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**Tribal Maternal, Infant, and**

**Early Childhood**

**Home Visiting Program**

**Data Reports:**

**Demographic and Service Utilization Data Report**

**+**

 **OMB Control No,:**

 **Expiration Date: xx/xx/xxx**

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: Through this information collection, ACF is gathering information to report activities associated with grants to the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. The purpose of this information collection is to submit demographic and service utilization data to HHS. Public reporting burden for this collection of information is estimated to average 317 hours per grantee, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a collection of information through Section 511 of Title V of the Social Security Act. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is XXXX and the expiration date is xx/xx/xxxx.

**TRIBAL MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM**

**DEMOGRAPHIC AND SERVICE UTILIZATION DATA REPORT**

**SECTION A: PARTICIPANT DEMOGRAPHICS AND SERVICE UTILIZATION**

**A.1: Participant Demographics during Reporting Period (Newly Enrolled and Continuing)**

**Table 1. Unduplicated Count of Adult Participants and Index Children Served by Tribal MIECHV Home Visitors during Reporting Period (Newly Enrolled and Continuing)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Number Newly Enrolled**  | **Number Continuing**  | **Total** |
| **Adult Participants** |  |  |  |
| Pregnant Participants |  |  |  |
| Caregivers- Female |  |  |  |
| Caregivers- Male |  |  |  |
| Caregivers- Gender Non-Binary |  |  |  |
| Caregivers- Unknown/Did not report gender |  |  |  |
| **All Adult Participants (Auto Calculate)** |  |  |  |
| Index Children- Female  |  |  |  |
| Index Children- Male |  |  |  |
| Index Children- Gender Non-Binary |  |  |  |
| Index Children- Unknown/Did not report gender |  |  |  |
| **All Index Children (Auto Calculate)** |  |  |  |

**Table 1(a). Pregnant Participants Who Remained in the Program After Giving Birth During the Reporting Period**

|  |  |
| --- | --- |
| **Adult Participants** | **Number** |
| **Number of pregnant participants who gave birth during the reporting period and were still enrolled at the end of the reporting period.** |  |

**Table 2. Unduplicated Count of Households Served by Tribal MIECHV Home Visitors (Newly Enrolled and Continuing)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Households** | **Number Newly Enrolled** | **Number Continuing**  | **Total** |
| **Number of Households** |  |  |  |

**Table 3. Adult Participants by Current Educational Status (Newly Enrolled and Continuing)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Adult Participants** | **Student/trainee** | **Not a student/trainee** | **Unknown/Did not Report** | **Total** |
| Newly Enrolled Pregnant Participants |  |  |  |  |
| Newly Enrolled Caregivers |  |  |  |  |
| **All Newly Enrolled** **Adults (Auto Calculate)** |  |  |  |  |
| Continuing Pregnant Participants |  |  |  |  |
| Continuing Caregivers  |  |  |  |  |
| **All Continuing** **Adults (Auto Calculate)** |  |  |  |  |
| **All Adult Participants (Auto Calculate)** |  |  |  |  |

**Table 4. Adult Participants by Employment Status (Newly Enrolled and Continuing)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Adult Participants** | **Employed Full Time** | **Employed Part-Time** | **Not employed** | **Unknown/Did not Report** | **Total** |
| Newly Enrolled Pregnant Participants |  |  |  |  |  |
| Newly Enrolled Caregivers  |  |  |  |  |  |
| **All Newly Enrolled** **Adults (Auto Calculate)** |  |  |  |  |  |
| Continuing Pregnant Participants |  |  |  |  |  |
| Continuing Caregivers  |  |  |  |  |  |
| **All Continuing** **Adults (Auto Calculate)** |  |  |  |  |  |
| **All Adult Participants (Auto Calculate)** |  |  |  |  |  |

**Table 5. Household Income in Relation to Federal Poverty Guidelines (Newly Enrolled and Continuing)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  **Households**  | **Newly Enrolled Households** | **Percent** | **Continuing Households** | **Percent** | **Total Households** | **Percent** |
| 50% and under |  |  |  |  |  |  |
| 51-100% |  |  |  |  |  |  |
| 101-133% |  |  |  |  |  |  |
| 134-200% |  |  |  |  |  |  |
| 201-300% |  |  |  |  |  |  |
| >300%  |  |  |  |  |  |  |
| Unknown/Did not Report |  |  |  |  |  |  |
| **All Households (Auto Calculate)** |  | **100** |  | **100** |  | **100** |

**Table 6. Index Children by Age (Newly Enrolled and Continuing)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Index Children** | **Under 12 months** | **12-24 months** | **25-36 months** | **37-60 months** | **61-72 months** | **Unknown/Did not Report** | **Total** |
| Newly Enrolled Index Children |  |  |  |  |  |  |  |
| Continuing Index Children |  |  |  |  |  |  |  |
| **All Index Children (Auto Calculate)** |  |  |  |  |  |  |  |

