**COVID-19 Screening for Families Participating in Family Support Services**

When there is an identified need for in-person Family Support program, the provider of the Family Support program should contact the family or families prior to every in-person service to ask the following [health screening questions](https://content.govdelivery.com/attachments/USHHSHRSA/2020/04/28/file_attachments/1437607/COVID19%20home%20visitor%20mitigation%20of%20risk%20document%20CLEARED.pdf) and additional considerations as recommended by the US Department of Health and Human Services.

Family or Primary Caregiver Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Screening: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| **Screening Questions:** | **Yes** | **No** |
| Has anyone in the home tested positive or suspected of having COVID-19 in the last 14 days? |  |  |
| Does anyone in the home have signs or symptoms of a fever, new or worsening cough, sore throat, shortness of breath or difficulty breathing, fatigue, muscle or body aches, new loss of taste or smell, sore throat, congestion, nausea, vomiting, or respiratory illness? |  |  |
| Has anyone in the home had contact within the last 14 days with someone with or under investigation for COVID-19? |  |  |
| **Additional Considerations: \*** | **Yes** | **No** |
| Has anyone who will be present during the visit or group session traveled outside of Pennsylvania in the past 14 days? |  |  |
| Will a person with a weakened immune system, a person who is over the age of 65 years, or a person that has chronic health conditions (e.g. heart disease, lung disease, diabetes), or other factors that pose a risk if the person becomes infected with COVID-19 be present during the visit or group session? |  |  |
| Considerations Comments: | | |

Name of Person Completing Screener: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the response is yes to any of the three screening questions above, it is recommended that the provider of the Family Support Program coordinate with the family to participate in a virtual home visit/tele-intervention session instead of an in-person session.

\*If the response is yes to the two additional considerations, it is recommended that the provider of the Family Support Program and family discuss the possible risk in delivering an in-person session and document the decision. Virtual home visit/Tele-intervention session will be an option for service delivery.