

Child Health Intake Form (CHIF)

Should I CHIF?

Initial Encounter

Did you provide enabling services to the individual or the family or caregiver?

Yes

Did the family or individual or caregiver consent to being CHIF'ed?

Yes

**Do not
CHIF**

CHIF

Follow-up Encounter

Has it been a year since your initial encounter with the individual, caregiver, or family?

Yes

Have you been in contact with the individual, family, or caregiver to provide enabling services in this past year?

No

Yes

Have you provided outreach to the individual, family, or caregiver in the last year?

Yes

Was there a response to the outreach?

Yes

Did the individual, family, caregiver continue to consent to being CHIF'ed?