

HFA Overview of Required Data Collection

HFA requires sites to collect data for multiple purposes. Sites collect data for their own use to monitor, analyze, and create strategies for their work in continuous quality improvement (CQI). Sites also collect data that is reported to the national office about their site, staff, and the families they serve. The data required by the Best Practice Standards (BPS) are listed below.

Data to meet BPS standards related to site CQI

This section outlines the data points that are necessary to complete the monitoring and analysis requirements found within the Best Practice Standards. These standards include mechanisms intended to help sites understand the cultural makeup of their community and ensure services are provided in a manner that is culturally humble. They also include mechanisms that ensure your site is delivering services that are in alignment with the standards, such as timely depression screening for new parents or ensuring staff receive the appropriate supervision time. HFA has developed spreadsheet resources to assist sites in collecting much of the information in this section for sites that do not have a database to support this data collection.

- Date of referral and the referral source
- Date eligibility was determined, the eligibility result (eligible or not eligible), and whether the family was offered services or not
- Date FROG Scale completed
- Focus Child's DOB
- Date of first home visit
- Collect data that helps you to understand your service population (Examples can be education level, language spoken, race/ethnicity, age of child at enrollment.)
- Date of last home visit and reason family left services
- Dates CCI tool administered
- Dates ASQ administered
- Dates ASQ-SE administered
- Focus Child's medical provider
- Up to date on immunizations due by 6mo
- Up to date on immunizations due by 12mo
- Dates of depression screening and reason for any missed screens
- Subsequent Child DOB
- Direct Service FTE
- For each family track over time
 - Direct Service Staff
 - Family service level and dates of service level changes
 - Case weight
 - Number of home visits received
- For each staff person, track:
 - Date of hire
 - Date staff person began providing direct service or supervision
 - Training date and topic
 - Termination date
 - Reason why they left and any other characteristics regarding termination
- Frequency and duration of supervision sessions for all staff



- Date, time, attendees, and topics of group reflective consultation groups

Data for Annual Reporting

HFA's national office requires sites to provide key information, including:

- Site contact information: Such as site name, address, etc
- Staff profiles: Basic characteristics for each program staff
- Site Profile Report: Site characteristics, family data, financial, and program policy data.

The information provided to the national office helps us better understand who we are serving, where they are, and the staff who provide services. We learn about innovations sites are implementing and the changing needs of the network.

Guide to data collected in HFA Community: Site Information	
It is important that site information is updated in the HFA Community whenever there is a change to ensure uninterrupted communication between the site and the National Office. This information is also provided to families and providers in the HFA Site Finder to help locate services.	
Field Name	Instructions & Response Choices
Username	<i>Site username is the SiteID</i>
Email Address	<i>Email address for the site's primary contact (program manager)</i>
Full Name	<i>Primary Contact's (program manager) first and last name</i>
Organization	<i>Site name and (SiteID). This is used on the HFA Sitefinder to help families and professionals find services.</i>
Address	<i>Site street address. This is used on the HFA Sitefinder to help families and professionals find services.</i>
City/Town	<i>Site city</i>
State	<i>Site State</i>
Postal Code	<i>Site zip code</i>
Phone	<i>Site phone number. This is used on the HFA Sitefinder to help families and professionals find services.</i>
Host Agency	<i>Host Agency Name</i>

Host Agency Type	Select from dropdown: Community Action Agency Child Abuse Prevention Agency Child Welfare Family Support/Family Resource Center Federally Qualified Health Center Health Department Hospital/Medical Provider Mental Health Provider Prevent Child Abuse America Chapter Public Health Department School or Educational Organization Tribal Organization No Host Agency Other Private Non-Profit Other
Host Agency Accredited by	Select from dropdown. COA CARF JCAHO N/A Other
Secondary Contact Name	<i>Please list a secondary, or alternate, contact in the event the primary, or program manager, contact cannot be reached.</i>
Secondary Contact Email	<i>Email address for the site's secondary contact</i>
Total Direct Service FTE	Direct Service Staff engage and enroll families using the Parent Survey (or FROG Scale) and/or carry a caseload of enrolled families & provide HFA home visits. Enter the total FTE of all Direct Service Staff positions, including current active staff and vacant positions.