**Table 7. Adult Participants by Housing Status (Newly Enrolled and Continuing)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Adult Participants** | **Not Homeless** | **Homeless** | **Unknown/ Did not Report** | **Total** |
| **Not Homeless** | **Homeless and sharing housing** | **Homeless and living in an emergency or transitional shelter** | **Homeless with some other arrangement** | **Total Homeless (Auto Calculate)** |
| Newly Enrolled Pregnant Participants |  |  |  |  |  |  |  |
| Newly Enrolled Caregivers |  |  |  |  |  |  |  |
| **All Newly Enrolled Adult Participants (Auto Calculate)** |  |  |  |  |  |  |  |
| Continuing Pregnant Participants |  |  |  |  |  |  |  |
| Continuing Caregivers |  |  |  |  |  |  |  |
| **All Continuing Adult Participants (Auto Calculate)** |  |  |  |  |  |  |  |
| **All Adult Participants (Auto Calculate)** |  |  |  |  |  |  |  |

**Table 8. Adult Participants and Index Children by Type of Health Insurance Coverage (Newly Enrolled and Continuing)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Not Insured** | **Insured**  |  |
|  | **Has access to IHS, CHS, or UIHP facility** | **Does not have access to IHS, CHS, or UIHP facility** | **Total Not Insured (Auto Calculate)** | **Medicaid or CHIP** | **TriCare** | **Private Insurance**  | **Total Insured (Auto Calculate)** | **Unknown/Did not Report** | **Total** |
| **Adult Participants** |
| Newly Enrolled Pregnant Participants |  |  |  |  |  |  |  |  |  |
| Newly Enrolled Caregivers  |  |  |  |  |  |  |  |  |  |
| **All Newly Enrolled Adult Participants (Auto Calculate)** |  |  |  |  |  |  |  |  |  |
| Continuing Pregnant Participants |  |  |  |  |  |  |  |  |  |
| Continuing Caregivers  |  |  |  |  |  |  |  |  |  |
| **All Continuing Adult Participants (Auto Calculate)** |  |  |  |  |  |  |  |  |  |
| **All Adult Participants (Auto Calculate)** |  |  |  |  |  |  |  |  |  |
| **Index Children** |
|  | **Has access to IHS, CHS, or UIHP facility** | **Does not have access to IHS, CHS, or UIHP facility** | **Total Not Insured (Auto Calculate)** | **Medicaid or CHIP** | **TriCare** | **Private Insurance**  | **Total Insured (Auto Calculate)** | **Unknown/Did not Report** | **Total** |
| Newly Enrolled Index Children  |  |  |  |  |  |  |  |  |  |
| Continuing Index Children  |  |  |  |  |  |  |  |  |  |
| **All Index Children (Auto Calculate)** |  |  |  |  |  |  |  |  |  |

**A.1 NOTES:**

**A.2: Participant Demographics during Reporting Period (Newly Enrolled Only)**

**Table 9. Adult Participants by Age (Newly Enrolled)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Adult Participants** | **≤17** | **18-19** | **20-21** | **22-24** | **25-29** | **30-34** | **35-44** | **45-54** | **55-64** | **≥65** | **Unknown/Did not Report** | **Total** |
| Pregnant Participants |  |  |  |  |  |  |  |  |  |  |  |  |
| Caregivers  |  |  |  |  |  |  |  |  |  |  |  |  |
| **All Adults (Auto Calculate)** |  |  |  |  |  |  |  |  |  |  |  |  |

**Table 10. Participants by Ethnicity (Newly Enrolled)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Participants** | **Hispanic or Latino** | **Not Hispanic or Latino** | **Unknown/Did not Report** | **Total** |
| Pregnant Participants |  |  |  |  |
| Caregivers  |  |  |  |  |
| **All Adults (Auto Calculate)** |  |  |  |  |
| Index Children  |  |  |  |  |

**Table 11. Participants by Race (Newly Enrolled)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Participants** | **American Indian or Alaska Native** | **Asian** | **Black or African American** | **Native Hawaiian or Other Pacific Islander** | **White**  | **More than one race including AI/AN** | **More than one race not including AI/AN** | **Other** | **Unknown/ Did not Report** | **Total** |
| Pregnant Participants |  |  |  |  |  |  |  |  |  |  |
| Caregivers  |  |  |  |  |  |  |  |  |  |  |
| **All Adults (Auto Calculate)** |  |  |  |  |  |  |  |  |  |  |
| Index Children  |  |  |  |  |  |  |  |  |  |  |

**Table 12. Adult Participants by Marital Status (Newly Enrolled)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Adult Participants** | **Single** | **Legally Married** | **Not married but living together with partner** | **Separated/Divorced/Widowed** | **Unknown/Did not Report** | **Total** |
| Pregnant Participants |  |  |  |  |  |  |
| Caregivers  |  |  |  |  |  |  |
| **All Adults (Auto Calculate)** |  |  |  |  |  |  |

**Table 13. Adult Participants by Educational Attainment (Newly Enrolled)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Adult Participants** | **Less than HS diploma** | **HS Diploma/ GED** | **Some college/****training** | **Technical training or certification** | **Associate Degree** | **Bachelor’s Degree or higher** | **Other** | **Unknown/Did not Report** | **Total** |
| Pregnant Participants |  |  |  |  |  |  |  |  |  |
| Caregivers  |  |  |  |  |  |  |  |  |  |
| **All Adults (Auto Calculate)** |  |  |  |  |  |  |  |  |  |

