

1. CHILD DEMOGRAPHICS

bird, big egbert (s1) Back

DOB: 11/20/2005 Status: **Enrolled** How Qualify: **Part C Diagnosis**
 Part C: FSC: **Doe, John** Enroll Date: 9/15/2006

Child	Health	Ref/Screen	Eval	IFSP/Enroll	Contact	RefOut	Adult/Ins	Profile																												
▼	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	+

Last Name

First Name

Middle Name

Alias

Sex

DOB

Living Situation

Race

Current ILP

Location

School District

Contact Name

Contact Address

Contact City

Contact State

Contact Zip

Contact Phone

Relationship

Mail

Notes

Mod User: lisa_balivet@health.state.ak.u

Mod Time: 2007-05-04T15:45:01

* Fields in red are required

This is the first step to take before entering any further information. You *must* have five pieces of information: (1) *child's name*, (2) *gender*, (3) *date of birth*, (4) *living situation*, and (5) *race* to save a child record. All data, except for provider information, is entered through the child demographics screen. To move from one child's record to another you have to go back to the child list form and click on the child you want. Save all new or edited information before exiting each screen.

2. HEALTH

bird, big egret (s1)

Back

DOB: 11/20/2005

Status: Enrolled

How Qualify: Part C Diagnosis

Part C:

FSC: Doe, John

Enroll Date: 9/15/2006

Child

Health

Ref/Screen

Eval

IFSP/Enroll

Contact

RefOut

Adult/Ins

Profile

Medical Home

Gestational Age (in weeks)

Birth Weight (grams)

Birth Weight (pounds)

Birth Weight (ounces)

Failed Newborn Hearing Screen

Health Concerns

Behavioral Dental Hearing

Nutrition Vision Other

Child has been referred for EI Hearing Services

Child has been referred for EI Vision Services

Concern Notes

Consultant Enrollment

Hearing Vision

Diagnoses ()

Dx	Dr. Rpt
✗ Hearing Impairment, Significant/Progressive	<input type="checkbox"/>
✗ Vision Impairment, Significant/Progressive	<input checked="" type="checkbox"/>

Risk Factors ()

Factor	Type
✗ CAPTA - Substantiated report of harm	ENV
✗ Gestational age < 35 weeks	BIO

Mod User: bjwhite

Mod Time: 2007-04-19T09:30:58

3a. REFERRALS

Bird, Big little (91) Back

DOB: 4/10/2003 Status: **Enrolled** How Qualify: **Part C Diagnosis**
 Part C: FSC: **Mozart, Wolfgang** Enroll Date: 3/9/2006

Child **Health** Ref/Screen **Eval** **IESP/Enroll** **Contact** **RefOut** **Adult/Ins** **Profile**

Referrals (+)

Ref Date	ILP	Ref By	Disposition	How Hear	Reason	Staff	Mod User
✗ 02/08/06	PIC	Parent	Schedule multidisciplinary	Friend/Family Member	Suspect Part C Eligible	Mozart, Wolfgang	db_ilp@health.state.ak.us

Screens (+)

Screen Date	ILP	Screened By	Disposition	Mod User
-------------	-----	-------------	-------------	----------

To enter a new referral, click on the green plus sign to the right of the word "Referrals"

Referral In Data Entry

Bird, Big little (91) Edit Record Save Record Back

DOB: 4/10/2003 Status: **Enrolled** How Qualify: **Part C Diagnosis**
 Part C: FSC: **Mozart, Wolfgang** Enroll Date: 3/9/2006

Referral In

Referral Date

Referred By

How Hear

Fam Svc Coordinator

Ref Reason

Disposition (+)

Date	Disposition
✗ 03/03/06	Schedule multidisciplinary evaluation

Notes

Mod User: db_ilp@health.state.ak.us

Mod Time: 2006-10-25T09:47:15

* Fields in red are required

3b. SCREENING

bird, big egbert

Back

ILPId: 61 Status: Enrolled How Qualify: Part C Diagnosis
 Part C: FSC: Doe, John Enroll Date: 9/15/2006

Screen

Screen Date: 01/07/06

Screened By: Community Health Aic

Disposition (+)