Guide to data collected in HFA Community: Staff Information	
To ensure system security, sites are requested to update your list of active staff whenever staffing changes occur and encourage staff to keep their profiles updated. A site meets the GA-7.A requirements for Staff Information by completing 90% of the required item per staff person per role (there can be no more than two of the required fields left blank).	
Field Name	Instructions & Response Choices
Username	User's email address is also the Username
Email Address	

First Name	User's first name
Last Name	User's last name
Race/Ethnicity	Select all that apply. Staff may select I Prefer to not Answer. I prefer to not answer American Indian/Alaskan Native Asian Black/African American Latino/Hispanic Middle Eastern/North African Native Hawaiian/Pacific Islander White Other race/ethnicity
Gender	Select from dropdown. Woman includes cisgender and transgender women and man includes cisgender and transgender men. Staff may select I Prefer to not Answer. I prefer to not answer Woman Man Non-Binary/Gender Expansive
Primary Language	Select primary language from list. Primary language can be the language you prefer to speak at home. (see text box to the right for full list of responses)
Secondary Language(s)	Select all that apply.
Education Level	Select highest attained from dropdown Less than high school High school Some college 2 year degree 4 year degree Graduate degree

Study Area	Select from dropdown General Education: high school or undergraduate Child Development Education Human Relationships Liberal Arts Nursing Psychology Public Health Social Work Sociology Not Applicable Other
Are you currently in school?	Select yes/no from dropdown
Do you have experience with raising children?	Select yes, no, or I Prefer to not Answer from dropdown menu
Mobile Phone number	Staff person's cell phone- may be used as a backup means of contact during web-based trainings.
HFA Hire Date	Date hired to HFA role
Years of Experience in Home Visiting Prior to Hire	Years of experience in home visiting prior to hire in HFA role
Are you a direct service staff member	Direct Service Staff engage and enroll families using the Parent Survey (or FROG Scale) and/or carry a caseload of enrolled families & provide HFA home visits. Enter the total FTE of all Direct Service Staff positions, including current active staff and vacant positions. Yes/No
Direct Service FTE	Enter FTE for direct service role or select N/A.
Are you a Supervisor	Supervisors provide supervision to direct service staff Yes/No
Supervisor FTE	Enter FTE for supervisor role or select N/A.
Are you a Program Manager?	Program managers manage the HFA program and provide supervision to supervisors. Yes/No
Program Manager FTE	Enter FTE for program manager role or select N/A.
List role, if not in a role already listed	If you are not a program manager, supervisor, or direct service staff member, what is your role? Common answers include Supervisor of Program Manager, Director, Fiscal Contact, etc.



Guide to data collected in HFAST: Site Profile Report 2023

The Site Profile Report informs HFA’s quality assurance and national efforts, helps national and regional HFA staff understand and respond to the needs of the network, and promotes HFA with a national voice. This information is collected annually during the month of February.

The data is organized into 4 tabs in HFAST: Site Characteristics, Family Data, Financial, and Program Policy. Data entry from the previous year is frequently carried forward for site characteristics, financial, and program policy.

Items on this sheet that appear in gray are not required.