**Table 14. Primary Language Spoken at Home of Index Children (Newly Enrolled)**

|  |  |  |
| --- | --- | --- |
| **Index Children** | **Number Newly Enrolled** | **Percent** |
| English  |  |  |
| Spanish |  |  |
| Any Native American Language |  |  |
| Other |  |  |
| Unknown/Did Not Report |  |  |
| **All Index Children (Auto Calculate)** |  | **100** |

**Table 15. Secondary Language Spoken at Home of Index Children (Newly Enrolled)**

|  |  |  |
| --- | --- | --- |
| **Index Children** | **Number Newly Enrolled** | **Percent** |
| English  |  |  |
| Spanish |  |  |
| Any Native American Language |  |  |
| More than one secondary language including a Native American language |  |  |
| More than one secondary language not including a Native American language |  |  |
| Other |  |  |
| None |  |  |
| Unknown/Did Not Report |  |  |
| **All Index Children (Auto Calculate)** |  | **100** |

**Table 16. Priority Population Household Characteristics (Newly Enrolled)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Households** | **Yes** | **No** | **Unknown/Did not Report** | **Total** |
| 1. Low-income household
 |  |  |  |  |
| 1. Household contains an enrollee who is pregnant and 20 years old or younger
 |  |  |  |  |
| 1. Household has a history of child abuse or neglect or has had interactions with child welfare services
 |  |  |  |  |
| 1. Household has a history of substance abuse or needs substance abuse treatment
 |  |  |  |  |
| 1. Someone in the household uses tobacco products in the home
 |  |  |  |  |
| 1. Someone in the household has attained low student achievement or has a child with low student achievement
 |  |  |  |  |
| 1. Household has a child with developmental delays or disabilities
 |  |  |  |  |
| 1. Household includes individuals who are serving or formerly served in the US armed forces
 |  |  |  |  |

**A.2 NOTES:**

**A.3: Participant Service Utilization during Reporting Period**

**Table 17: Unduplicated Count of Households by Evidence-Based Home Visiting Model and Total Number of Home Visits**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Home Visiting Model (Select One per Row – Add Rows for Additional Models)** | **Households** | **Total Number of In-Person Home Visits Completed** | **Total Number of Virtual Home Visits Completed** | **Total Number of Home Visits Completed** |
|  |  |  |  |  |
|  |  |  |  |  |
| **All Models (Auto Calculate)** |  |  |  |  |

**Table 18. Families Receiving In-Person Home Visits**

|  |  |
| --- | --- |
| **Families** | **Number** |
| Total number of families who have been enrolled for the last 12 months and received at least 1 in-person home visit  |  |
| Total number of families enrolled for the last 12 months |  |
| **Percentage (Auto Calculate)** |  |

**Table 19. Family Engagement by Household (Newly Enrolled and Continuing)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Households** | **Number of Newly Enrolled Households** | **Number of Continuing Households** | **All Households (Auto Calculate)** |
| Currently receiving services |  |  |  |
| Completed program |  |  |  |
| Stopped services before completion  |  |  |  |
| Enrolled but not currently receiving services/Other |  |  |  |
| Unknown/Did not Report |  |  |  |
| **All Categories (Auto Calculate)** |  |  |  |

**Table 20. Place-Based Services**

|  |  |  |
| --- | --- | --- |
| **Community**  | **Zip Codes Within Community** | **Number of Households Served** |
|  |  |  |
|  |  |  |
| **Total Households (Auto Calculate)** |  |  |

**A.3 NOTES:**

**SECTION B: PROGRAM STAFF DEMOGRAPHICS**

**Table 21. Program Staff by Age**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Program Staff** | **≤29** | **30-39** | **40-49** | **50-64** | **≥65** | **Unknown/****Did not Report** | **Total** |
| Home Visitors |  |  |  |  |  |  |  |
| Project Directors/ Managers/Coordinators |  |  |  |  |  |  |  |
| Data/evaluation staff |  |  |  |  |  |  |  |
| Project support staff |  |  |  |  |  |  |  |
| **All Staff (Auto Calculate)** |  |  |  |  |  |  |  |

**Table 22. Program Staff by Gender**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Program Staff** | **Female** | **Male** | **Gender non-binary** | **Unknown/Did not Report** | **Total** |
| Home Visitors |  |  |  |  |  |
| Project Directors/ Managers/Coordinators |  |  |  |  |  |
| Data/evaluation staff |  |  |  |  |  |
| Project support staff |  |  |  |  |  |
| **All Staff (Auto Calculate)** |  |  |  |  |  |

**Table 23. Program Staff by Ethnicity**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program Staff** | **Hispanic or Latino** | **Not Hispanic or Latino** | **Unknown/Did not Report** | **Total** |
| Home Visitors |  |  |  |  |
| Project Directors/ Managers/Coordinators |  |  |  |  |
| Data/evaluation staff |  |  |  |  |
| Project support staff |  |  |  |  |
| **All Staff (Auto Calculate)** |  |  |  |  |

