



# Birth to 12 Month - Monthly Contact/Visit Report Form

Mentor Name: \_\_\_\_\_ Region: \_\_\_\_\_

Type of Contact/Visit:  In Person Visit  Virtual Visit  No Visit, But Made Contact

Date of Contact/Visit: \_\_\_/\_\_\_/\_\_\_ Lesson(s) Covered: \_\_\_\_\_

## Mom's Information

Name: \_\_\_\_\_

Has mom's contact information changed?  No  Yes If yes, please update below:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Have you been in contact with the mom since your last mentor visit?  No  Yes

If yes, how?: \_\_\_ Phone \_\_\_ Text(s) \_\_\_ Email(s) \_\_\_ Mail \_\_\_ Social Media \_\_\_ Food Delivery \_\_\_ Diaper Delivery

Does the mom have concerns about any of the following?  Spiritual Concerns  
 Medical Concerns  Emotional Concerns  Social Concerns  Other: \_\_\_\_\_

Were you able to help the mom with this?  No  Yes \_\_\_\_\_

Child age (at time of visit): \_\_\_\_\_ **Is this the 1<sup>st</sup> visit after birth?**  No  Yes

## **Birth Information**

Note: This information only needs to be submitted once. If you have already submitted this information on a previous form, skip to "Mom's Program Goals" below:

Baby's Name: \_\_\_\_\_  Boy  Girl

Birthdate: \_\_\_\_\_ Birth weight \_\_\_lbs\_\_\_oz. Birth length \_\_\_\_\_ inches

Was infant born prematurely (born<37 weeks)?  No  Yes

If yes, how many weeks pregnant was Participant when baby was born? \_\_\_\_\_

Were there any complications?  No  Yes, specify: \_\_\_\_\_

## **Mom's Program Goals**

### I. Health Promotion:

- Child has been in good health and developing optimally.  No  Yes
- Child is on track with his/her well-baby checkups.  No  Yes
- Child's immunizations are up-to-date this month (if applicable).  No  Yes

**II. Bonding/Parenting:**

- Mom has assumed maternal role or shown bonding to child.  No  Yes
- Mom shows interest in/completes educational materials.  No  Yes
- Mom has worked with child on suggested/outlined activities.  No  Yes

**III. Support System:**

- Mom feels like she has an adequate support system: If  No  Yes  
yes, who is included in her support network?  
 Family  Friends  Church  Other \_\_\_\_\_
- Is One by One adding value to Mom's support system?  No  Yes  
If yes, explain: \_\_\_\_\_
- Did Mom apply/receive any community resources this month?  No  Yes  
Check all that apply:  WIC  TennCare  Medicaid  Housing Assistance  
 Food Assistance  Other: \_\_\_\_\_

**IV. Spiritual Journey:**

- Does mentor feel like the mom is making progress spiritually?  No  Yes  
If yes, explain: \_\_\_\_\_
- Mom showed interest in Target Verse  No  Yes
- Mom expressed prayer concerns  No  Yes
- Mom prayed to accept Christ as her Savior If so,  No  Yes  
list date: \_\_\_\_\_
- Mom attended/joined church  No  Yes  
If so, specify church: \_\_\_\_\_

**Follow Up**

What was your total travel time (to and from visit)? \_\_\_\_\_

What was your prep time for this visit? \_\_\_\_\_ How long was this visit? \_\_\_\_\_

- We need photos! Please take a picture from your visit today and email it to [admin@onebyoneusa.org](mailto:admin@onebyoneusa.org) or text it to your Regional Ministry Director/Coordinator.
- We need testimonies from you and/or your mom. Use the lines below or email [admin@onebyoneusa.org](mailto:admin@onebyoneusa.org) to share a testimony. Thank you!

Mentor comments/concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_