

DISABILITY RELATED SERVICES REPORT

Child's Name: _____

Child's ID: _____ Age: _____ DOB: _____

Worker's Name: _____

Agency/Office Name & Address: _____

Worker's Telephone Number & Extension: _____

This child is no longer with our agency/office.
Reason: _____ Date: _____

This child has been professionally assessed and does not have a disability (attach assessment).
Child Assessed By: _____
Date of Assessment: _____

This child is being underserved and we feel a staffing might be helpful.

This child is inaccessible due to hospitalization, run-away, detention etc.

The caregiver is not supporting service delivery to this child.

ASSESSMENT

Child receives medication monitoring or follow-up for a physical disability.
Physician/Psychiatrist-Frequency seen: _____
Date of last follow-up: _____
Medications: _____

Child has been hospitalized within last 6 months.
Reason: _____
Length of stay: _____ Discharge date: _____

The child is age 5 or younger. Date of the 0-3 assessment: _____
0-3 recommendations, (or attach copy): _____

The child receives special education early childhood, special education or appears to need special education.
Date of the most recent IEP/IFSP: _____
If not done or current, date that a MDC/IEP was requested in writing _____
Type of academic placement and services (**do not copy if on the CFS 407, Evaluation Report Form**): _____

Child 14 and older (regardless of his/her goal) has been assessed for independent living skills and/or there are areas of need that are documented in the service plan.
Date of Daniel Memorial: _____

Daniel Memorial not required due to developmental delays.

- What report service or support recommendations** did physicians, educators, other professionals and/or foster parents who work with the child make?

CURRENT SERVICES

- The child receives the following **services to address his or her disability**. Documentation available for review identifies the service provider; the frequency the child receives the services and the child's progress.

PLANNING

Child's current placement type: _____ Current payment amount: _____

- The account is in excess of \$1,000. **Attach copies the child's assessment and disbursement forms that have been sent to Springfield or create a spend down plan.**
- There are unmet needs; recommended services that are not in place; missing documents, or other recommendations related to disability and/or income. List the issues and plans to address them.

Service or Support Need	Who Will Address the Need	Timeframe

SIGNATURES

Worker

Date

Supervisor

Date

Please TAKE this form with supporting documentation to the Administrative Case Review.