**Table 24. Program Staff by Race**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Program Staff** | **American Indian or Alaska Native** | **Asian** | **Black or African American** | **Native Hawaiian or Other Pacific Islander** | **White** | **More than one race including AI/AN** | **More than one race not including AI/AN** | **Other** | **Unknown/Did not Report** | **Total** |
| Home Visitors |  |  |  |  |  |  |  |  |  |  |
| Project Directors/ Managers/ Coordinators |  |  |  |  |  |  |  |  |  |  |
| Data/evaluation staff |  |  |  |  |  |  |  |  |  |  |
| Project support staff |  |  |  |  |  |  |  |  |  |  |
| **All Staff (Auto Calculate)** |  |  |  |  |  |  |  |  |  |  |

**Table 25. Program Staff by Educational Attainment**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Program Staff** | **Less than HS Diploma** | **HS Diploma****/GED** | **Some college/****training** | **Technical training****or certification** | **Associate Degree** | **Bachelor’s Degree**  | **Master’s Degree or Higher** | **Other** | **Unknown/ Did Not****Report** | **Total** |
| Home Visitors |  |  |  |  |  |  |  |  |  |  |
| Project Directors/ Managers/ Coordinators |  |  |  |  |  |  |  |  |  |  |
| Data/ evaluation staff |  |  |  |  |  |  |  |  |  |  |
| Project support staff |  |  |  |  |  |  |  |  |  |  |
| **All Staff (Auto Calculate)** |  |  |  |  |  |  |  |  |  |  |

**Table 26. Unduplicated Count of Home Visiting Staff Full Time Equivalents**

|  |  |
| --- | --- |
| **Home Visiting Program Staff** | **Number** |
| Number of FTE Home Visitors |  |
| Number of FTE Project Directors /Managers/Coordinators |  |
| Number of FTE Data/evaluation staff |  |
| Number of FTE Project support staff |  |
| **All Tribal MIECHV Staff FTE (Auto Calculate)** |  |

**SECTION B NOTES:**

DEMOGRAPHIC AND SERVICE UTILIZATION REPORTING

INSTRUCTIONS AND DEFINITIONS OF KEY TERMS

**Tribal MIECHV Demographic and Service Utilization Data Report Instructions**

Data for Tribal MIECHV Demographic and Service Utilization Data should be collected at enrollment (as defined by grantee or per model developer guidelines) for newly enrolled participants/households and once during the reporting period (as determined by grantee) for continuing participants/households. Grantees may determine the method of and individuals responsible for data collection based on their own policies and procedures, and as guided by model developers and in consultation with ACF. Technical assistance is available to grantees to determine the method and timing of data collection and to ensure high quality data collection and reporting.

The report is organized into two sections. Section A includes Participant Demographics and Service Utilization and contains three sub-sections (A.1: Participant Demographics during Reporting Period (Newly Enrolled and Continuing); A.2: Participant Demographics during Reporting Period (Newly Enrolled Only); and A.3 Participant Service Utilization during Reporting Period (Newly Enrolled and Continuing) and requests demographic and service utilization data for program participants and households). When reporting, grantees may decide to report on data through the following data sources. Please note that the data sources selected should be consistent over time for each data element:

1. **Program data:** data collected by the home visiting program. This may include data self-reported by the adult participant.
2. **Administrative data:** data collected by another agency, organization, or program. Grantees may elect to use administrative data if it applies directly to the item being reported on and can be acquired within reporting deadlines.

ACF will use this data to better understand the population receiving services from Tribal MIECHV grantees and the degree to which they are using services.

Section B includes Program Staff Demographics and requests information on demographics of program staff, which will be used by ACF to better understand the Tribal MIECHV workforce. All information is collected to support improved knowledge of Tribal MIECHV grantee programs and guide technical assistance provided through the cooperative agreement.

After each sub-section, the report includes a “Notes” field. Grantees should use this field to explain the reasons for missing data if more than 10 percent of data are missing (i.e., Unknown/Did Not Report) for a particular data element, and to provide any other contextual information that may be helpful to ACF in understanding the data reported. For each explanation of missing data, include the Table number for ease of reference.

