

**Activity Data Collection— Individual  
Child and/or Family Members (Core Participants)  
First 5 Ventura County**

<b>Program Participant Information For A Family</b> <i>This first section can be filled out once and copied to make future data collection easier. Please complete the information below as it appears on each child and family member's birth certificate.</i>					
<b>Agency Name:</b>			<b>Program Name:</b>		
<b>GEMS Family ID:</b>					
<b>This person received the services listed below</b>	<b>GEMS Individual Member ID #</b>	<b>First name</b>	<b>Middle initial</b>	<b>Last name</b>	<b>Birth date</b>
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<b>Service Definition ID (Refer to service provisions):</b>					
<b>Service Location City:</b>		<b>Service Location Zip:</b>		<b>Service Location NfL:</b>	
<b>Activity Location Name (optional):</b> _____					
<b>Method Information. Mark (X) only ONE.</b>					
<input type="checkbox"/> Home visit	<input type="checkbox"/> Support group session	<input type="checkbox"/> Mailing/distribution of materials			
<input type="checkbox"/> Mobile service	<input type="checkbox"/> Class/workshop	<input type="checkbox"/> Other			
<input type="checkbox"/> In-person consultation/service	<input type="checkbox"/> Public/community event				
	<input type="checkbox"/> Phone consultation				
(Single) Date: ___/___/____ (mm/dd/yyyy)				<b>OR</b>	
Start Date: ___/___/____		End Date: ___/___/____			
Number of occurrences: _____					
Duration or average duration: _____ <input type="checkbox"/> hours <b>OR</b> <input type="checkbox"/> minutes <b>OR</b> <input type="checkbox"/> Not applicable					

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<b>Activity Information. Mark (X) ALL that apply.</b>	
<b>Family Support, Education, and Services</b>	
<input type="checkbox"/> Community resource and referral (to health and social services) <input type="checkbox"/> Mental health assessment or services <input type="checkbox"/> Case Management/Service coordination <input type="checkbox"/> Enrollment/assistance with TANF, WIC, Food Stamps, or food program <input type="checkbox"/> Provision of food, clothes, emergency funds, housing, or other basic needs <input type="checkbox"/> Transportation services or vouchers	<input type="checkbox"/> Safety education and injury/violence prevention <input type="checkbox"/> Distribution of Kit for New Parents <input type="checkbox"/> Parenting education (includes programs for teens) <input type="checkbox"/> Parenting/caregiver support (includes programs for teens) <input type="checkbox"/> Family planning (includes programs for teens) <input type="checkbox"/> Adult literacy programs <input type="checkbox"/> Job training/citizenship/other adult education <input type="checkbox"/> Other family support, education, and services
<b>Health Education and Services</b>	
<input type="checkbox"/> Health insurance enrollment/assistance <input type="checkbox"/> Tobacco cessation education or treatment <input type="checkbox"/> Substance abuse treatment/screening (not tobacco cessation) <input type="checkbox"/> Prenatal and birth care and education <input type="checkbox"/> Breastfeeding assistance <input type="checkbox"/> Well-baby or well-child checkups	<input type="checkbox"/> Acute medical care <input type="checkbox"/> Health screenings <input type="checkbox"/> Immunizations <input type="checkbox"/> Oral health treatment, screening, or prevention <input type="checkbox"/> Nutrition education and assessments <input type="checkbox"/> Car seat distribution <input type="checkbox"/> Other health education and services
<b>Child Development Services</b>	
<input type="checkbox"/> Developmental screening/assessments <input type="checkbox"/> Developmental services <input type="checkbox"/> Recreational/physical activities for children alone or together with parents <input type="checkbox"/> Family literacy programs <input type="checkbox"/> Early education programs for children alone or together with parents	<input type="checkbox"/> ECE*/child care resource and referral (nonmonetary) <input type="checkbox"/> ECE*/child care subsidies or vouchers <input type="checkbox"/> Kindergarten transition programs <input type="checkbox"/> Other child development services

\* Early Childhood Education

**Notes:**