

**Contract #1617-73010 - Amendment 5**  
**Addendum to the First 5 El Dorado Children's Health Contract**

This Amendment 5 to the Contract #1617-73010 is made by and between First 5 El Dorado and the County of El Dorado is agreed upon according to:

Contract #1617-73010, Section 6. *Amendments.*

*This contract may be amended or modified only by written agreement of all the parties. Contractor agrees to provide immediate written notice to the Commission if significant changes or events occur during the term of this contract which could potentially impact the progress or outcome of the grant including, but not limited to, changes in the Contractor's management personnel, loss of funding, revocation or suspension of the grant recipient's tax exempt status (if applicable) or license.*

**Modification 1**

Replace Section 5, Item C: Evaluation in its entirety as follows:

C. Evaluation: Contractor agrees to collect and report data to the Commission on a semi-annual basis and agrees to monthly contract monitoring for the purposes of program planning and evaluation.

Semi-Annual Progress report, Amendment 5 (Attachment IV, Progress Report Form 1) are due in original and editable electronic copy to the Commission no later than the final Friday of the month following December 31 and June 30 of each year.

**Modification 2**

Replace Section 23: NOTICES in its entirety as follows:

**23. NOTICES**

Any notices required or permitted to be given under this Agreement shall be in writing and delivered to the other Parties at the following respective addresses:

El Dorado County Office of Education, First 5 El Dorado Commission  
Kathleen Guerrero, Executive Director  
6767 Green Valley Road, Placerville, CA 95667  
Email: [kguerrero@edcoe.org](mailto:kguerrero@edcoe.org)

El Dorado County Health and Human Services  
Adriana DePersia, Acting Supervising Public Health Nurse  
941 Spring Street, Suite 4, Placerville, CA 95667  
Email: [adriana.depersia@edcgov.us](mailto:adriana.depersia@edcgov.us)

**Modification 3**

Replace Attachments: Attachments will be replaced in their entirety as follows:

**ATTACHMENTS**

- III. Parent Registration Form
- IV. Progress Reports: Semi-Annual (Progress Report Form 1)
- VI. Family Survey

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Except as herein amended, all other parts and sections of this Contract #1617-73010 shall remain unchanged and in full force and effect.

In Witness whereof, the parties have executed this Agreement Amendment 5 to be effective starting January 1, 2021.

Approved by:

FIRST 5 EL DORADO CHILDREN AND FAMILIES COMMISSION

\_\_\_\_\_  
Commissioner Date:

\_\_\_\_\_  
Commissioner Date:

Director Bathleen R Guernon Date: 1/13/2021

COUNTY OF EL DORADO  
HEALTH AND HUMAN SERVICES AGENCY

[Signature]  
Board of Supervisors Date: 2/9/2021

ATTEST:  
Kim Dawson  
Clerk of the Board of Supervisors

By: [Signature] Dated: \_\_\_\_\_  
Clerk

**El Dorado County [Contractor]/First 5 Registration Form**

Thank you for attending today. The El Dorado County [Contractor] and First 5 El Dorado Commission want to provide the best possible programs for our clients. We are requesting the information below only to determine the number of participants and understand the demographics of the children and adults who use our programs. No identifying information such as names or birthdates will be provided to anyone outside of this program. **If you do not wish to provide the information, you are still welcome to attend the events.** However, if you do register, you will receive a free children's book after every 10 visits as our thanks for helping to improve our services.

**PLEASE REGISTER THE PARENT OR LEGAL GUARDIAN:**

**Email Address:** \_\_\_\_\_

NAME	DATE OF BIRTH	PRIMARY LANGUAGE	ETHNICITY	
First: _____ Last: _____	__ / __ / ____	<input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Other: _____ <input type="radio"/> Decline to state	<input type="radio"/> Alaska Native/American Indian <input type="radio"/> Asian <input type="radio"/> Black/African-American <input type="radio"/> Hispanic/Latino <input type="radio"/> Native Hawaiian/Pacific Islander	<input type="radio"/> White <input type="radio"/> Two or more races <input type="radio"/> Other: _____ <input type="radio"/> Decline to state

**PLEASE REGISTER THE CHILDREN.**

CHILD'S NAME	DATE OF BIRTH	PRIMARY LANGUAGE	ETHNICITY	
First: _____ Last: _____	__ / __ / ____	<input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Other: _____ <input type="radio"/> Decline to state	<input type="radio"/> Alaska Native/American Indian <input type="radio"/> Asian <input type="radio"/> Black/African-American <input type="radio"/> Hispanic/Latino <input type="radio"/> Native Hawaiian/Pacific Islander	<input type="radio"/> White <input type="radio"/> Two or more races <input type="radio"/> Other: _____ <input type="radio"/> Decline to state
First: _____ Last: _____	__ / __ / ____	<input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Other: _____ <input type="radio"/> Decline to state	<input type="radio"/> Alaska Native/American Indian <input type="radio"/> Asian <input type="radio"/> Black/African-American <input type="radio"/> Hispanic/Latino <input type="radio"/> Native Hawaiian/Pacific Islander	<input type="radio"/> White <input type="radio"/> Two or more races <input type="radio"/> Other: _____ <input type="radio"/> Decline to state

**PLEASE ANSWER THE FOLLOWING QUESTIONS.**

**Do you have medical insurance? (Select all that apply)**

- No  
  Yes – Medi-Cal  
  Yes – Medicare  
  Yes – Employer Provided  
  Yes – Other  
  Decline to state

**Please indicate the highest level of education completed by the adults in your household?**

- Primary School  
  Some High School  
  High School Diploma/GED  
  Some College  
  2-Year College Degree/Certificate  
 4-Year College Degree/Certificate  
  Post-Graduate or Professional Degree  
  Decline to state

**Please describe your current housing situation (select one):**

- My family has permanent, safe, and stable housing  
 My family has housing, but I'm worried we may lose that housing soon  
 My family does not have safe/stable housing (staying with others, in a hotel, in a shelter, living outside, in a car, or a park)  
 Decline to state

**Please indicate which ONE of the following best describes the support you have available:**

- I have a strong social support network and always have people I can go to for support.  
 I sometimes have people I can go to when I need support.  
 I rarely have people I can go to when I need support.  
 I have no one I can turn to when I need support.  
 Decline to state

**Are you currently having trouble affording any of the following? (Select all that apply)**

- Rent or mortgage  
  Utilities or household bills  
  Groceries or Food  
  Childcare/Daycare  
  Medical expenses  
 Basic household goods or hygiene items  
  Transportation  
  No, we can afford all of these  
  Decline to state