**Definitions:** The following table includes definitions for key terms listed in the Tables.

|  |  |  |
| --- | --- | --- |
| **Table Number** | **Field or Item** | **Definitions** |
| **General Definitions** |
| **N/A** | **Reporting Period** | The most recent 12-month budget period during which a Tribal MIECHV grantee provided home visiting services. |
| **N/A** | **Tribal MIECHV Home Visitor** | A home visitor for whom at least 25 percent of his/her personnel costs (salary, wages, and benefits) are paid for with Tribal MIECHV funding. |
| **N/A** | **Adult Participant** | An adult (pregnant participant, caregiver) who participates in the home visiting program during the reporting period and was served by a Tribal MIECHV home visitor. This could include teenage participants who have not yet reached age 18 but who meet the definition of either a pregnant participant or caregiver. Participants need to have received at least one home visit during the reporting period to be counted. |
| **N/A** | **Household** | Adult(s) who are caregivers for the same index child who participate in the home visiting program during the reporting period and were served by a Tribal MIECHV home visitor. A household may include one or multiple adult participants and one or multiple index children depending on model-specific definitions. |
| **N/A** | **Newly Enrolled (Adult Participant or Household)** | A participant or household who participates in the home visiting program for the first time at any time during the reporting period.  |
| **N/A** | **Continuing (Adult Participant or Household)** | A participant or household who participated in the home visiting program prior to the beginning of the reporting period and continues enrollment during the reporting period. This includes any participants who had been enrolled in any prior reporting period, became inactive, and then enrolled again in the reporting period. |
| **N/A** | **Pregnant Participant (Adult Participant)**  | A participant who participated in the program while pregnant at any time during the reporting period. |
| **N/A** | **Female Caregiver (Adult Participant)**  | A participant who identifies as female, participated in the program during the reporting period, and is considered a primary caregiver of the index child (e.g., biological parent, adoptive parent, foster parent, grandparent who identifies as female). If a participant has been pregnant at any time during the reporting period, she should be considered a Pregnant Participant (not Female Caregiver). If the home visiting model allows multiple caregivers to be served in the home, every caregiver involved in the program should be included in the report. |
| **N/A** | **Male Caregiver (Adult Participant)** | A participant who identifies as male, participated in the program during the reporting period, and is considered a primary caregiver of the index child (e.g., expectant parent, biological parent, stepparent, foster parent, partner who identifies as male). If the home visiting model allows multiple caregivers to be served in the home, every caregiver involved in the program should be included in the report. |
| **N/A** | **Gender Non-Binary Caregiver (Adult Participant)** | Participants who participated in the program during the reporting period, is considered a primary caregiver of the index child, and do not identify as either male or female, which may include participants who identify as gender non-binary and/or genderqueer. |
| **N/A** | **Index Child** | The target child (male, female, gender non-binary) in an individual household who is under the care of the participant. More than one index child can be identified (e.g., in the case of twins, triplets, or per model developer guidelines). Thus, there could be more than one index child in a given household. A single child could have multiple primary caregivers reported in Tribal MIECHV Demographic and Service Utilization Data Report. Children need to have received at least one home visit during the reporting period to be counted. |
| **A.1 Participant Demographics During Reporting Period (Newly Enrolled and Continuing)** |
| **1 (a)** | **Pregnant Participants Who Remained in the Program After Giving Birth During the Reporting Period** | Participants who were pregnant at any point during the current reporting period, gave birth during the current reporting period, and received at least one visit after giving birth during the current reporting period.  |
| **3** | **Adult Participants by Educational Status (Newly Enrolled and Continuing)** | **Student/trainee:** a participant who is considered a full- or part-time student or trainee by the educational institution or training program they are attending during the reporting period. **Not a student/trainee:** a participant who is not enrolled in any type of educational or training programs during the reporting period. |
| **4** | **Adult Participants by Employment Status (Newly Enrolled and Continuing)** | **Employed:** a participant who works for pay during the reporting period.**Employed Full Time:** an employee who works an average of at least 30 hours per week, as per <https://www.healthcare.gov/glossary/full-time-employee/>**Employed Part Time:** an employee who works an average of less than 30 hours per week**Not Employed:** a participant who is not working for pay (e.g., students, stay-at-home parents, and those actively seeking work but currently not employed) |
| **5** | **Household Income in Relation to Federal Poverty Guidelines (Newly Enrolled and Continuing)** | The appropriate category for a given household will depend both on household income and on the number of household members (*both home visiting participants and non-participants*). Household income refers to the annual gross income for the household as defined in programmatic guidance, recorded at enrollment and annually thereafter. **Federal Poverty Guidelines:** Annual income data can be estimated from monthly data (monthly income x 12). The Federal Poverty Guidelines are updated each year. See <https://aspe.hhs.gov/poverty-guidelines> for the guidelines (updated every year). |