Site Characteristic Tab	
Item in HFAST	Instructions & Response Choices
Use Centralized Intake	<i>Yes or no</i>
When is the assessment (FROG) conducted?	<i>Select one option that best fits most families:</i>
	<ul style="list-style-type: none"> <li style="text-align: center;">Before enrollment <li style="text-align: center;">After enrollment
For the FROG Scale, are you using HFA's recommended cut-off of 10 or higher?	<i>Sites might use a FROG cutoff score for multiple reasons, like determining eligibility for services or HFA Accelerated, or for other types of reporting. Select one option:</i>
	Yes
	No, lower score (specify below)
	No, higher score (specify below)
Eligibility criteria - Select one response per question that best fits your site	<i>For each of the eligibility categories below, pick one of the two options that <u>best fits</u> your site.</i>
Parent Age	Only young parents (such as teens or early 20's)
	Parents of any age
Number of children	Only first-time parents
	Any number of children
Income	Only low income, or eligible for WIC, Medicaid, TANF
	Any income level

Other FROG Cut-off or Eligibility Criteria Specify	<i>(Optional) List other eligibility criteria, exceptions, or other details; or include FROG cut-off score if your site uses a score other than 10</i>
Family Data Collection System	<i>Select one option:</i>
	Apricot
	CMEDS
	EnLite
	ETO
	FamilyWise
	HFMS (SUNY)
	Nightingale Notes
	OCHIDS (Ohio)
	Penelope
	PhDoc
	PIMS
Visit Tracker	
other <i>(specify in next item)</i>	
Other Data Management System Specify:	<i>Specify other data management system only if "other" was selected above, otherwise leave this field blank.</i>
What do you use for HFA accreditation reporting?	<i>Select one option:</i>
	Family Data Collection System only
	HFA Spreadsheets only
both	
Site involved in any formal research or evaluation now or in the past 2 years?	<i>Has your site participated in any research or formal external evaluation in the past 2 years? Please note that this does not include accreditation activities.</i>
	Select Yes or No
If YES, provide email for evaluator	<i>Enter the email address for your main contact person on the evaluation team only if you selected Yes above, otherwise leave this field blank.</i>
Service Area	
Service Area	<i>Select one that best fits your site:</i>
	Single County
	Multi-County
	Single City
	Multi-City
Neighborhood	



	<p>other (select item only if your site serves an area not described above and provide more information in the next item)</p>
Describe other type of Service Area	<i>If you selected "other" in the item above, please describe other service area, otherwise leave this field blank.</i>
<p>In the past 12 months, has your service area expanded or changed? (If so, please update your Service Zip Code list. Remember to notify your TA Specialist before expanding)</p>	<i>Select one option:</i>
	Yes, added new zip codes or counties
	Yes, we serve fewer zip codes or counties than last year
	Not yet, but we plan to expand in the next 12 months
No, same zip codes or counties as last year	
Additional comments on service area changes	<i>If needed, please provide additional comments on service area changes, otherwise leave this field blank.</i>
Add Service Area Counties	<i>In the table, list all of the counties you serve within your state. Click "Add State and County", select your state from the first drop down, click on all counties served to select them in the second dropdown, then click "Update" to save. If your service area extends to another state, click "Add State and County" again to report those counties.</i>
Comments?	<i>If needed, provide any additional information about counties served.</i>
Add Service Area Zip Codes	<p><i>Any zip codes that may appear in this list are carried over from previous Site Profiles: please review and add or delete any zip codes to reflect changes in your service area. Click "Add Service Zip code" and enter a 5-digit zip code, then click "Update". Repeat for additional zip codes. Please note the newly entered zip code will appear at the end of the list, possibly on another page.</i></p> <p><i>*Please update zip codes throughout the year if your site experiences changes to service area.</i></p>
Community Served	<i>Select the categories that best fit your families and estimate the percentage of families served from each type. Enter this as a whole number. Percentages should total 100%.</i>
	Urban
	Suburban