**Would you like help with any of these needs?**  
 No  
 Yes, you may contact me at: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# FY 2020-2021 Semi-Annual Report

## First 5 El Dorado – Children’s Health Program

**2020-2021**

**Report Period:**     Mid-Year Report (Jul-Dec)     Year-End Report (July-Jun) *All information included must be YTD*

<b>Person Completing Report:</b>		<b>Date:</b>	
<b>Telephone:</b>		<b>Email:</b>	

## Technical Assistance

*Please indicate by checking one of the boxes below, whether technical assistance is needed at this time.*

**No**             **Yes** (if you checked this box, please describe below what your TA needs are)

## For Internal Use Only

### 1-833-EDC-HUBS: Services Provided to Children and Families

Commission Objective	Activity	Unduplicated Quantity of Individuals Served		Number of Services Provided (Duplicated)	
		Contract Goal	Achievement To Date	Contract Goal	Achievement To Date
Children receive early screening and intervention for developmental delays.	Families are provided information about developmental screenings and community resources through calls made to the 1-833# (number of calls incoming to the #)	-		-	
	Families are referred to community resources through calls made to the 1-833# (number of referrals provided to families calling the 1-833 line)	-		-	



**Hub 1: Demographics of Individuals Receiving Services (Unduplicated Count)**

**This section must be completed for all individuals served through First 5-contracted services (i.e. families that include a child aged 0-5 years old that received health education and/or service navigation). Do not include data on families served through interactions within this section.**

Age	Total
Children Less Than 3 years old	
Children from 3 <sup>rd</sup> to 6 <sup>th</sup> Birthday	
Children Age Unknown (birth – 6 <sup>th</sup> Birthday)	
Primary Caregivers	
Other Family Members	
Providers	
Total Population Served	

Race/Ethnicity	Children Birth – 6 <sup>th</sup> Birthday	Primary Caregivers	Other Family Members	Providers
Alaska Native/American Indian				
Asian				
Black/African American				
Hispanic/Latino				
Native Hawaiian or Other Pacific Islander				
White				
Two or More Races				
Other (Specify)				
Unknown				
Decline to State				
Total				

Primary Language	Children Birth – 6 <sup>th</sup> Birthday	Primary Caregivers	Other Family Members	Providers
English				
Spanish				
Cantonese				
Mandarin				
Vietnamese				
Korean				
Other (Specify)				
Unknown				
Decline to State				
Total				

Family Surveys Collected	
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## Hub 1: Registration Data from Families Receiving Services

(\*qualifying families must include children age 0-5)

**This section must be completed for all individuals served through First 5-contracted services (i.e. families that include a child aged 0-5 years old that received health education and/or service navigation from any source, including 1-833#)**

<b>Do you have medical insurance? If yes, select all that apply?</b>	No	Yes-Medi-Cal	Yes- Medicare	Yes- Employer	Yes-Other	Decline to state			
<i>Insert number of responses for each answer here</i>									
<b>What is the highest level of education completed by adults in your household?</b>	Primary School	Some High School	High School Diploma/GED	Some College	2-year college/AA	4-year college/BA	Post-graduate or professional degree	Decline to state	
<i>Insert number of responses for each answer here</i>									
<b>Please describe your current housing situation (select one):</b>	My family has permanent, safe, and stable housing		My family currently has housing, but I'm worried we may lose that housing soon		My family does not have safe and stable housing (including staying with others, in a hotel, in a shelter, living outside, in a car, or in a park)		Decline to state		
<i>Insert number of responses for each answer here</i>									
<b>Please indicate which ONE of the following best describes the support you have available</b>	I have a strong social support network and always have people I can go to for support		I sometimes have people I can go to when I need support		I rarely have people I can go to when I need support		I have no one I can turn to when I need support	Decline to state	
<i>Insert number of responses for each answer here</i>									
<b>Are you currently having trouble affording any of the following?</b>	Rent or mortgage	Utilities or bills	Groceries /food	Childcare/ daycare	Medical expense	Basic household or hygiene items	Transportation	No, we can afford all of these	Decline to state
<i>Insert number of responses for each answer here</i>									
<b>Would you like help with any of these needs?</b>	Yes							No	
<i>Insert number of responses for each answer here</i>									
<p>Describe any challenges experienced in collecting registration data from families, the plan to mitigate those challenges moving forward, and the plan to collect missing data from families.</p>									



**Hub 1: Services Provided to Qualifying\* Families** (\*qualifying families must include children age 0-5)  
 This section must be completed for all individuals served through First 5-contracted services (i.e. families that include a child aged 0-5 years old that received health education and/or service navigation). Do not include data on families served through interactions within this section and do not include families served through the 1-833 number (that data goes on page 1).

Commission Objective	Activity	Unduplicated Quantity of Individuals Served		(Duplicated) Number of Service Contacts Made		
		Contract Goal	Achievement To Date	Contract Goal	Achievement To Date	
Children birth through 5 have well child visits and preventive dental care.	CHA's connect qualifying individuals to health insurance	30		-		
	CHA's connect children aged 0-5 to medical providers					
	CHA's connect adult caregivers of children aged 0-5 to medical providers			-		
	CHA's connect qualifying individuals to mental health services					
	CHA's connect qualifying individuals to developmental services					
	CHA's connect qualifying individuals to Public Health Nursing programs					
	CHA's connect qualifying individuals to other community services (this includes all other services not broken out by category above)					
	CHA's refer qualifying individuals to Public Health Nurse for care coordination/case management	6		-		
	CHA's connect children aged 0-5 to dental van and/or other dental providers	10		-		
	CHA's connect adult caregivers of children aged 0-5 to dental providers					
			Unduplicated Quantity of Families Served		Number of Classes Offered (To Date)	
			Contract Goal	Achievement To Date	Contract Goal	Achievement To Date
	Provide health education series to families of young children.	10		6		

**Hub 1: Interactions with Qualifying\* Families** (\*qualifying families include children age 0-5)  
 This section must be completed for all individuals that connected with the CH program during an interaction that is not considered a First 5-contracted service ( e.g. a brief warm-line call that did not result in referral or service navigation, a drive-thru event, food distribution, via a Facebook live event, or that accessed a recorded service).

Event Name	Event Date	Event Description	Number of Participating Families (must include a child 0-5)



**Hub 1: Outreach Conducted** (This includes outreach to community members and providers)

Please describe the outreach that has been conducted to promote program services within the Hub during this reporting period.

Outreach Event Description (include target population – community members/providers)	Date of Event	Estimated Number of Individuals Reached through Event

**Hub 1: Evening/Weekend Activities**

Please describe the evening/weekend activities that were supported to promote access to routine health and dental care during this reporting period.