| **7** | **Adult Participants by Housing Status (Newly Enrolled and Continuing)** | **Homeless:** participants who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1) of the McKinney-Vento Homeless Assistance Act). Report the participant as homeless if they were homeless for 1 or more days during the month prior to data collection. Fixed nighttime residence**:** stationary, permanent, and not subject to change.Regular nighttime residence**:** used on a predictable, routine, or consistent basis.Adequate nighttime residence:sufficient for meeting both the physical and psychological needs typically met in home environments.Grantees must first determine whether each adult participant is homeless (i.e., whether they have a fixed, regular, and adequate nighttime residence). Adult participants who do not fit the definition of homeless or who feel that the living situation they are in meets the definition of fixed, adequate, and regular, should be marked “not homeless.” For adult participants who are homeless, grantees must then assess the current housing status of each adult participant. Definitions for the categories under “homeless” are provided below. Grantees should categorize participants according to the category that most closely matches the participant’s housing status.**Homeless and sharing housing:** individuals who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason **Homeless and living in an emergency or transitional shelter:** individuals who are living in emergency or transitional shelters, are abandoned in hospitals, or are awaiting foster care placement **Homeless with some other arrangement:** individuals who are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; individuals who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C)); individuals who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.For more: <https://nche.ed.gov/mckinney-vento-definition/>  |
| **8** | **Adult Participants and Index Children by Type of Health Insurance Coverage (Newly Enrolled and Continuing)** | **Not Insured:** “Not insured” indicates that the individual is currently not covered by any source of insurance. This table is intended to capture insurance status, and for those not insured: access to Indian Health Services, UIHP or CHS health services. For example, receipt of care provided by the Indian Health Service or another safety net health care provider such as a Federally Qualified Health Center does not constitute insurance coverage. The not insured categories are mutually exclusive.**Not insured but has access to Indian Health Services, Contract Health Services, or Urban Indian Health Program facility:** The Indian Health Service (IHS) is funded each year through appropriations by the U.S. Congress. The Indian Health Service is not an entitlement program, such as Medicare or Medicaid. The Indian Health Service is not an insurance program. The Indian Health Service is not an established benefits package. Two types of services are provided by the Indian Health Service: (1) Direct health care services, which are provided by an IHS facility, or (2) contract health services (CHS), which are provided by a non-IHS facility or provider through contracts with the IHS. CHS are provided principally for members of federally recognized tribes who reside on or near the reservation established for the local tribe(s) in geographic areas called contract health service delivery areas (CHSDAs). The eligibility requirements are stricter for CHS than they are for direct care. In addition, the IHS Urban Indian Health Program (UIHP) supports contracts and grants to 34 urban health programs funded under Title V of the Indian Health Care Improvement Act. Approximately 100,000 American Indians use 23 Title V Urban Indian health programs and are not able to access hospitals, health clinics, or contract health services administered by IHS and tribal health programs because they either do not meet IHS eligibility criteria or reside outside of IHS and tribal service areas.A member of a Federally recognized tribe may obtain care at any IHS hospital or clinic if the facility has the staff and capability to provide the medical care. One of the additional requirements for CHS is that the patient must reside in certain areas. One way to meet the residency requirement is to live on the reservation of any Federally recognized tribe. Another way to meet the residency requirement is to reside within the contract health service delivery area (CHSDA) for the patient's tribe.Many, or even most, people who move away from their home reservations are not eligible for CHS since they would be moving away from the CHSDA in which they have eligibility. Some programs or portions of programs are tribally operated instead of being operated by the Federal Government through the IHS. Some tribally operated hospitals or clinics restrict services to members of their own tribe. Consequently, although a patient may be a member of a Federally recognized tribe they may not be provided medical care at a tribally operated hospital or clinic.For more: <https://www.ihs.gov/forpatients/faq> **Insured:** The health insurance coverage categories are mutually exclusive. **Medicaid or CHIP:** “Medicaid” is a joint federal and state program that helps with medical costs for some people with limited income and resources.(<https://www.medicare.gov/your-medicare-costs/get-help-paying-costs/medicaid> ) “CHIP,” the Children’s Health Insurance Program is a joint federal and state program that provides health coverage to eligible children. (<https://www.medicaid.gov/chip/chip-program-information.html>)**TriCare** is the health care program for uniformed service members (includes active duty and retired members of the U.S. Army, U.S. Air Force, U.S. Coast Guard, U.S. Marine Corps, U.S. Navy, Commissioned Corps of the U.S. Public Health Service, Commissioned Corps of the National Oceanic and Atmospheric Association), and their families. (<http://tricare.mil/About.aspx?utm_source=footer&utm_medium=organic&utm_campaign=about-us>)**Private Insurance** includes supplemental insurance that is provided to an individual by a private insurer (whether purchased by an individual for themselves and their family, a tribe for tribal members, or an employer for employees). |
| **A.2: Participant Demographics during Reporting Period (Newly Enrolled Only)** |
| **10** | **Participants by Ethnicity (Newly Enrolled)** | **Hispanic or Latino**: individuals of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.The responses regarding ethnicity should reflect what the individual considers themself to be and are not based on percentages of ancestry. |
| **11** | **Participants by Race (Newly Enrolled)** | **White:** individuals having origins in any of the original peoples of Europe, the Middle East, or North Africa. **Black or African American:** individuals having origins in any of the Black racial groups of Africa.  **American Indian and Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.**Asian:** individuals having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Indonesia, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. **Native Hawaiian and Other Pacific Islander:** individuals having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.**More than one race including AI/AN:** individuals who consider themselves to be American Indian/Alaska Native and another race(s), as defined above.**More than one race not including AI/AN**: individuals who consider themselves to be of more than one race, but not American Indian/Alaska Native. **Other:** individuals who identify with a race that is not listed in this table. Please list other races in the notes field.The responses regarding race should reflect what the individual considers themself to be and are not based on percentages of ancestry. If ethnicity and race are unknown or not reported for some participants, enter that count in the respective “Unknown/Did not Report” columns. |