	Rural
	Tribal
Other Community Type	<i>List other community type(s) and percent of families served who live in that community type.</i>
Caregiver Depression Screen	
Caregiver Depression Screen	<i>Check all the maternal depression screens your program uses with families.</i>
	BDI: <i>Beck Depression Inventory</i>
	CESD: <i>Center for Epidemiological Studies - Depression Scale</i>
	EPDS: <i>Edinburgh Postnatal Depression Scale</i>
	LSP: <i>Life Skills Progression</i>
	PHQ (any version): <i>Patient Health Questionnaire (any version)</i>
	<i>Other Caregiver Depression screen: Fill in name of other depression screen or describe if not listed above, otherwise leave this field blank.</i>
Domestic Violence Screens	
Domestic Violence Screens	<i>Check all the domestic violence screening tools your program uses with families.</i>
	None: <i>we don't screen for DV. Select this choice if you do not screen for domestic violence</i>
	Abuse Within Intimate Relationships
	Abusive Behavior Inventory
	DOVE Abuse Assessment Screen
	HARK/HARK C: <i>Humiliation, Afraid, Rape, Kick</i>
	HITS: <i>Hurt, Insult, Threaten, Scream</i>
	Partner Violence Screen
	RAT/WEB: <i>Relationship Assessment Tool (RAT) or the Women's' Experience of Battering (WEB) developed by Futures Without Violence</i>
	Universal Education (e.g., CUES)
	<i>Other Domestic Violence screen: Fill in name of domestic violence screen if not listed above, otherwise leave this field blank.</i>
Other Assessment Tools (HFA Optional Tools)	
Other Assessment Tools	<i>Check all other assessment tools your site utilizes that are not required by HFA's Best Practice Standards.</i>
	None: <i>we don't use any other tools. Select this choice if you do not use any other ongoing assessment tools.</i>
	AAPI: <i>Adult Adolescent Parenting Inventory</i>



	ACEs: <i>Adverse Childhood Experiences Questionnaire</i>
	AUDIT: <i>Alcohol Use Disorders Identification Test</i>
	CLS: <i>Casey Life Skills</i>
	CPS Case: <i>Select if you track substantiated child maltreatment</i>
	CPS Report: <i>Select if you track Reported child maltreatment</i>
	DAST: <i>Drug & Alcohol Screening Test</i>
	HFPI: <i>Healthy Families Parenting Inventory</i>
	HOME: <i>Home Observation for Measurement of Environment</i>
	ISEL: <i>Interpersonal Support Evaluation List</i>
	Kotelchuck Index: <i>Kotelchuck's Adequacy of Prenatal Care Utilization</i>
	LSP: <i>Life Skills Progression</i>
	PFS: <i>Protective Factors Scale</i>
	UNCOPE: <i>Substance abuse screening</i>
	Other Ongoing Assessment Tool: <i>List other ongoing assessment tool(s) your program uses if not listed above, otherwise leave this field blank.</i>

Family Data Tab

Item in HFAST	Instructions & Response Choices
All information below is for:	<p><i>Please take note of the example time frames:</i></p> <ul style="list-style-type: none"> calendar year (January 1, 2022 to December 31, 2022) federal fiscal year (October 1, 2021 to September 30, 2022) state fiscal year (mid-2021 to mid-2022, dates vary by state) other fiscal year
For 2022 (fiscal or calendar)	<i>ALL items in Family Data refer to families served in 2022</i>
Number of home visits completed in 2022	<i>Count the total number of home visits completed in 2022 for all families served during that year.</i>
Of the home visits above, how many were conducted virtually?	<i>Total number of virtual completed.</i>
How many families in 2022:	
Received at least 1 home visit (in-person or virtual)	<i>Enter number of families who received 1 or more home visits in 2022, regardless of when they first enrolled or if the visit was in-person or virtual.</i>



