TARGETED CASE MANAGEMENT ASSESSMENT
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES
SFN 963 (Rev. 1-2010)

Clear Fields

TARGETED CASE MANAGEMENT SERVICES FOR HIGH RISK PREGNANT WOMEN AND INFANTS

Name of Participant:	Date of Birth:	Due Date:
Provider Agency:	Case Manager Name:	

A WOMAN WITH ANY **ONE** OF THE FOLLOWING RISK FACTORS IS CONSIDERED TO BE A HIGH RISK PREGNANT WOMAN FOR PURPOSES OF RECEIVING TARGETED CASE MANAGEMENT SERVICES: (Brief explanation required for all Yes responses)	YES	NO
A. Is age 17 or younger	☐	☐
B. Is age 40 or older	☐	☐
C. Uses any alcohol during current pregnancy	☐	☐
D. Uses cocaine, marijuana, methamphetamine, heroin or street drugs	☐	☐
E. Previous preterm delivery or low birth weight	☐	☐
F. Last birth within one year Date of Last Birth:	☐	☐
G. Multi-fetal gestation - more than one fetus in current pregnancy	☐	☐
H. Uses tobacco products to an extent that could result in harm to the fetus (10 or more cigarettes per day)	☐	☐
I. Is Developmentally Disabled	☐	☐
J. Has a medical condition such as diabetes, AIDS, HIV, or heart condition/high blood pressure, asthma, anemia.	☐	☐
K. Is currently being treated for a serious psychiatric diagnosis or is currently on any psychotropic drugs.	☐	☐

A WOMAN WITH ANY **THREE** OF THE FOLLOWING RISK FACTORS IS CONSIDERED TO BE A HIGH RISK PREGNANT WOMAN FOR PURPOSES OF RECEIVING TARGETED CASE MANAGEMENT SERVICES:	YES	NO
a. Has a history of counseling for an emotional disorder		
b. Has a history of use of psychotropic medications		
c. Has had a previous problem pregnancy List problem:		
d. Has a family history of genetic disorders that could be passed on to the child		
e. Is currently homeless or has had three different living situations during the current pregnancy		
f. Has experienced family violence including spousal abuse, child abuse and neglect or sexual abuse		
g. Has been a victim of sexual assault within the last two years		
h. Is isolated from normal support systems		
i. Has not initiated prenatal care and pregnancy is past the first trimester		
j. Has not graduated from high school or received her GED		
k. Has two or more children under the age of 5 List ages:		
l. Is residing in any group living arrangement such as a group foster care, residential treatment center or alcohol treatment center		
m. First pregnancy		
n. Is smoking between 3 and 9 cigarettes per day		

Explanation of Risk Factors:

Signature of Case Manager:	Date:

Freedom of Choice Wording

As Legal Guardian/Self, I hereby give my consent to have the above listed provider provide targeted case management services for High Risk Pregnant Women to me. I understand that I can only have one provider at a time.

Signature of Participant:	Date:

Please attach any additional information IF NEEDED.

Assessment form must be completed within 5 days and sent to:

Medical Services
Department of Human Services
600 E. Boulevard Ave-Dept 325
Bismarck, ND 58505-0261

DISTRIBUTION: Original - Medical Services **Pink** - Provider