Evening/Weekend Event Description	Date of Event	Estimated Number of Individuals Reached through Event

**Hub 1: Challenges and Solutions**

Please describe any challenges or delays experienced in implementing the program, and what solutions the program has identified to address the challenge.

## Hub 1: Priority Populations

Please define the isolated or underserved populations you targeted each quarter and describe the strategies you used to reach them.

Quarter	1 <sup>st</sup> Quarter (Jul-Sep)	2 <sup>nd</sup> Quarter (Aug-Dec)	3 <sup>rd</sup> Quarter (Jan-Mar)	4 <sup>th</sup> Quarter (Apr-Jun)
Target Population				
Strategy				

## Hub 1: Compelling Success Story

Please describe a compelling Hub story to highlight the impact Hub services has on families served. Please provide a description of the family make-up, the service or intervention that was provided and the impact or benefits that the family experienced.



**Hub 2: Demographics of Individuals Receiving Services (Unduplicated Count)**

**This section must be completed for all individuals served through First 5-contracted services (i.e. families that include a child aged 0-5 years old that received health education and/or service navigation). Do not include data on families served through interactions within this section.**

Age		Total		
Children Less Than 3 years old				
Children from 3 <sup>rd</sup> to 6 <sup>th</sup> Birthday				
Children Age Unknown (birth – 6 <sup>th</sup> Birthday)				
Primary Caregivers				
Other Family Members				
Providers				
Total Population Served				
Race/Ethnicity	Children Birth – 6 <sup>th</sup> Birthday	Primary Caregivers	Other Family Members	Providers
Alaska Native/American Indian				
Asian				
Black/African American				
Hispanic/Latino				
Native Hawaiian or Other Pacific Islander				
White				
Two or More Races				
Other (Specify)				
Unknown				
Decline to State				
Total				
Primary Language	Children Birth – 6 <sup>th</sup> Birthday	Primary Caregivers	Other Family Members	Providers
English				
Spanish				
Cantonese				
Mandarin				
Vietnamese				
Korean				
Other (Specify)				
Unknown				
Decline to State				
Total				

Family Surveys Collected	
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**Hub 2: Registration Data from Families Receiving Services**

(\*qualifying families must include children age 0-5)  
**This section must be completed for all individuals served through First 5-contracted services (i.e. families that include a child aged 0-5 years old that received health education and/or service navigation from any source, including 1-833#)**

<b>Do you have medical insurance? If yes, select all that apply?</b>	No	Yes-Medi-Cal	Yes- Medicare	Yes- Employer	Yes-Other	Decline to state			
<i>Insert number of responses for each answer here</i>									
<b>What is the highest level of education completed by adults in your household?</b>	Primary School	Some High School	High School Diploma/GED	Some College	2-year college/AA	4-year college/BA	Post-graduate or professional degree	Decline to state	
<i>Insert number of responses for each answer here</i>									
<b>Please describe your current housing situation (select one):</b>	My family has permanent, safe, and stable housing		My family currently has housing, but I'm worried we may lose that housing soon		My family does not have safe and stable housing (including staying with others, in a hotel, in a shelter, living outside, in a car, or in a park)		Decline to state		
<i>Insert number of responses for each answer here</i>									
<b>Please indicate which ONE of the following best describes the support you have available</b>	I have a strong social support network and always have people I can go to for support		I sometimes have people I can go to when I need support		I rarely have people I can go to when I need support		I have no one I can turn to when I need support	Decline to state	
<i>Insert number of responses for each answer here</i>									
<b>Are you currently having trouble affording any of the following?</b>	Rent or mortgage	Utilities or bills	Groceries /food	Childcare/ daycare	Medical expense	Basic household or hygiene items	Transportation	No, we can afford all of these	Decline to state
<i>Insert number of responses for each answer here</i>									
<b>Would you like help with any of these needs?</b>	Yes							No	
<i>Insert number of responses for each answer here</i>									
<p>Describe any challenges experienced in collecting registration data from families, the plan to mitigate those challenges moving forward, and the plan to collect missing data from families.</p>									

**Hub 2: Services Provided to Qualifying\* Families** (\*qualifying families must include children age 0-5)  
**This section must be completed for all individuals served through First 5-contracted services (i.e. families that include a child aged 0-5 years old that received health education and/or service navigation). Do not include data on families served through interactions within this section and do not include families served through the 1-833 number (that data goes on page 1).**

Commission Objective	Activity	Unduplicated Quantity of Individuals Served		(Duplicated) Number of Service Contacts Made		
		Contract Goal	Achievement To Date	Contract Goal	Achievement To Date	
Children birth through 5 have well child visits and preventive dental care.	CHA's connect qualifying individuals to health insurance	60		-		
	CHA's connect children aged 0-5 to medical providers					
	CHA's connect adult caregivers of children aged 0-5 to medical providers			-		
	CHA's connect qualifying individuals to mental health services					
	CHA's connect qualifying individuals to developmental services					
	CHA's connect qualifying individuals to Public Health Nursing programs					
	CHA's connect qualifying individuals to other community services (this includes all other services not broken out by category above)					
	CHA's refer qualifying individuals to Public Health Nurse for care coordination/case management	18		-		
	CHA's connect children aged 0-5 to dental van and/or other dental providers	10		-		
	CHA's connect adult caregivers of children aged 0-5 to dental providers					
			Unduplicated Quantity of Families Served		Number of Classes Offered (To Date)	
			Contract Goal	Achievement To Date	Contract Goal	Achievement To Date
	Provide health education series to families of young children.	10		6		

**Hub 2: Interactions with Qualifying\* Families** (\*qualifying families include children age 0-5)  
**This section must be completed for all individuals that connected with the CH program during an interaction that is not considered a First 5-contracted service ( e.g. a brief warm-line call that did not result in referral or service navigation, a drive-thru event, food distribution, via a Facebook live event, or that accessed a recorded service).**

Event Name	Event Date	Event Description	Number of Participating Families (must include a child 0-5)

**Hub 2: Outreach Conducted** (This includes outreach to community members and providers)

Please describe the outreach that has been conducted to promote program services within the Hub during this reporting period.

Outreach Event Description (include target population – community members/providers)	Date of Event	Estimated Number of Individuals Reached through Event

**Hub 2: Evening/Weekend Activities**

Please describe the evening/weekend activities that were supported to promote access to routine health and dental care during this reporting period.

Evening/Weekend Event Description	Date of Event	Estimated Number of Individuals Reached through Event

**Hub 2: Challenges and Solutions**

Please describe any challenges or delays experienced in implementing the program, and what solutions the program has identified to address the challenge.

