# YAS Progress Report Addendum II: Parenting Report
### *Complete only if #10 on page 1 was answered "Yes"*

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|---|---|
| 1. | What best describes this client's role with their child(ren)?                              (Select <u>one</u> answer)<br>a. At least one child lives with client full-time, and the client is the legal guardian.<br>b. At least one child lives with client full-time, but the client is not the legal guardian.<br>c. Client shares custody of at least one child, who lives part-time with the client.<br>d. Client is an active, but non-custodial, parent (e.g., a father who parents, but is not the primary caretaker)<br>e. Other situation. ***Specify:*** _____ |
| 1A. | Is the client in the process of reunification with their child(ren)?<br><br>Yes_____           No_____           Unknown _____ |
| 2. | What supports did this client receive in the past 6 months?                              (Select <u>all</u> that apply)<br>a. YAS Perinatal Support Services/Birth Support Education and Beyond (BSEB) (including parenting education, doula)<br>b. Nurturing Families<br>c. DCF Intensive Family Preservation<br>d. DCF Differential Response Services<br>e. Other formal supports (e.g., perinatal/parent education support services that are not listed). ***Specify:*** _____<br>f.  Other natural supports (e.g., family, friends) ***Specify:*** _____<br>g.  No supports<br>h. Birth to Three |
| 3. | If custody of one or more children has been lost to DCF, indicate the <u>current</u> age of the child(ren): (Select <u>all</u> that apply)<br>a. 0-3 months  (If <u>more than 1</u> in this age range, ***indicate number:*** _____ )<br>b. 4-6 months  (If <u>more than 1</u> in this age range, ***indicate number:*** _____)<br>c. 7-12 months (If <u>more than 1</u> in this age range, ***indicate number:*** _____)<br>d. 1-3 years  (If <u>more than 1</u> in this age range, ***indicate number:*** _____)<br>e. Older than 3 years (If <u>more than 1</u> in this age range, ***indicate number:*** _____) |
| 4. | If custody of one or more children was lost to DCF (#3 above), how many children were lost in the past 6 months? _____ |
| 5. | Is this client parenting biological or adopted children in their home?<br><br>Yes_____           No_____  ***If yes, indicate ages:*** _____ |
| 6. | Does this client have other biological or adopted children not in their care?<br><br>Yes_____           No_____  ***If yes, indicate ages:*** _____ |
| 7. | Is the client actively parenting children who are not their own? (e.g., because living with the children's parent)<br><br>Yes_____           No_____  ***If yes, indicate ages:*** _____ |
| 8. | Is this client currently using birth control?<br><br>Yes_____           No_____           Not Applicable, client pregnant_____           Unknown _____ |