Del Date	Disposition
01/07/06	Rescreen

Notes

Mod User: db_illp@health.state.ak.us

Mod Time: 2006-08-21T13:19:46

* Fields in red are required

4. EVALUATION

Bird, Big little (st)

Back

DOB: 4/10/2003 Status: Enrolled How Qualify: Part C Diagnosis
 Part C: FSC: Mozart, Wolfgang Enroll Date: 3/9/2006

Child Health Ref/Screen Eval IFSP/Enroll Contact RefOut Adult/Ins Profile

Evaluations (+)

Eval Date	ILP	Disposition	Eligible	PartC	C/O	Mod User
x 11/12/06	PIC	Continue Enrollment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	db_illp@health.state.ak.us
x 03/03/06	PIC	Enroll	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	db_illp@health.state.ak.us

Functional Assessments (+)

Date	ILP	Type	Instrument	Results
------	-----	------	------------	---------

Outcomes (+)

Eval Date	ILP	Emotional	Knowledge	Action	Mod User
x 11/12/06	PIC	Not Yet	Emerging	< Completely	db_illp@health.state.ak.us

Outcomes

Bird, Big little (91)

[Edit Record](#)

[Save Record](#)

[Back](#)

DOB: 4/10/2003

Status: **Enrolled**

How Qualify: **Part C Diagnosis**

Part C:

FSC: **Mozart, Wolfgang**

Enroll Date: **3/9/2006**

Outcomes

Rating Date: 08/21/07

Eval: 08/17/2007 Continue Enrollment

	Intake	Current	Progress
Positive Socio-Emotional Skills	Not Yet	< Emerging	<input checked="" type="checkbox"/>
Acquiring and Using Knowledge	Emerging	< Somewhat	<input checked="" type="checkbox"/>
Taking Appropriate Action	< Completely	Completely	<input checked="" type="checkbox"/>

Roles of people involved in summary ratings:

Developmental Specialist

Developmental Specialist

Educator

Sources of supporting information:

Parent Report/Interview

Anchor Tool

Parent Report/Interview

Mod User:

Mod Time:

* Fields in red are required

5. INDIVIDUALIZED FAMILY SERVICE PLAN / ENROLL

Bird, Big little (91)

[Back](#)

DOB: 4/10/2003

Status: **Enrolled**

How Qualify: **Part C Diagnosis**

Part C:

FSC: **Head, Fish**

Enroll Date: **3/9/2006**

[Child](#)

[Health](#)

[Ref/Screen](#)

[Eval](#)

[IFSP/Enroll](#)

[Contact](#)

[RefOut](#)

[Adult/Ins](#)

[Profile](#)

IFSPs (+)

Date Signed	ILP	Plan Type	Prog. Setting	Trans Plan	Coord	Mod User
<input checked="" type="checkbox"/> 08/21/07	PIC	Interim	Group Program - Typical	<input checked="" type="checkbox"/>	Head, Fish	bjwhite
<input checked="" type="checkbox"/> 03/09/06	PIC	Initial	Home	<input checked="" type="checkbox"/>	Mozart, Wolfgang	db_llp@health.state.ak.us

Enrollment (+)

Date	ILP	Type	Transfer To	Exit Reason	Placement	Notes
<input checked="" type="checkbox"/> 03/09/06	PIC	Enroll				

Bird, Big little (91)

[Edit Record](#) [Save Record](#) [Back](#)

DOB: 4/10/2003 Status: **Enrolled** How Qualify: **Part C Diagnosis**
Part C: FSC: **Head, Fish** Enroll Date: 3/9/2006

IFSP

Date Signed 03/09/06

Coordinator Mozart, Wolfgang

Plan Type Initial

Transition Plan

Program Setting Home

Potentially Part B:

Notes

Mod User: db_ill@health.state.ak.us

Mod Time: 2006-10-25T09:40:01

* Fields in red are required

IFSP Services (+)

Staff Name	Service Type	How Provided	Frequency	Start Date	Notes
✗ Mozart, Wolfgang	Service Coordination	EI/MLP Staff or Contractor	6		
✗ Mozart, Wolfgang	Special Instruction	EI/MLP Staff or Contractor	6		
✗ Mozart, Wolfgang	Vision Services	EI/MLP Staff or Contractor	0.5	12/25/06	