**Hub 2: Priority Populations**

Please define the isolated or underserved populations you targeted each quarter and describe the strategies you used to reach them.

Quarter	1 <sup>st</sup> Quarter (Jul-Sep)	2 <sup>nd</sup> Quarter (Aug-Dec)	3 <sup>rd</sup> Quarter (Jan-Mar)	4 <sup>th</sup> Quarter (Apr-Jun)
Target Population				
Strategy				

**Hub 2: Compelling Success Story**

Please describe a compelling Hub story to highlight the impact Hub services has on families served. Please provide a description of the family make-up, the service or intervention that was provided and the impact or benefits that the family experienced.



**Hub 3: Demographics of Individuals Receiving Services (Unduplicated Count)**

This section must be completed for all individuals served through First 5-contracted services (i.e. families that include a child aged 0-5 years old that received health education and/or service navigation). Do not include data on families served through interactions within this section.

Age		Total			
Children Less Than 3 years old					
Children from 3 <sup>rd</sup> to 6 <sup>th</sup> Birthday					
Children Age Unknown (birth – 6 <sup>th</sup> Birthday)					
Primary Caregivers					
Other Family Members					
Providers					
Total Population Served					
Race/Ethnicity	Children Birth – 6 <sup>th</sup> Birthday	Primary Caregivers	Other Family Members	Providers	
Alaska Native/American Indian					
Asian					
Black/African American					
Hispanic/Latino					
Native Hawaiian or Other Pacific Islander					
White					
Two or More Races					
Other (Specify)					
Unknown					
Decline to State					
Total					
Primary Language	Children Birth – 6 <sup>th</sup> Birthday	Primary Caregivers	Other Family Members	Providers	
English					
Spanish					
Cantonese					
Mandarin					
Vietnamese					
Korean					
Other (Specify)					
Unknown					
Decline to State					
Total					

Family Surveys Collected	
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### Hub 3: Registration Data from Families Receiving Services

(\*qualifying families must include children age 0-5)

**This section must be completed for all individuals served through First 5-contracted services (i.e. families that include a child aged 0-5 years old that received health education and/or service navigation from any source, including 1-833#)**

<b>Do you have medical insurance? If yes, select all that apply?</b>	No	Yes-Medi-Cal	Yes- Medicare	Yes- Employer	Yes-Other	Decline to state			
<i>Insert number of responses for each answer here</i>									
<b>What is the highest level of education completed by adults in your household?</b>	Primary School	Some High School	High School Diploma/GED	Some College	2-year college/AA	4-year college/BA	Post-graduate or professional degree	Decline to state	
<i>Insert number of responses for each answer here</i>									
<b>Please describe your current housing situation (select one):</b>	My family has permanent, safe, and stable housing		My family currently has housing, but I'm worried we may lose that housing soon		My family does not have safe and stable housing (including staying with others, in a hotel, in a shelter, living outside, in a car, or in a park)		Decline to state		
<i>Insert number of responses for each answer here</i>									
<b>Please indicate which ONE of the following best describes the support you have available</b>	I have a strong social support network and always have people I can go to for support		I sometimes have people I can go to when I need support		I rarely have people I can go to when I need support		I have no one I can turn to when I need support		Decline to state
<i>Insert number of responses for each answer here</i>									
<b>Are you currently having trouble affording any of the following?</b>	Rent or mortgage	Utilities or bills	Groceries /food	Childcare/ daycare	Medical expense	Basic household or hygiene items	Transport -ation	No, we can afford all of these	Decline to state
<i>Insert number of responses for each answer here</i>									
<b>Would you like help with any of these needs?</b>	Yes							No	
<i>Insert number of responses for each answer here</i>									
<p>Describe any challenges experienced in collecting registration data from families, the plan to mitigate those challenges moving forward, and the plan to collect missing data from families.</p>									

**Hub 3: Services Provided to Qualifying\* Families** (\*qualifying families must include children age 0-5)  
**This section must be completed for all individuals served through First 5-contracted services (i.e. families that include a child aged 0-5 years old that received health education and/or service navigation). Do not include data on families served through interactions within this section and do not include families served through the 1-833 number (that data goes on page 1).**

Commission Objective	Activity	Unduplicated Quantity of Individuals Served		(Duplicated) Number of Service Contacts Made		
		Contract Goal	Achievement To Date	Contract Goal	Achievement To Date	
Children birth through 5 have well child visits and preventive dental care.	CHA's connect qualifying individuals to health insurance	75		-		
	CHA's connect children aged 0-5 to medical providers					
	CHA's connect adult caregivers of children aged 0-5 to medical providers			-		
	CHA's connect qualifying individuals to mental health services					
	CHA's connect qualifying individuals to developmental services					
	CHA's connect qualifying individuals to Public Health Nursing programs					
	CHA's connect qualifying individuals to <u>other</u> community services (this includes all other services not broken out by category above)					
	CHA's refer qualifying individuals to Public Health Nurse for care coordination/case management	18		-		
	CHA's connect children aged 0-5 to dental van and/or other dental providers	10		-		
	CHA's connect adult caregivers of children aged 0-5 to dental providers					
			Unduplicated Quantity of Families Served		Number of Classes Offered (To Date)	
			Contract Goal	Achievement To Date	Contract Goal	Achievement To Date
	Provide health education series to families of young children.	10		6		

**Hub 3: Interactions with Qualifying\* Families** (\*qualifying families include children age 0-5)  
**This section must be completed for all individuals that connected with the CH program during an interaction that is not considered a First 5-contracted service ( e.g. a brief warm-line call that did not result in referral or service navigation, a drive-thru event, food distribution, via a Facebook live event, or that accessed a recorded service).**

Event Name	Event Date	Event Description	Number of Participating Families (must include a child 0-5)

## Hub 3: Outreach Conducted (This includes outreach to community members and providers)

Please describe the outreach that has been conducted to promote program services within the Hub during this reporting period.

Outreach Event Description <small>(include target population – community members/providers)</small>	Date of Event	Estimated Number of Individuals Reached through Event

## Hub 3: Evening/Weekend Activities

Please describe the evening/weekend activities that were supported to promote access to routine health and dental care during this reporting period.

Evening/Weekend Event Description	Date of Event	Estimated Number of Individuals Reached through Event

## Hub 3: Challenges and Solutions

Please describe any challenges or delays experienced in implementing the program, and what solutions the program has identified to address the challenge.

**Hub 3: Priority Populations**

Please define the isolated or underserved populations you targeted each quarter and describe the strategies you used to reach them.

