

Criteria Screening Tool

Name of potential participant:	
C.S.T. administered by:	Date administered: / /

- Does the father, at minimum, co-parent the child, with the mother, regardless of where he resides and the mother of the child wants to participate?
Yes No
- Are the mother and father the biological parents of at least one of the children under the age of 7?
Yes No
- Does the family have at least one child under the age of seven?
Yes No
- under the age of three?
Yes No
- Are they expecting a child?
Yes No
- Is the father at least 18 years of age?
Yes No
- Do either of the parents have severe mental illness (i.e. schizophrenia, bipolar disorder)?
Yes No
- Is there any current involvement with Child Protection Services?
Yes No
- Is there any current domestic violence in which one or both of the parents feels unsafe in the presence of the other (i.e. restraining orders, imminent danger in the house)?
Yes No
- Is there severe substance abuse in which one of the parent's daily functioning (i.e. work, social, family) is impaired?
Yes No

* After completing this screening tool, please have the individual sign the release of information on the back of this sheet so that we may contact them to potentially participate in the study.

Formulario para la revelación de información

Yo, _____, autorizo a PAPÁS- S.F.I. a intercambiar información con la siguiente agencia con el propósito de incorporar nuevos participantes para el estudio:

(name of agency/ nombre de agencia)

He leído cuidadosamente este acuerdo de consentimiento, todas mis preguntas han sido contestadas y comprendo el contenido de este acuerdo.

Mi número de teléfono es: (_____) _____ - _____

Padre/ Madre/ Custodia legal /Menor autorizado

Fecha

Testigo(a)

Fecha

Consent to Release Information Form

I, _____, hereby authorize PAPÁS: S.F.I. to exchange information with the following agency for the purpose of recruitment in the study:

(Name of agency)

I have read this consent form carefully, have had all my questions answered and understand the content of this agreement.

My phone number is (_____) _____ - _____.

Parent/Guardian/Authorized Minor

Date

Witness

Date