Received at least 1 virtual home visit	<i>Enter number of families who received 1 or more home visits by phone or video call in 2022, regardless of when they first enrolled.</i>
Reported as served by MIECHV funds	<i>Enter number of families reported to HRSA as served by MIECHV funds.</i>
Received first home visit in 2022	<i>Enter number of newly enrolled families who received their 1st home visit in 2022. How many of the families who received at least 1 HV received their first home visit in 2022?</i>
Received 1st home visit prenatally	<i>Enter number of newly enrolled families (families who received their first HV in 2022) who received their 1st home visit prenatally.</i>
Received 1st home visit prenatally before 31 weeks gestation	<i>Enter number of newly enrolled families (families who received their first HV in 2022) who received their 1st home visit prior to 31 weeks gestation.</i>
How many received a FROG visit?	<i>Enter the number of families who received a FROG visit in 2022.</i>
Enrolled in the past year as HFA Accelerated	<i>Enter number of newly enrolled families who received their 1st home visit in 2022 under HFA Accelerated.</i>
Enrolled in the past year and referred from Child Welfare Agency	<i>Enter number of newly enrolled families who received their 1st home visit in 2022 and were referred from Child Welfare Agency.</i>
With a father or partner involved in home visiting	<i>Enter number of families with a father or partner who has attended more than 1 home visit in 2022.</i>
Number of children served in 2022 as the Focus Child	<i>Enter number of focus children. Sites may use their own definition of "focus child". For example, a site may or may not count a prenatal child as a focus child.</i>
Number of additional children served	<i>Enter number of children (such as older or younger siblings) if served in any way (does not need to be formally defined services) who were not counted as a Focus child above.</i>
How many 2022 primary participants were:	<i>ALL items in this section count only the enrolled primary participant for any family who received at least 1 home visit in 2022</i>
Women (cisgender or transgender)	<i>* It is preferred that sites report on only one PRIMARY caregiver/participant per family, even if more than one is participating.</i>

Men (cisgender or transgender)	
Non-binary/gender expansive	
Preferred not to report/unknown gender	
First time parent	<i>Enter number of primary participants who are 1st time parents.</i>
Grandparent of focus child	<i>Enter number of primary participants who are the grandparent of focus child.</i>
Bachelor's Degree or Higher	<i>Enter number of primary participants who achieved a bachelor's degree or higher before enrolling in HFA.</i>
Associate's Degree	<i>Enter number of primary participants who achieved an associate's degree before enrolling in HFA.</i>
Technical Training or Certification	<i>Enter number of primary participants who achieved technical training or certification before enrolling in HFA.</i>
Some College/Training	<i>Enter number of primary participants who attended some college/training before enrolling in HFA.</i>
HS graduate/GED at enrollment	<i>Enter number of primary participants who graduated high school or completed GED before enrolling in HFA.</i>
Less than HS Graduate/GED at enrollment	<i>Enter number of primary participants who had not graduated high school or completed GED before enrolling in HFA.</i>
Education Unknown	<i>Enter number of primary participants whose highest education level is unknown.</i>
Developmentally delayed	<i>Enter number of primary participants who are developmentally delayed. Please consider developmental delay as any parent whose learning needs are permanently challenged and therefore warrant extra time from service providers, special consideration of materials, and resources used. This may be based on diagnosis or observation.</i>
Medicaid Eligible	<i>Enter number of primary participants who are eligible for Medicaid.</i>
Low-income households	<i>Enter number of families in low-income households. HFA's preferred definition of "low-income households" is an annual household income at or below 200% of Federal Poverty Guidelines (FPG). Alternatively, sites can use their own definition of "low-income households" for this item.</i>
Military personnel or spouse	<i>Enter number of families with a member who is or has served in the Armed Forces.</i>