Quarter	1 <sup>st</sup> Quarter (Jul-Sep)	2 <sup>nd</sup> Quarter (Aug-Dec)	3 <sup>rd</sup> Quarter (Jan-Mar)	4 <sup>th</sup> Quarter (Apr-Jun)
Target Population				
Strategy				

**Hub 3: Compelling Success Story**

Please describe a compelling Hub story to highlight the impact Hub services has on families served. Please provide a description of the family make-up, the service or intervention that was provided and the impact or benefits that the family experienced.

**Hub 4: Demographics of Individuals Receiving Services (Unduplicated Count)**

This section must be completed for all individuals served through First 5-contracted services (i.e. families that include a child aged 0-5 years old that received health education and/or service navigation). Do not include data on families served through interactions within this section.

Age		Total			
Children Less Than 3 years old					
Children from 3 <sup>rd</sup> to 6 <sup>th</sup> Birthday					
Children Age Unknown (birth – 6 <sup>th</sup> Birthday)					
Primary Caregivers					
Other Family Members					
Providers					
Total Population Served					
Race/Ethnicity	Children Birth – 6 <sup>th</sup> Birthday	Primary Caregivers	Other Family Members	Providers	
Alaska Native/American Indian					
Asian					
Black/African American					
Hispanic/Latino					
Native Hawaiian or Other Pacific Islander					
White					
Two or More Races					
Other (Specify)					
Unknown					
Decline to State					
Total					
Primary Language	Children Birth – 6 <sup>th</sup> Birthday	Primary Caregivers	Other Family Members	Providers	
English					
Spanish					
Cantonese					
Mandarin					
Vietnamese					
Korean					
Other (Specify)					
Unknown					
Decline to State					
Total					

Family Surveys Collected	
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### Hub 4: Registration Data from Families Receiving Services

(\*qualifying families must include children age 0-5)

**This section must be completed for all individuals served through First 5-contracted services (i.e. families that include a child aged 0-5 years old that received health education and/or service navigation from any source, including 1-833#)**

<b>Do you have medical insurance? If yes, select all that apply?</b>	No	Yes- Medi-Cal	Yes- Medicare	Yes- Employer	Yes- Other	Decline to state			
<i>Insert number of responses for each answer here</i>									
<b>What is the highest level of education completed by adults in your household?</b>	Primary School	Some High School	High School Diploma/GED	Some College	2-year college/AA	4-year college/BA	Post-graduate or professional degree	Decline to state	
<i>Insert number of responses for each answer here</i>									
<b>Please describe your current housing situation (select one):</b>	My family has permanent, safe, and stable housing		My family currently has housing, but I'm worried we may lose that housing soon		My family does not have safe and stable housing (including staying with others, in a hotel, in a shelter, living outside, in a car, or in a park)		Decline to state		
<i>Insert number of responses for each answer here</i>									
<b>Please indicate which ONE of the following best describes the support you have available</b>	I have a strong social support network and always have people I can go to for support		I sometimes have people I can go to when I need support		I rarely have people I can go to when I need support		I have no one I can turn to when I need support	Decline to state	
<i>Insert number of responses for each answer here</i>									
<b>Are you currently having trouble affording any of the following?</b>	Rent or mortgage	Utilities or bills	Groceries /food	Childcare/ daycare	Medical expense	Basic household or hygiene items	Transportation	No, we can afford all of these	Decline to state
<i>Insert number of responses for each answer here</i>									
<b>Would you like help with any of these needs?</b>	Yes							No	
<i>Insert number of responses for each answer here</i>									
<p>Describe any challenges experienced in collecting registration data from families, the plan to mitigate those challenges moving forward, and the plan to collect missing data from families.</p>									

**Hub 4: Services Provided to Qualifying\* Families** (\*qualifying families must include children age 0-5)  
**This section must be completed for all individuals served through First 5-contracted services (i.e. families that include a child aged 0-5 years old that received health education and/or service navigation). Do not include data on families served through interactions within this section and do not include families served through the 1-833 number (that data goes on page 1).**

Commission Objective	Activity	Unduplicated Quantity of Individuals Served		(Duplicated) Number of Service Contacts Made		
		Contract Goal	Achievement To Date	Contract Goal	Achievement To Date	
Children birth through 5 have well child visits and preventive dental care.	CHA's connect qualifying individuals to health insurance	70		-		
	CHA's connect children aged 0-5 to medical providers					
	CHA's connect adult caregivers of children aged 0-5 to medical providers			-		
	CHA's connect qualifying individuals to mental health services					
	CHA's connect qualifying individuals to developmental services					
	CHA's connect qualifying individuals to Public Health Nursing programs					
	CHA's connect qualifying individuals to other community services (this includes all other services not broken out by category above)					
	CHA's refer qualifying individuals to Public Health Nurse for care coordination/case management	12		-		
	CHA's connect children aged 0-5 to dental van and/or other dental providers	10		-		
	CHA's connect adult caregivers of children aged 0-5 to dental providers					
			Unduplicated Quantity of Families Served		Number of Classes Offered (To Date)	
			Contract Goal	Achievement To Date	Contract Goal	Achievement To Date
	Provide health education series to families of young children.	10		6		

**Hub 4: Interactions with Qualifying\* Families** (\*qualifying families include children age 0-5)  
**This section must be completed for all individuals that connected with the CH program during an interaction that is not considered a First 5-contracted service (e.g. a brief warm-line call that did not result in referral or service navigation, a drive-thru event, food distribution, via a Facebook live event, or that accessed a recorded service).**

Event Name	Event Date	Event Description	Number of Participating Families (must include a child 0-5)

**Hub 4: Outreach Conducted** (This includes outreach to community members and providers)

Please describe the outreach that has been conducted to promote program services within the Hub during this reporting period.

Outreach Event Description (include target population – community members/providers)	Date of Event	Estimated Number of Individuals Reached through Event

**Hub 4: Evening/Weekend Activities**

Please describe the evening/weekend activities that were supported to promote access to routine health and dental care during this reporting period.

Evening/Weekend Event Description	Date of Event	Estimated Number of Individuals Reached through Event

**Hub 4: Challenges and Solutions**

Please describe any challenges or delays experienced in implementing the program, and what solutions the program has identified to address the challenge.



## Hub 4: Priority Populations

Please define the isolated or underserved populations you targeted each quarter and describe the strategies you used to reach them.

Quarter	1 <sup>st</sup> Quarter (Jul-Sep)	2 <sup>nd</sup> Quarter (Aug-Dec)	3 <sup>rd</sup> Quarter (Jan-Mar)	4 <sup>th</sup> Quarter (Apr-Jun)
Target Population				
Strategy				

## Hub 4: Compelling Success Story

Please describe a compelling Hub story to highlight the impact Hub services has on families served. Please provide a description of the family make-up, the service or intervention that was provided and the impact or benefits that the family experienced.