| **12** | **Adult Participants by Marital Status (Newly Enrolled)** | If more than one adult participant is enrolled in the program in a single household, provide the status for all adult participants. For example, if a pregnant participant is enrolled with their spouse in the program, both participants would be counted under the married category.**Single:** individuals who havenever married.**Legally Married:** individuals that have wed in manner legally recognized by their jurisdiction.**Not Married but living together with partner:** individuals living with a partner but not considered legally married.**Separated/Divorced/Widowed:** “Separated” refers to married individuals who are not living with their spouse due to marital discord. “Divorced” indicates individuals who reported being divorced and have not remarried. “Widowed” indicates individuals whose last marriage ended with the death of their spouse and they have not remarried.<https://www.census.gov/prod/2003pubs/c2kbr-30.pdf> |
| **13** | **Adult Participants by Educational Attainment (Newly Enrolled)** | The categories for this table are mutually exclusive. Please select the highest level of educational attainment for each caregiver in the order in which they are listed. Teen parents who are high school age and have not completed high school should be categorized as “Other.” In the A.2 Notes section, grantees may provide more detail and specify how many of the caregivers being counted as “Other” are teen parents.**Less than high school diploma:** includes individuals who are older than high school age and who did not complete their high school education. For example, a 23-year-old mother who did not finish high school would be included in this category because she is not of high school age and did not finish her high school education. **High school diploma/GED:** includes individuals who completed their high school education or received a GED.**Some college/training:** includes individuals who are currently enrolled in an undergraduate degree or taking undergraduate coursework, or participate in a training program, and those who attended in the past but did not obtain a degree or certification. **Technical training or certification:** includes individuals who received technical training or certification in the past. **Associate Degree:** includes individuals who obtained an Associate Degree.**Bachelor’s Degree** **or higher:** includes individuals who obtained a Bachelor’s Degree or higher (e.g., Master’s Degree, graduate-level courses).**Other:** includes those individuals who did not fall into the other specified categories. |
| **14** | **Primary Language Spoken at Home of Index Children (Newly Enrolled)** | **Primary language:** the language spoken in the home the majority of the time.**Any Native American language:** includes any language indigenous to an American Indian or Alaska Native tribe or community.  |
| **15** | **Secondary Language Spoken at Home of Index Children (Newly Enrolled)** | **Secondary language:** a language spoken in the home the minority of the time.**Any Native American language:** includes any language indigenous to an American Indian or Alaska Native tribe or community.**More than one secondary language including a Native American language:** includes index children that live in a household where more than one secondary language is spoken and one of those languages is a Native American language.**More than one secondary language not including a Native American language**: includes index children that live in a household where more than one secondary language is spoken and none of the languages are a Native American language. |
| **16** | **Priority Population Household Characteristics (Newly Enrolled)** | Categories are not mutually exclusive. A household can be counted in more than one category.**Low-Income household:** A household with an income determined to be below the official poverty line defined by the Census Bureau. This is updated every year online: <https://aspe.hhs.gov/poverty-guidelines>.The number of households reported in Table 16 as “low income” should match the **sum** of the number of newly enrolled households reported in Table 5 as “50% and under” ***and*** “51-100%.”**Household contains an enrollee who is pregnant and 20 years old or younger:** A household where a primary caregiver is a pregnant participant and 20 years old or younger at time of enrollment.  **Household has a history of child abuse or neglect or has had interactions with child welfare services:** an adult participant or index child has a history of abuse or neglect or has had involvement with child welfare services either as a child or as an adult. **Household has a history of substance abuse or needs substance abuse treatment:** a household with at least one adult participant who has a history of substance abuse or who has been identified as needing substance abuse services. **Someone in the household uses tobacco products in the home:** a household with at least one adult participant who uses tobacco products in the home or who has been identified as using tobacco. Tobacco use is defined as combustibles (cigarettes, cigars, pipes, hookahs, bidis), non-combustibles (chew, dip, snuff, snus, and dissolvables), and electronic nicotine delivery systems (ENDS). Ceremonial use of tobacco is not considered “tobacco use.”**Someone in the household has attained low student achievement or has a child with low student achievement:** a household with members who have perceived themselves or their child(ren) as having low student achievement**Household has a child with developmental delays or disabilities:** a household with a child or children (index child or another child in the household) who is suspected of having a developmental delay or disability. **Household includes individuals who are serving or formerly served in the US armed forces:** a household that includes individuals who are serving or formerly served in the U.S. Armed Forces (Army, Navy, Air Force, Marine Corps, Coast Guard, National Guard and Reserve), including such families that have members of the Armed Forces who have had multiple deployments outside of the United States. For this criterion, the definition includes a military member’s dependent acquired through marriage, adoption, or other action during the course of a member’s current tour of assigned duty. |
| **A.3: Participant Service Utilization during Reporting Period (Newly Enrolled and Continuing)** |
| **17** | **Home Visits** | **Unduplicated Count of Households by Evidence-Based Home Visiting Model:** refers to the unduplicated count of households who had either an in-person or virtual home visit by evidence-based model. **Total Number of In-Person Home Visits Completed:** refers to the total number of in-person (i.e., face to face) home visits completed per household at the end of the reporting period.**Total Number of Virtual Home Visits Completed:** refers to the total number of virtual home visits completed per household at the time of the reporting period. A virtual home visit, as described in an applicable service delivery model, is a home visit that is conducted solely by the use of electronic information and telecommunications technologies. Please refer to model-specific guidance for specific definitions. |