History of substance use disorder	<i>Enter number of primary participants with history of substance use disorder (whether currently using or not; estimate is acceptable). This may be based on diagnosis, screening/assessment, parent report, or observation.</i>
In need of treatment for substance use disorder	<i>Enter number of primary participants who were in need of treatment for substance use disorder in 2022 (estimate is acceptable). This may be based on diagnosis, screening/assessment, parent report, or observation.</i>
Abused or neglected as a child	<i>Enter number of primary participants who experienced abuse or neglect as a child (whether reported to CPS or not).</i>
Involved in Child Welfare System (as caregiver)	<i>Enter number of primary participants with history or current involvement in Child Welfare (like Child Protective Services) as a caregiver.</i>
Single Parent	<i>Enter number of primary participants whose marital status is single, divorced, or widowed at time of enrollment.</i>
Over cutoff on depression screen (any assessment in 2022)	<i>Enter the number of primary participants with an elevated depression score. If multiple screens were given in 2022, the preferred definition is to count participants with elevated screen at any point in 2022. If this is not feasible, report number with elevated screen at a single screening point. The intent is to document how many HFA participants experience elevated symptoms of depression in a given year.</i>
Insurance Status (when last assessed in 2022)	
Of those served in 2022, enter number in each group:	Number of Primary Participants with:
	no insurance
	Medicaid or CHIP
	Tri-Care
	Private or other insurance
Of those served in 2022, enter number in each group:	insurance unknown
	Number of Target Children with:
	no insurance
	Medicaid or CHIP
	Tri-Care
Private or other insurance	
insurance unknown	
Housing Status (when last assessed in 2022)	
Housing Status (when last assessed in 2022)	Own/share ownership of their home
	Rent/share rent of their home
	Live in public housing
	Live with parent or family member
	Other arrangement (not homeless)



	Homeless - sharing housing
	Homeless - emergency or transitional shelter
	Homeless - other arrangement
	Unknown/Did not report
Caregiver employment status (when last assessed in 2022)	
Of primary participants in 2022, how many were:	employed full time
	employed part time
	not employed (whether seeking work or not)
	unknown employment situation
Focus children: How many in each age group (as of last home visit received in 2022)	
Focus children: How many in each age group (as of last home visit received in 2022)	<i>If ages can't be calculated to last HV, please use other available data on child's age during 2022.</i>
	Prenatal
	0-5 months
	6-11 months
	12-23 months
	24-35 months
	36-47 months
	48-59 months
	60-71 months
	72-83 months
	Age Unknown
Focus Child Issues: Number of children who were:	
Child Issues: Number of children who were:	Born at low birth weight, <i>less than 2500 grams or 5lbs 8oz</i>
	Born premature, <i>born before 37 weeks completed</i>
	Developmentally delayed or disabled (known or suspected)
	Medicaid eligible
Primary Participant Age at Enrollment:	
Primary Participant Age at Enrollment:	<i>Site should enter 0 if there are none in a category</i>
	Less than 18
	18-19 years
	20-21 years
	22-24 years
	25-29 years
	30-34 years
	35-44 years
	45-54 years
55-64 years	

	65 or more
	Age Unknown
Race/Ethnicity: Number of Primary Participants who are:	
Race/Ethnicity: Number of Primary Participants who identify as:	<i>Site should enter 0 if there are none in a category and leave the category blank if that category is not yet tracked.</i>
	American Indian/Alaskan Native
	Asian
	Black/African American
	Latino/Hispanic
	Middle Eastern/North African
	Multi-race/ethnicity
	Native Hawaiian/Pacific Islander
	White (non-Hispanic)
	Other race/ethnicity
	Unknown race/ethnicity
Other race/ethnicity specify: list other race/ethnicity if you reported participants in the Other race/ethnicity category, otherwise leave this item blank	
Primary Participant Language	
Primary Participant Language	<i>Enter the number of primary participants in each category</i>
	Primary Language English
	Primary Language Spanish
	Primary Language not English nor Spanish
Site Language Capacity	Select all primary (or fluent) languages(s) for families and/or staff at your site in the last 12 months: <i>Click Add Language then select a language from the language drop-down menu that either staff or families speak. Check the boxes to indicate who speaks that language and choose the appropriate materials options from the drop down. Click update. Your entry will be saved to the end of the list, so you may have to navigate to the last page of the table to see it!</i>
	Families Speak: <i>select yes or no to indicate if any families you serve speak this as a primary language</i>
	Staff Speak: <i>select yes or no to indicate if any staff can speak this language.</i>
	Interpreter used: <i>select yes or no to indicate if an interpreter is used with families who speak this language</i>
	Materials in this language: <i>Select one to indicate what materials you have available for families who speak this language</i>
	Yes, all



