

## HRSA – PARENT/CHILD RESCREEN FORM- Loss of Child

Date: **populated (editable)** \_\_\_/\_\_\_/\_\_\_\_\_

Client Name: **populated** \_\_\_\_\_

HSID: **populated** \_\_\_\_\_ - \_\_\_\_\_ - 00 Staff: **populated (editable)** \_\_\_\_\_

Name of Primary Participant: **populated** \_\_\_\_\_

Primary Participant Date of Birth: **populated** \_\_\_\_\_

Name of Other Linked Primary Participant \_\_\_\_\_

Date of Birth of Other Linked Primary \_\_\_\_\_

Name of Other Linked Primary Participant \_\_\_\_\_

Date of Birth of Other Linked Primary \_\_\_\_\_

G7: This form has been updated with the Primary Participant following its initial completion base on

Enrolled infant turns 6 months date updated \_\_\_\_\_

Other update (example annual) date updated **populated/ editable** \_\_\_\_\_

Specify change /reason for update **populated Loss of child**

G11: This child was enrolled in HS but then died:

Within 0 to 27 days of life (neonatal)

28-364 days after birth (infant)

12 months or older (post-infancy)

Not applicable