticipar y, normalmente, son más resistentes que los adultos. Además, todos los niños son diferentes y usted (el padre) conoce a su hijo (s) mejor que nadie. Sobre la base de nuestra experiencia, los siguientes consejos han sido muy útiles para los padres que siguen en el proceso de planificación:

- > evite hablar en secreto delante de los niños;
- > evite hablar de salud o de planes en un momento de ira o frustración;
- > asegúrese que los niños reciban la información de usted (el padre) porque esto mantendrá un nivel de confianza y de seguridad;
- > sea lo más abierto y honesto posible con los niños, especialmente si tienen edad suficiente para entender, y
- > mantenga comunicación constante con quienes los apoyan y los animan.

Las tradiciones así como las creencias y las prácticas religiosas a menudo le dan una valiosa perspectiva a los padres que tienen previsto discutir cuestiones sobre la vida y la muerte a sus seres queridos. Siempre y cuando sea apropiado, le recomendamos que eche mano de apoyo y dirección espiritual así como de prácticas tradicionales pasadas que hayan sido eficaces al enfrentar acontecimientos importantes en sus vidas.



## SECCIÓN 5

# Asegure su Plan

La garantía de sus deseos y la determinación de su plan es uno de los pasos más importantes en la definición del futuro de sus hijos. En el caso de que la necesidad se presente, el plan se pondrá en acción y se tomarán las decisiones más complicadas. Para apoyarle con esto, le recomendamos los siguientes pasos que le ayudarán a poner sus ideas en acción. Si todavía no tiene una persona capacitada que le pueda ayudar a ligarse con los recursos que estarán a su disposición, considere la posibilidad de buscar a uno.

Pasos a seguir para garantizar un plan:

- > Decida si va a presentar la demanda de un tutor en un tribunal legal o si hará una demanda informal a través de un testamento o una declaración jurada de tutoría.
- > Precise si hay una emergencia como para que sea necesario hacer una demanda de tutela temporal.
- > Póngase en contacto con su tribunal de procedimientos testamentarios local y pida los requisitos para hacer una petición de tutela. La mayoría de los tribunales ofrecen ayuda por medio de un empleado o del dispensario legal interno.
- > Averigüe si hay una organización que preste asistencia con la petición de una tutela legal.
- > Concierte una cita con la clínica legal o solo preséntese durante horas de oficina.
- > Antes de la cita, asegúrese de que cuenta con todos los documentos necesarios para una petición de tutela (certificados de nacimiento, números de seguro social, direcciones, etc.) Esto le evitará viajes repetidos e innecesarios a la corte y que le prolonguen la fecha de presentarse ante el tribunal.
- > Solicite una renuncia de honorarios. Si lo aprueban, se retirarán los honorarios de su petición.
- > Si no presenta una demanda de un plan legal, consiga una copia de una declaración jurada de tutoría.
- > Después de haber concluido el proceso de la demanda de tutoría, entregue copias de los documentos legales a quien se haya designado como guardián(tutor) y a personas de confianza.

## SECCIÓN 6

# Información Complementaria y Recursos Adicionales

### AYUDA FINANCIERA

**CalWORKs** GCalWORKs- Beneficios gubernamentales que proporcionan apoyo financiero a los padres o tutores y a los hijos a su cargo. Solicítese personalmente en el Departamento de Servicios Sociales Públicos (DPSS siglas en inglés) local o llame al (866) 613-3777. También puede comunicarse vía Internet a [www.ladpss.org](http://www.ladpss.org).

**Beneficios del Seguro Social** Llame a la oficina del seguro social al (800) 772-1213 o vía Internet a [www.ssa.gov](http://www.ssa.gov).

**Incapacitación del Seguro Social (SSDI siglas en inglés)** paga mensualmente en efectivo los beneficios para los trabajadores incapacitados menores de 65 años y a quienes dependen de ellos.

**Ingresos Subsidiarios del Seguro (SSI siglas en inglés)** les paga beneficios mensuales a personas con ingresos bajos y ventajas limitadas que tengan 65 años de edad o más, o a invidentes o incapacitados de cualquier edad.

**Beneficios de Sobrevivientes del Seguro Social** les paga beneficios mensuales a miembros de la familia de una persona fallecida si él/ella ganó suficientes "créditos de trabajo".

**Cupones de alimentos** Beneficios mensuales para personas con bajos ingresos para comprar alimentos con una tarjeta electrónica que transfiere beneficios (EBT siglas en inglés). Solicítela personalmente en el Departamento local de Servicios Sociales Públicos (DPSS) o llame al (866) 613-3777. También puede comunicarse vía Internet en [www.ladpss.org](http://www.ladpss.org).

**WIC (siglas en inglés)** Programa Educativo de Alimentos y Nutrición para mujeres embarazadas de bajos recursos, bebés y niños menores de cinco años que están en peligro. Llame al (888) 942-9675 o comuníquese a través de Internet en [www.fns.usda.gov](http://www.fns.usda.gov).

**Vivienda** Llame al Instituto de la Vivienda del Condado de LA al teléfono (800) 731-4663 o comuníquese vía Internet en [www.lacd.org](http://www.lacd.org).

La sección 8 proporciona vivienda a los de bajo ingreso por medio de subvenciones de alquiler.

La sección 8 de HOPWA le provee asistencia de vivienda a personas que padecen VIH/SIDA.

**Shelter Plus Care** Provee asistencia de alquiler y auxilio a personas de bajos ingresos con incapacidades.

### ASISTENCIA MÉDICA

**Medi-Cal** Programa de financiamiento médico público que provee cobertura médica gratuita a familias de bajos recursos y a cierto grupo de personas (personas aprobadas para CalWORKs y niños bajo cuidado adoptivo). Llame al (800) 430-4264 o comuníquese vía Internet a [www.lacd.org](http://www.lacd.org).

**Familias Saludables** Programa de aseguramiento médico a bajo costo para niños y adolescentes que no tienen seguro y que no son aprobados para recibir Medi-Cal gratuito. Llame al (800) 880-5305 o comuníquese vía Internet a [www.healthyfamilies.gov](http://www.healthyfamilies.gov).

### ASISTENCIA LEGAL

**Proyecto del Consejo Público para los Derechos de los Niños** Ofrece ayuda legal para presentar una demanda tutelar, adopciones y apoyo legal para menores con necesidades educativas impropias. Llame al (213) 385-2977 o al (800) 870-8090.

**HALSA (Siglas en inglés)** Ofrece apoyo legal gratuito y servicios para familias afectadas por VIH/SIDA. Llame al (323) 993-1640.

**Fundación de Ayuda Legal de Los Angeles** Ofrece ayuda legal, representación y educación a personas de bajos recursos. Llame al (800) 399-4529 o comuníquese por Internet a [www.lafla.org](http://www.lafla.org).

**Condición Especial de Inmigrante juvenil** Ofrece residencia legal a niños menores de 21 años (no debe estar casado). Para ser aprobados en esta categoría los niños deben depender de la corte juvenil o haber sido abandonados por sus padres. Llame a la clínica Profesional al (213) 893-1030 o llame a la Unidad de Condición Especial de Inmigrante de la Dependencia de la Corte al (323) 725-4667.

## Referencias

Brown, D. & Goldoftas, L., (2000). *The Guardianship Book for California: How to Become a Child's Legal Guardian (3<sup>rd</sup> Edition)*.