	Some (consents, handouts)
	Consents only
	No
Comment on languages for our site/families:	If needed, please provide any further information on language, otherwise leave this field blank.
Direct Service Staff Numbers	
How many PEOPLE in direct service roles at end of last year?	<i>Note: Direct service staff are those who engage and enroll families using the FROG Scale(or Parent Survey), and/or carry a caseload of enrolled families & provide HFA home visits.(For supervisors who carry a caseload, count only those that provide at least 2 home visits per week).</i>
What was your total FTEs in direct service roles at the end of last year?	<i>Add the direct service FTEs for all staff listed above.</i>
How many direct service FTEs were open (not staffed) at the end of last year?	<i>Add the FTE for un-filled positions for direct service staff.</i>
Race/Ethnicity: Number of Direct Service Staff who identify as:	<i>Enter the number of Direct Service Staff in each category. Sites should enter 0 if there are none in a category and leave the category blank if that category is not yet tracked. The sum of these race/ethnicity categories should equal the number of people who provided direct service.</i>
	American Indian/Alaskan Native
	Asian
	Black/African American
	Latino/Hispanic
	Middle Eastern/North African
	Multi-race/ethnicity
	Native Hawaiian/Pacific Islander
	White (non-Hispanic)
	Other race/ethnicity
	Preferred not to report/Unknown race/ethnicity
	<i>Other race/ethnicity specify: list other race/ethnicity if you reported staff in the Other race/ethnicity Category, otherwise leave this item blank.</i>



<p>Gender: Number of Direct Service Staff who identify as:</p>	<p><i>Enter the number of Direct Service Staff in each category. Sites should enter 0 if there are none in a category. The sum of these gender categories should equal the number of people who provided direct service.</i></p> <p>Women (cisgender or transgender)</p> <p>Men (cisgender or transgender)</p> <p>Non-binary/gender expansive</p> <p>Preferred not to report/Unknown</p>
<p>HFA comments</p>	<p><i>This field will only be used to indicate if the National Office makes any changes to your Site Profile Report data.</i></p>
<p>Comments</p>	<p><i>This field is to allow you to provide any further information or commentary regarding your site's data. Please note: any questions needing immediate response should be directed to Jennifer Baxter (see contact information in General Instructions above).</i></p>
<p>Financial Tab</p>	
<p>Item in HFAST</p>	<p>Instructions & Response Choices</p>
<p>Fiscal Year Type</p>	<p><i>Please take note of the example dates:</i></p> <p>calendar year (January 1, 2023 to December 31, 2023)</p> <p>federal fiscal year (October 1, 2022 to September 30, 2023)</p> <p>state fiscal year (mid-2022 to mid-2023, dates vary by state)</p> <p>Other</p>
<p>Fiscal Year Other Type</p>	<p><i>Fill in dates used only if "other" is selected above.</i></p>
<p>Previous Year Program Budget (2022)</p>	<p><i>Enter total site budget in whole dollars (no decimals) for 2022 *ONLY INCLUDE HFA SERVICES, not host agency</i></p>
<p>Current Year Program Budget (2023)</p>	<p><i>Same as above for 2023</i></p>
<p>What proportion of your overall current budget comes from the following:</p>	
<p>Enter percent for each type of funding received; the total for all entries should not exceed 100%.</p>	<p><i>Only include funding from State System that is not included in other categories below, for example, if you receive MIECHV funds from your state system, including these funds only under the MIECHV category.</i></p> <p>Local Government</p> <p>State Children’s Trust Fund</p> <p>State Dept of Child/Family Services</p>



