

# ASSESSMENT OF HIV-RELATED RISK FACTORS

*For use by Northern Rivers Family of Services and its member agencies*

Client \_\_\_\_\_ CIN # \_\_\_\_\_

Program \_\_\_\_\_

**Note: Unk. – Unknown.**

## PART 1. DIRECT TRANSMISSION RISKS TO CHILD

Yes	No	Unk	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Child is known or reported to have:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	been sexually abused.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	engaged in sexual activity.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	had multiple sex partners.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	to use non-injection illegal drugs, such as crack cocaine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	to inject illegal drugs or share needles, or other drug equipment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	to share needles used for body piercing.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	has history of tuberculosis.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a transfusion of blood/blood products in U.S. between 1/1978 and 7/1985.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a history of sexually transmitted disease, e.g., syphilis, gonorrhea, or hepatitis B.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	transfusion of blood/blood products outside U.S. when the blood wasn't HIV screened.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	symptoms consistent with HIV infection.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	been previously tested for HIV.

## PART 2. PRENATAL RISKS TO CHILD FROM A BIO PARENT OR BIO PARENT'S SEXUAL PARTNER

Yes	No	Unk	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Individual is known or reported to have:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	had multiple sex partners.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	engaged in sex for money, or other things of value before the child's birth.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	injected illegal drugs or share needles, or other drug equipment.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	used non-injection illegal drugs, such as crack cocaine.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a history of tuberculosis.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	had transfusion of blood or blood products in U.S. between 1/1978 and 7/1985.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	transfusion of blood/blood products outside USA, when the blood wasn't HIV screened.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	has history of sexually transmitted disease, such as syphilis, gonorrhea, or hepatitis B.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	has a diagnosis of HIV infection.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	has symptoms consistent with HIV infection.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	died due to HIV-related illness or AIDS.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a male sexual partner who has had sex with another man.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	is known or reported to share needles used for body piercing.

## PART 3. PERINATAL RISKS TO CHILD FROM A BIO PARENT OR BIO PARENT'S SEXUAL PARTNER

Yes	No	Unk	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Child:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	had positive test for syphilis at birth.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	have symptoms consistent with HIV infection.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	had evidence of drug withdrawal at birth.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	had positive drug toxicology at birth.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	was abandoned at birth and no risk history is available.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Any sibling:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	have symptoms consistent with HIV infection.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	have known HIV infection.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	died of HIV-related illness or AIDS.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	tested positive for HIV at birth, but sero-reverted.

Source document: 18 NYCRR 441.22. See back for instructions on how to complete this form.

Does client have an identified risk factor?  Yes  No

Individual completing form: \_\_\_\_\_ Date: \_\_\_\_\_

#### How to complete the Assessment of HIV-Related Risk Factors form:

1. This form must be completed within 30 days of every child entering foster care. For guidance on how to determine if a child has the capacity to consent to this assessment, please see: OCFS 97 ADM-15.
2. After the assessment has been completed, the staff that completed the assessment shall enter required information into that child's Connections case record, under the Health Services stage action, HIV Risk Assessment tab.
3. Information required in Connections under the HIV Risk Assessment tab include date of the assessment, whether or not the assessment just completed is a newborn screening, if the child has capacity to consent to HIV testing, does the child have any HIV risk factors, and will the child consent to HIV testing. If the child is unable to provide consent yet does have risk factors, a required question asked who legal consent was obtained from to complete the assessment.
4. After this information has been saved in Connections, this form, (Northern Rivers Assessment of HIV-Related Risk Factors form) is to be immediately placed in the shred bin for proper disposal. Do not retain the paper form.
5. For additional guidance, please see OCFS 97 ADM-15.
6. A Medical Guide for Youth in Foster Care, located on the OCFS website, also contains excellent information about HIV testing and medical information that is broken down into language children can understand.