| **18** | **Families Receiving In-Person Home Visits** | **Total number of families who have been enrolled for at least 12 months and receive at least 1 in-person home visit:** refers to the total number of families who have been enrolled in the tribal home visiting program for the last 12 months as of the date of reporting, and during those 12 months, received at least 1 in-person (i.e., face to face) home visit. **Total number of families enrolled for at least 12 months:** refers to the total number of families who have been enrolled in the tribal home visiting program for the last 12 months, as of the date of reporting. |
| **19** | **Family Engagement by Household (Newly Enrolled and Continuing)** | **Currently receiving services:** refers to a household that is participating in services at the end of the reporting period. **Completed program:** refers to a household that completed the program according to model-specific definitions and criteria, or grantee-defined criteria if the model does not provide guidance, during the reporting period. **Stopped services before completion:** refers to a household that left the program for any reason prior to completion. **Enrolled but not currently receiving services/Other:** refers to those households that do not fall into the previous categories and may include unreachable participants (i.e., the family is not regularly participating but did not actively sever ties, etc.)Please provide additional information about household reason for stopping services before completion, or for being enrolled but not currently receiving services/other in the A.3 Notes section. |
| **20** | **Place-Based Services** | **Community:** refers to all communities where one or more households are residing at the end of the reporting period. Each community should be listed in a separate row.**Zip Codes Within Community:** refers to each zip code represented in the community identified. Zip codes can be listed in the same cell and separated by commas.**Number of Households Served:** refers to the number of households that reside in that community at the end of the reporting period.  |
| **SECTION B: PROGRAM STAFF DEMOGRAPHICS** |
| **Tables 21-26** | All staff who were employed at any time during the reporting period should be included in Tables 22-26. This includes staff that joined mid-way through the reporting period and staff that left the team during the reporting period. Below are common staff definitions.**Home Visitors:** Home Visitors: A home visitor employed or contracted by the Tribal MIECHV program, who receives 25% or more of his/her personnel costs (salary/wages including benefits) paid for with Tribal MIECHV funding.**Project Directors/Managers/Coordinators:** Staff that play a key oversight role for the Tribal MIECHV grant, directly employed or contracted by the grantee regardless of the percentage of their personnel costs paid for with Tribal MIECHV funding.**Data/Evaluation Staff:** Staff involved in data entry support, reporting and/or evaluation as part of the Tribal MIECHV grant, directly employed or contracted by the grantee, regardless of the percentage of their personnel costs paid for with Tribal MIECHV funding.**Project Support Staff:** All other positions that play a supportive role to the Tribal MIECHV grant, directly employed or contracted by the grantee, regardless of the percentage of their personnel costs paid for with Tribal MIECHV funding but not paid for by organization indirect costs, and do not fall under “Home Visitor,” “Project Directors/Managers/Coordinators,” and “Data/Evaluation Staff.” These positions could include administrative support staff or consultants (e.g., reflective supervision, clinical supervision, infant and early childhood mental health consultants). |
| **23** | **Program Staff by Ethnicity** | **Hispanic or Latino**: individuals of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.The responses regarding ethnicity should reflect what the individual considers themselves to be and are not based on percentages of ancestry. |
| **24** | **Program Staff by Race** | **White:** individuals having origins in any of the original peoples of Europe, the Middle East, or North Africa. **Black or African American:** individuals having origins in any of the Black racial groups of Africa. **American Indian and Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.**Asian:** individuals having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Indonesia, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. **Native Hawaiian and Other Pacific Islander:** individuals having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.**More than one race including AI/AN:** individuals who consider themselves to be American Indian/Alaska Native and another race(s), as defined above.**More than one race not including AI/AN**: individuals who consider themselves to be of more than one race, but not American Indian/Alaska Native. **Other:** individuals who identify with a race that is not listed in this table. Please list other races in the notes field.The responses regarding race should reflect what the individual considers themselves to be and are not based on percentages of ancestry. If ethnicity and race are unknown or not reported for some participants, enter that count in the respective “Unknown/Did not Report” columns. |
| **25** | **Program Staff by Educational Attainment** | **Less than high school diploma:** includes individuals who are older than high school age and who did not complete their high school education. **High school diploma/GED:** includes individuals who completed their high school education or received a GED.**Some college/training:** includes individuals who are currently enrolled in an undergraduate degree or taking undergraduate coursework, or participate in a training program, and those who attended in the past but did not obtain a degree or certification. **Technical training or certification:** includes individuals who received technical training or certification in the past. **Associate Degree:** includes individuals who obtained an Associate Degree.**Bachelor’s Degree:** includes individuals who obtained a Bachelor’s Degree.**Master’s Degree or Higher:** includes individuals who obtained a Master’s Degree or higher (e.g., PhD, MD, JD).**Other:** includes those individuals who did not fall into the other specified categories. |
| **26** | **Unduplicated Count of Home Visiting Staff Full Time Equivalents** | **An Unduplicated Count of Home Visiting Staff Full Time Equivalents** who were employed during the reporting period. |