**Hub 5: Demographics of Individuals Receiving Services (Unduplicated Count)**

**This section must be completed for all individuals served through First 5-contracted services (i.e. families that include a child aged 0-5 years old that received health education and/or service navigation). Do not include data on families served through interactions within this section.**

Age		Total			
Children Less Than 3 years old					
Children from 3 <sup>rd</sup> to 6 <sup>th</sup> Birthday					
Children Age Unknown (birth – 6 <sup>th</sup> Birthday)					
Primary Caregivers					
Other Family Members					
Providers					
Total Population Served					
Race/Ethnicity	Children Birth – 6 <sup>th</sup> Birthday	Primary Caregivers	Other Family Members	Providers	
Alaska Native/American Indian					
Asian					
Black/African American					
Hispanic/Latino					
Native Hawaiian or Other Pacific Islander					
White					
Two or More Races					
Other (Specify)					
Unknown					
Decline to State					
Total					
Primary Language	Children Birth – 6 <sup>th</sup> Birthday	Primary Caregivers	Other Family Members	Providers	
English					
Spanish					
Cantonese					
Mandarin					
Vietnamese					
Korean					
Other (Specify)					
Unknown					
Decline to State					
Total					

Family Surveys Collected	
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### Hub 5: Registration Data from Families Receiving Services

(\*qualifying families must include children age 0-5)

**This section must be completed for all individuals served through First 5-contracted services (i.e. families that include a child aged 0-5 years old that received health education and/or service navigation from any source, including 1-833#)**

<b>Do you have medical insurance? If yes, select all that apply?</b>	No	Yes- Medi-Cal	Yes- Medicare	Yes- Employer	Yes- Other	Decline to state			
<i>Insert number of responses for each answer here</i>									
<b>What is the highest level of education completed by adults in your household?</b>	Primary School	Some High School	High School Diploma/GED	Some College	2-year college/AA	4-year college/BA	Post-graduate or professional degree	Decline to state	
<i>Insert number of responses for each answer here</i>									
<b>Please describe your current housing situation (select one):</b>	My family has permanent, safe, and stable housing		My family currently has housing, but I'm worried we may lose that housing soon		My family does not have safe and stable housing (including staying with others, in a hotel, in a shelter, living outside, in a car, or in a park)		Decline to state		
<i>Insert number of responses for each answer here</i>									
<b>Please indicate which ONE of the following best describes the support you have available</b>	I have a strong social support network and always have people I can go to for support		I sometimes have people I can go to when I need support		I rarely have people I can go to when I need support		I have no one I can turn to when I need support	Decline to state	
<i>Insert number of responses for each answer here</i>									
<b>Are you currently having trouble affording any of the following?</b>	Rent or mortgage	Utilities or bills	Groceries /food	Childcare/ daycare	Medical expense	Basic household or hygiene items	Transportation	No, we can afford all of these	Decline to state
<i>Insert number of responses for each answer here</i>									
<b>Would you like help with any of these needs?</b>	Yes							No	
<i>Insert number of responses for each answer here</i>									
<p>Describe any challenges experienced in collecting registration data from families, the plan to mitigate those challenges moving forward, and the plan to collect missing data from families.</p>									

**Hub 5: Services Provided to Qualifying\* Families** (\*qualifying families must include children age 0-5)  
**This section must be completed for all individuals served through First 5-contracted services (i.e. families that include a child aged 0-5 years old that received health education and/or service navigation). Do not include data on families served through interactions within this section and do not include families served through the 1-833 number (that data goes on page 1).**

Commission Objective	Activity	Unduplicated Quantity of Individuals Served		(Duplicated) Number of Service Contacts Made	
		Contract Goal	Achievement To Date	Contract Goal	Achievement To Date
Children birth through 5 have well child visits and preventive dental care.	CHA's connect qualifying individuals to health insurance	70		-	
	CHA's connect children aged 0-5 to medical providers				
	CHA's connect adult caregivers of children aged 0-5 to medical providers			-	
	CHA's connect qualifying individuals to mental health services				
	CHA's connect qualifying individuals to developmental services				
	CHA's connect qualifying individuals to Public Health Nursing programs				
	CHA's connect qualifying individuals to other community services (this includes all other services not broken out by category above)				
	CHA's refer qualifying individuals to Public Health Nurse for care coordination/case management	12		-	
	CHA's connect children aged 0-5 to dental van and/or other dental providers	10		-	
	CHA's connect adult caregivers of children aged 0-5 to dental providers				
		Unduplicated Quantity of Families Served		Number of Classes Offered (To Date)	
		Contract Goal	Achievement To Date	Contract Goal	Achievement To Date
	Provide health education series to families of young children.	10		6	

**Hub 5: Interactions with Qualifying\* Families** (\*qualifying families include children age 0-5)

**This section must be completed for all individuals that connected with the CH program during an interaction that is not considered a First 5-contracted service ( e.g. a brief warm-line call that did not result in referral or service navigation, a drive-thru event, food distribution, via a Facebook live event, or that accessed a recorded service).**

Event Name	Event Date	Event Description	Number of Participating Families (must include a child 0-5)

**Hub 5: Outreach Conducted** (This includes outreach to community members and providers)

Please describe the outreach that has been conducted to promote program services within the Hub during this reporting period.

Outreach Event Description (include target population – community members/providers)	Date of Event	Estimated Number of Individuals Reached through Event

**Hub 5: Evening/Weekend Activities**

Please describe the evening/weekend activities that were supported to promote access to routine health and dental care during this reporting period.

Evening/Weekend Event Description	Date of Event	Estimated Number of Individuals Reached through Event

**Hub 5: Challenges and Solutions**

Please describe any challenges or delays experienced in implementing the program, and what solutions the program has identified to address the challenge.

**Hub 5: Priority Populations**

Please define the isolated or underserved populations you targeted each quarter and describe the strategies you used to reach them.

Quarter	1 <sup>st</sup> Quarter (Jul-Sep)	2 <sup>nd</sup> Quarter (Aug-Dec)	3 <sup>rd</sup> Quarter (Jan-Mar)	4 <sup>th</sup> Quarter (Apr-Jun)
Target Population				
Strategy				

**Hub 5: Compelling Success Story**

Please describe a compelling Hub story to highlight the impact Hub services has on families served. Please provide a description of the family make-up, the service or intervention that was provided and the impact or benefits that the family experienced.



# FAMILY SURVEY

Thank you for your recent participation in Community Hubs activities. This survey helps us to better understand the families we serve and improve our programs. The survey is voluntary. **Please only complete this survey if you have a child aged 0-5 years in your household.** The First 5 El Dorado Commission evaluation team will be able to see the information you provide. All information is kept private. No identifying personal information will be released in any way. If you have any questions about the survey, you may contact Alice Alk at (530) 622-5787.