	State Dept. of Education
	State Dept of Human Services
	State Dept. of Public Health
	State General Revenue
	State System
	State Other: <i>Include state funding sources not listed above</i>
	Federal TANF
	Federal Other: <i>Include federal funding sources not listed above</i>
	TANF Maintenance
	CAPTA
	CBCAP
	CCDBG
	State/Fed Other Specify: <i>indicate funding if State Other or Federal Other was selected above.</i>
	Corporations
	Earned Income
	Family First Prevention Services Act
	Foundations
	IDEA
	Medicaid
	MIECHV
	Private Donations
	Title IV-B
	Title IV-E
	Title V
	Title XX
	United Way
	Unknown: <i>For use if site does not know specific source of funding</i>
	Other Funding: <i>Include other funding sources not listed above</i>
	Other Funding (specify source) : <i>Specify other funding sources</i>
Have MIECHV Funding? If yes, complete next 2 items	Select Yes or No



Current Year MIECHV Funding (2023)	Enter amount of funding received from MIECHV in 2023. Required unless "no" is selected above.
Previous Year MIECHV Funding (2022)	Enter amount of funding received from MIECHV in 2022. Required unless "no" is selected above.

Program Policies Tab

Item in HFAST	Instructions & Response Choices
What is your major source of parenting materials and child development activities?	
Primary Parenting Materials (Select one)	<ul style="list-style-type: none"> BabyTalk Growing Great Kids/ Growing Great Families Just In Time Near @ Home Nurturing Program Parents as Teachers Partners for Healthy Baby PIPE None Other (specify below)
Specify Other Primary Parenting Materials	Enter ONLY if you chose "Other" in above question
Additional Parenting Materials (check all that apply):	<ul style="list-style-type: none"> None 24/7 Dad BabyTalk GGK/GGF: Growing Great Kids/ Growing Great Families Just In Time Near @ Home MOM Project Nurturing Program Partners for Healthy Baby (FSU) PIPE PAT: Parents as Teachers
Additional Parenting Materials 1	Specify additional parenting materials you use that is not on the list above
Additional Parenting Materials 2	Specify additional parenting materials you use that is not on the list above

Additional Parenting Materials 3	<i>Specify additional parenting materials you use that is not on the list above</i>
Additional Services and Enhancements	
Additional services / Enhancements offered by your site (Check all that apply)	<i>Pregnancy/Health:</i>
	Doula
	Lactation consultant/CLC
	Nurse consultation
	Infant massage classes
	Nutrition/fitness strategy for parents or children
	Car seat installation or checks
	Other pregnancy/health services (specify):
	<i>Groups</i>
	Family social
	Parent group
	Alumni group
	Other group (specify):
	Father group
	Father engagement specialist
	Other father engagement strategies (specify):
	<i>Economic Well-Being Supports</i>
	Basic needs (diapers, formula, food, clothing closets, etc.)
	Cash assistance (financial support for housing, utilities, groceries, one-time cash transfers, etc)
	Employment readiness
	Financial education (EX: budgeting, finances)
	Legal assistance/education
	Gifts (EX: children’s books, Brain Boxes, Bedtime Boxes, Safe Sleep Boxes, etc)
	Incentives (gift cards, etc. for participation)
	Other economic supports (specify)
	<i>Depression and Mental Health</i>
IPV universal education (e.g., CUES)	
Mental Health Specialist/Therapist	
Moving Beyond Depression	
Tandon Mothers & Babies Program	
Other Depression Services (specify)	

Data Usage Policy

Item in HFAST	Instructions & Response Choices
HFA Affiliate Data Usage Policy	<i>Click the link to open the HFA Affiliate Data Usage Policy. You won't be able to sign the acknowledgement in HFAST until you have clicked on the link!</i>
I am authorized to acknowledge this policy for my site	<i>Check this box. If you are not authorized to complete the Data Usage Policy Acknowledgement, have the authorized person log in to complete it.</i>
I have reviewed and understand HFA's Data Usage Policy on behalf of my site	<i>Check this box.</i>
Type your name here to sign	<i>Type in your name. If you cannot type in the box, be sure to click the HFA Affiliate Data Usage Policy link first.</i>