



OunceNet Participant Outcome Indicators

Participant Name: _____

Enrollment Date: _____

Assessments			
<i>Date</i>	<i>Assessment</i>	<i>Non-Referral F/U Needed</i>	<i>Non-referral F/U completed</i>

Service Plan	
Date:	
Date:	
Date:	
Date:	
Date:	
Date:	

Birth Plan	
Date:	

Employment						
<i>Date</i>	<i>Status</i>					
	<i>Full time</i>	<i>Part time</i>	<i>Temp/seasonal</i>	<i>Not working</i>	<i>Full time student</i>	<i>On disability</i>
	<i>Full time</i>	<i>Part time</i>	<i>Temp/seasonal</i>	<i>Not working</i>	<i>Full time student</i>	<i>On disability</i>
	<i>Full time</i>	<i>Part time</i>	<i>Temp/seasonal</i>	<i>Not working</i>	<i>Full time student</i>	<i>On disability</i>
	<i>Full time</i>	<i>Part time</i>	<i>Temp/seasonal</i>	<i>Not working</i>	<i>Full time student</i>	<i>On disability</i>
	<i>Full time</i>	<i>Part time</i>	<i>Temp/seasonal</i>	<i>Not working</i>	<i>Full time student</i>	<i>On disability</i>
	<i>Full time</i>	<i>Part time</i>	<i>Temp/seasonal</i>	<i>Not working</i>	<i>Full time student</i>	<i>On disability</i>

Education

Date:

<i>Status</i>	Academic Program			Other Program			Not Enrolled	
<i>If Academic</i>	K-8	9th grade	10 th grade	11 th grade	12 th grade	College	Grad school	
<i>If Other</i>	Enrolled in GED:		Yes	No	Enrolled in Voc/Tech		Yes	No
<i>If Not Enrolled</i>	Graduated 12 th gr		Completed GED		Completed Assoc		Completed BA/BS	
	Completed Graduate		Completed Prof Cert/Licensure			Dropped out		
<i>Enrolled in ESL</i>	Yes			No				

Date:

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<i>If Academic</i>	K-8	9th grade	10 th grade	11 th grade	12 th grade	College	Grad school	
<i>If Other</i>	Enrolled in GED:		Yes	No	Enrolled in Voc/Tech		Yes	No
<i>If Not Enrolled</i>	Graduated 12 th gr		Completed GED		Completed Assoc		Completed BA/BS	
	Completed Graduate		Completed Prof Cert/Licensure			Dropped out		
<i>Enrolled in ESL</i>	Yes			No				

Date:

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<i>If Not Enrolled</i>	Graduated 12 th gr		Completed GED		Completed Assoc		Completed BA/BS	
	Completed Graduate		Completed Prof Cert/Licensure			Dropped out		
<i>Enrolled in ESL</i>	Yes			No				

Transience – Current Living Situation

Date	Status
	<i>Two parent One parent Foster Step home Institution Living on own Homeless</i> <i>Other Siblings Relatives Spouse Non-marital – child's parent Non-marital – not child's parent</i>
	<i>Two parent One parent Foster Step home Institution Living on own Homeless</i> <i>Other Siblings Relatives Spouse Non-marital – child's parent Non-marital – not child's parent</i>
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	<i>Two parent One parent Foster Step home Institution Living on own Homeless</i> <i>Other Siblings Relatives Spouse Non-marital – child's parent Non-marital – not child's parent</i>

Transience - # of days homeless

Date	# of days homeless – in shelter	# of days homeless – not in shelter

Birth Control					
Date	Status				
	<i>Currently pregnant</i>	<i>Abstinent</i>	<i>Using</i>	<i>Not using</i>	<i>Declined to answer</i>
	<i>Currently pregnant</i>	<i>Abstinent</i>	<i>Using</i>	<i>Not using</i>	<i>Declined to answer</i>
	<i>Currently pregnant</i>	<i>Abstinent</i>	<i>Using</i>	<i>Not using</i>	<i>Declined to answer</i>
	<i>Currently pregnant</i>	<i>Abstinent</i>	<i>Using</i>	<i>Not using</i>	<i>Declined to answer</i>
	<i>Currently pregnant</i>	<i>Abstinent</i>	<i>Using</i>	<i>Not using</i>	<i>Declined to answer</i>
	<i>Currently pregnant</i>	<i>Abstinent</i>	<i>Using</i>	<i>Not using</i>	<i>Declined to answer</i>

STI Prevention				
Date	Status			
	<i>Abstinent</i>	<i>Using</i>	<i>Not using</i>	<i>Declined to answer</i>
	<i>Abstinent</i>	<i>Using</i>	<i>Not using</i>	<i>Declined to answer</i>
	<i>Abstinent</i>	<i>Using</i>	<i>Not using</i>	<i>Declined to answer</i>
	<i>Abstinent</i>	<i>Using</i>	<i>Not using</i>	<i>Declined to answer</i>
	<i>Abstinent</i>	<i>Using</i>	<i>Not using</i>	<i>Declined to answer</i>
	<i>Abstinent</i>	<i>Using</i>	<i>Not using</i>	<i>Declined to answer</i>

Tobacco			
Date	# of cigarettes smoked in last month	Does anyone living with you use tobacco products?	
		<i>Yes</i>	<i>No</i>
		<i>Yes</i>	<i>No</i>
		<i>Yes</i>	<i>No</i>
		<i>Yes</i>	<i>No</i>
		<i>Yes</i>	<i>No</i>
		<i>Yes</i>	<i>No</i>

Medical Home				
Date	Status			
	<i>Clinic</i>	<i>Private Doctor</i>	<i>Other</i>	<i>None</i>
	<i>Clinic</i>	<i>Private Doctor</i>	<i>Other</i>	<i>None</i>
	<i>Clinic</i>	<i>Private Doctor</i>	<i>Other</i>	<i>None</i>
	<i>Clinic</i>	<i>Private Doctor</i>	<i>Other</i>	<i>None</i>
	<i>Clinic</i>	<i>Private Doctor</i>	<i>Other</i>	<i>None</i>
	<i>Clinic</i>	<i>Private Doctor</i>	<i>Other</i>	<i>None</i>

WIC				
Date	Status			
	<i>Receives</i>	<i>Referred</i>	<i>Refused</i>	<i>Not needed</i>
	<i>Receives</i>	<i>Referred</i>	<i>Refused</i>	<i>Not needed</i>
	<i>Receives</i>	<i>Referred</i>	<i>Refused</i>	<i>Not needed</i>
	<i>Receives</i>	<i>Referred</i>	<i>Refused</i>	<i>Not needed</i>
	<i>Receives</i>	<i>Referred</i>	<i>Refused</i>	<i>Not needed</i>
	<i>Receives</i>	<i>Referred</i>	<i>Refused</i>	<i>Not needed</i>