**Program Affiliation (which program prompted you to complete this survey):**

Library

Family Engagement

Children's Health

**The first thing we ask for you to complete is an identification number (ID), which allows us to see if individuals have completed a survey more than once.**

EXAMPLE	Name: Jane Smith Birth Year: 2001 Phone Number: 559-123-4567	EXAMPLE ID	First and Last Initials	Birth Year	Last 4 digits of your phone number
		JS20014567			

**Have you already completed this survey (between December 1, 2020 and June 30, 2021)?**  Yes  No


Please indicate how many times have you or your child(ren) aged 0-5 participated in or received services from each of the following programs **since July 1, 2020**. If you are unsure whether or not you or your child(ren) have participated in a program, a list of activities associated with each program is provided below.

How many times have you participated in a <b>Library program</b> ?  _____	How many times have you participated or received services from a <b>Family Engagement Specialist or program</b> ?  _____	How many times have you received services from the <b>Community Health Advocate or Public Health Nurse</b> ?  _____
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Library	Family Engagement Activities	Children's Health
Offered in-person or virtually <ul style="list-style-type: none"> <li>▪ Zoom Storytime</li> <li>▪ Pajama Storytime</li> <li>▪ Lectura en Español</li> <li>▪ Let's Read Together</li> <li>▪ Evening Storytime</li> <li>▪ Mother Goose on the Loose</li> <li>▪ Mama Gansa Anda Suelta</li> <li>▪ STEAM Storytime</li> <li>▪ Early Literacy Preschool Storytime</li> <li>▪ 2's &amp; 3's on the Go</li> <li>▪ Referrals to other resources for Adult Literacy</li> </ul>	Offered in-person or virtually <ul style="list-style-type: none"> <li>▪ Playgroups</li> <li>▪ Parenting classes</li> <li>▪ Parenting tips and information</li> <li>▪ ASQ (Developmental Screenings and kits)</li> <li>▪ Referrals for families to other resources and services</li> <li>▪ Family resources</li> </ul>	Offered in-person or virtually <ul style="list-style-type: none"> <li>▪ Assistance with health insurance or applications, including Medi-Cal, Covered CA, or other</li> <li>▪ Help finding a doctor or dentist</li> <li>▪ Connection to transportation for medical or dental appointment(s)</li> <li>▪ Connection to community resources such as Food, Energy/HEAP, Clothing, Housing, WIC, and Cash Aid</li> <li>▪ Connection to a medical specialist (for example: cardiology, endocrinology, orthopedics, etc.)</li> <li>▪ Hub parenting workshops</li> <li>▪ Health assessments</li> <li>▪ Home visits (count the number of visits)</li> <li>▪ Breastfeeding support</li> <li>▪ Health education on pregnancy, infant/child care, nutrition, safety issues or learning about new diagnosis</li> <li>▪ Resources for mental health concerns</li> <li>▪ Developmental assessment (DAYC-2) and/or referral</li> </ul>

Today's Date:		Zip Code:	
Library Nearest to your Home:	<input type="checkbox"/> Cameron Park <input type="checkbox"/> Placerville	<input type="checkbox"/> El Dorado Hills <input type="checkbox"/> Pollock Pines	<input type="checkbox"/> Georgetown <input type="checkbox"/> South Lake Tahoe

**Do you have medical insurance?**

- Yes  If yes, please select all that apply:
- No     
  Medi-Cal     
  Medicare     
  Employer Provided     
  Other     
  Decline to State

**Please indicate the highest level of education completed by the adults in your household:**

- Primary School     
  2-year college degree/certificate (A.A, etc.)  
 Some High School     
  4-year college degree/certificate (B.A, B.S, etc.)  
 High School Diploma/GED     
  Post-Graduate or Professional Degree (M.S., M.A., J.D., etc.)  
 Some College     
  Decline to state

**Please describe your current housing situation (select one):**

- My family has permanent, safe, and stable housing  
 My family has housing, but I am worried we may lose that housing soon  
 My family does not have safe/stable housing (we are staying with others, in a hotel or a shelter, living outside, in a car, or a park)  
 Decline to state

**Please indicate which ONE of the following best describes the support you have available:**

- I have a strong social support network and always have people I can go to for support.     
  I rarely have people I can go to when I need support.  
 I sometimes have people I can go to when I need support.     
  I have no one I can turn to when I need support.  
 Decline to state

**Are you currently having trouble affording any of the following? (check all that apply)**

- Rent or mortgage     
  Childcare/Daycare     
  Transportation  
 Utilities or household bills     
  Medical Expenses     
  No – we can afford all of these  
 Groceries or food     
  Basic household goods or hygiene items     
  Decline to State

**Please tell us a little bit about your satisfaction with services.**

<b>Please tell us how much you agree with the following statements.</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Not Applicable</b>
Hub services have helped my child(ren) learn new skills that will help them when they enter kindergarten.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hub services have helped me feel more confident as a parent/caregiver and knowledgeable about my child(ren)'s growth and development.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hub services have helped me get connected to the health-related supports and community resources I need for me and my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participation in Hub services has helped me feel more connected to other children, families and/or the community I live in.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participation in Hub services has helped me adapt to and manage stressful situations in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff that are associated with the Hub were kind and treated my family with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My overall satisfaction with services was good.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





# FAMILY SURVEY

Gracias por su reciente participación en las actividades de Community Hubs. Esta encuesta nos ayuda a entender mejor a las familias que servimos y a mejorar nuestros programas. La encuesta es voluntaria. **Por favor, solo complete esta encuesta si tiene un hijo que tiene entre 0 y 5 años en su casa.** El equipo de evaluación de la comisión de First 5 El Dorado podrá ver la información que usted nos proporcione. Toda la información se mantiene en privado. No se divulgará de ninguna forma información que pueda identificar a los participantes. Si tiene alguna pregunta, puede contactar a Alice Alk al (530) 622-5787.

**Afiliación al programa (el programa que motivó a Ud. para que completara la encuesta):**

 Biblioteca

 Participación Familiar

 Salud Infantil

**Pedimos que proporcione un número de identificación (ID) que nos permitirá averiguar si un individuo ha completado la encuesta más de una vez.**

Ejemplar	Nombre: Jane Smith Año de Nacimiento: 2001 Número de teléfono: 559-123-4567	ID Ejemplar	Iniciales de su nombre y apellido	Año de nacimiento	Últimos 4 dígitos de su número de teléfono			
		JS20014567						

¿Ha completado esta encuesta ya (entre el 1 de diciembre de 2020 y el 30 de junio de 2021)?  Sí  No


Por favor, indique cuántas veces desde el **1ro. de julio de 2020**, usted o su hijo ha participado o recibido servicios de cada uno de los siguientes programas. Si no está seguro(a) de que usted o su hijo haya participado en un programa, una lista de actividades ligadas con cada programa se muestra a continuación.

¿Cuántas veces ha participado en un programa ofrecido por la biblioteca? _____	¿Cuántas veces ha participado o recibido servicios del especialista de participación familiar o del programa de participación familiar (Family Engagement)? _____	¿Cuántas veces ha recibido servicios de las promotoras de salud y/o de las enfermeras de salud pública (Community Health Advocate and/or Public Health Nurse)? _____
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Descripción de los servicios de la biblioteca	Descripción del programa de participación familiar	Descripción del programa de salud infantil
Ofrecido en persona o virtualmente <ul style="list-style-type: none"> <li>▪ Zoom Storytime</li> <li>▪ Pajama Storytime</li> <li>▪ Lectura en Español</li> <li>▪ Let's Read Together</li> <li>▪ Evening Storytime</li> <li>▪ Mother Goose on the Loose</li> <li>▪ Mama Gansa Anda Suelta</li> <li>▪ STEAM Storytime</li> <li>▪ Early Literacy Preschool Storytime</li> <li>▪ 2's &amp; 3's on the Go</li> <li>▪ Referencias de otros recursos para la alfabetización de adultos</li> </ul>	Ofrecido en persona o virtualmente <ul style="list-style-type: none"> <li>▪ Grupos de juego</li> <li>▪ Clases sobre crianza para padres</li> <li>▪ Consejo e información sobre crianza</li> <li>▪ ASQ (la evaluación del desarrollo y los paquetes relacionados)</li> <li>▪ Referencias para otros recursos y servicios de ayuda familiar</li> <li>▪ Recursos para la familia</li> </ul>	Ofrecido en persona o virtualmente <ul style="list-style-type: none"> <li>▪ Asistencia con seguros de salud y solicitudes que incluyen Medi-Cal, Covered CA, u otro</li> <li>▪ Ayuda para encontrar a un médico o un dentista</li> <li>▪ Ayuda para encontrar transporte para asistir a citas médicas o dentales</li> <li>▪ Ayuda para contactarse con recursos comunitarios tales como alimentos, energía/HEAP, ropa, vivienda, WIC, y asistencia en efectivo</li> <li>▪ Ayuda para contactarse con un especialista médico (por ejemplo: cardiología, endocrinología, ortopedia, etc.)</li> <li>▪ Talleres de crianza del Hub</li> <li>▪ Evaluaciones de salud</li> <li>▪ Visitas a domicilio (contar el número de visitas)</li> <li>▪ Apoyo en la lactancia</li> <li>▪ Educación en salud sobre embarazo, cuidado de los bebés y niños, nutrición, temas de seguridad, aprendizaje sobre nuevo diagnóstico</li> <li>▪ Recursos para problemas de salud mental</li> <li>▪ Evaluación de desarrollo (DAYC-2) y/o referencia</li> </ul>

Fecha de hoy:		Código Postal:	
Biblioteca más cercana a su casa:	<input type="checkbox"/> Cameron Park <input type="checkbox"/> Placerville	<input type="checkbox"/> El Dorado Hills <input type="checkbox"/> Pollock Pines	<input type="checkbox"/> Georgetown <input type="checkbox"/> South Lake Tahoe

**¿Tiene seguro médico?**

- Sí  Si respondió en afirmativo, indique el tipo de seguro médico que tiene:
- No
- Proporcionado por mi empleador  
 Otro  
 Se niega a responder
- Medi-Cal  
 Medicare

**Indique el nivel de educación o estudios más alto alcanzado por los adultos en su casa:**

- Escuela primaria  
 Título universitario de dos años  
 Algo de secundaria  
 Licenciatura (4 años, BA., B.S., etc.)  
 Diploma de secundaria o GED  
 Maestría, doctorado, u otro título avanzado (postgrado, M.A., PhD)  
 Algo de universidad  
 Se niega a responder

**Por favor, indique cuál de las siguientes afirmaciones describe mejor su vivienda (seleccione solo una):**

- Mi familia tiene una vivienda permanente, segura y estable  
 Mi familia tiene una vivienda, pero estoy preocupado/a que pronto la pudiéramos perder  
 Mi familia no tiene una vivienda segura/estable (nos alojamos con otros, en un hotel o un hospicio, o vivimos afuera, en un vehículo o un parque)  
 Se niega a responder

**Por favor, indique cuál de las siguientes declaraciones describe mejor el apoyo que usted tiene disponible (seleccione solo una):**

- Tengo una red social de apoyo fuerte y siempre tengo alguien con quien puedo contar cuando necesito apoyo  
 Casi nunca tengo alguien con quien puedo contar cuando necesito apoyo  
 A veces tengo alguien con quien puedo contar cuando necesito apoyo  
 No tengo nadie con quien puedo contar cuando necesito apoyo  
 Se niega a responder

**Actualmente, ¿tiene dificultades en pagar cualquier de lo siguiente? (seleccione todos los aplicables)**

- Renta o hipoteca  
 Cuidado de niños/guardería  
 Transporte  
 Servicios públicos o cuentas  
 Gastos médicos  
 Podemos pagar todas esas cuentas  
 Abarrotes/alimentos  
 Artículos básicos para el hogar y para la higiene personal  
 Se niega a responder

**Por favor, cuéntenos un poco acerca de su grado de satisfacción con los servicios.**

Por favor, díganos que tan de acuerdo está con las siguientes afirmaciones.	Muy de acuerdo	De acuerdo	En desacuerdo	Muy en desacuerdo	No Applicable
Los servicios en el Hub han ayudado a mi hijo(a) a aprender nuevas habilidades que le ayudarán cuando entre al kindergarten.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Los servicios en el Hub me han ayudado a sentirme más confiada(o) como padre/cuidador y con más conocimientos acerca del crecimiento y desarrollo de mi hijo(a).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Los servicios en el Hub me han ayudado conectarme a los recursos comunitarios y servicios necesarios para mi y mi familia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participar en los servicios del Hub me ha ayudado sentirme más conectado a otros niños, familias y/o a la comunidad en que vivo.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participar en los servicios del Hub me ha ayudado manejar y adaptarme a las situaciones estresantes en mi vida.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
El personal relacionado con el Hub fue muy amable y trató a mi familia con respeto.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
En general, mi satisfacción con los servicios fue buena.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>