IFSP Services

Bird, Big little (91)

[Edit Record](#) [Save Record](#) [Back](#)

DOB: 4/10/2003 Status: **Enrolled** How Qualify: **Part C Diagnosis**
Part C: FSC: **Head, Fish** Enroll Date: 3/9/2006

IFSP Services

Provider	Mozart, Wolfgang	Frequency	0.5
Service Type	Vision Services	Start Date	12/25/06
How Provided	EI/MLP Staff or Contrac		
Notes	<div style="border: 1px solid gray; height: 80px;"></div>		

Mod User: db_ill@health.state.ak.us

Mod Time: 2006-12-13T10:21:49

* Fields in red are required

Enrollment

Bird, Big little Edit Record Save Record Back

ILPId: 91 Status: **Enrolled** How Qualify: **Part C Diagnosis**
 Part C: FSC: **Mozart, Wolfgang** Enroll Date: 3/9/2006

Enrollment

Date: 03/09/06 Exit Reason:

Type: Enroll Exit Placement:

Enrollment Delayed by Family: Other Placement:

Transfer To:

Notes:

6. CONTACT LOG

bird, big egbert Back

ILPId: 61 Status: **Enrolled** How Qualify: **Part C Diagnosis**
 Part C: FSC: **Doe, John** Enroll Date: 9/15/2006

Child **Health** **Ref/Screen** **Eval** **IFSP/Enroll** **Contact** **RefOut** **Adult/Ins** **Profile**

Contacts (+)

Contact Date: 12/13/06 Contact Location: Home Visit

Contact Category: IF - IFSP Development Contact Status: Visit Completed

Provider: Doe, John Units: 2

Notes:

Save / Done Save / Add Cancel * Fields in red are required

Contact Date	ILP	Staff	Category	Location	Status	Units	Mod User
x 12/13/06	PIC	Doe, John	IF	Home Visit	Visit Completed	2	lhenry
x 11/16/06	PIC	Doe, John	SC	Home Visit	Visit Completed	9	lhenry
x 10/15/06	PIC	Doe, John	OT	Home Visit	Visit Completed	3	db_ilp@health.state.ak.us
x 01/01/06	PIC		EN	Childcare Center	Visit Completed	3	ken

7. REFERRALS OUT

Bird, Big little (91)

[Back](#)

DOB: 4/10/2003

Status: **Enrolled**

How Qualify: **Part C Diagnosis**

Part C:

FSC: **Head, Fish**

Enroll Date: 3/9/2006

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[Adult/Ins](#)

[Profile](#)

Referrals Out (+)

Referral Date	ILP	Service	Mod User
✖ 12/05/06	PIC	EI Vision Services	db_ill@health.state.ak.us
✖ 12/05/06	PIC	EI Hearing Services	db_ill@health.state.ak.us

Misc (+)

Category	ILP	Content	Mod User
Bird, Big little (91)			

[Edit Record](#)

[Save Record](#)

[Back](#)

DOB: 4/10/2003

Status: **Enrolled**

How Qualify: **Part C Diagnosis**

Part C:

FSC: **Head, Fish**

Enroll Date: 3/9/2006

Referral Out

Referral Date: 12/05/06

Service: EI Vision Services

Notes

From Health Concern

Mod User: db_ill@health.state.ak.us

Mod Time: 2006-12-05T07:56:34.530

* Fields in red are required

Misc (+)

Category	ILP	Content	Mod User
Add / Edit Misc: Save changes here before moving on			
Category		Content	
<input type="text"/>		<input type="text"/>	
Save	Back		

8. INSURANCE / ADULT DEMOGRAPHICS

Bird, Big little (91) Edit Record Save Record Back

DOB: 4/10/2003 Status: **Enrolled** How Qualify: **Part C Diagnosis**
 Part C: FSC: **Head, Fish** Enroll Date: 3/9/2006

Child **Health** **Ref/Screen** **Eval** **IFSP/Enroll** **Contact** **RefOut** **Adult/Ins** **Profile**

Insurance

Private Insurance IHS
 Self Pay HCPCSN
 SSI TRICARE
 Medicaid / DKC / TEFRA HCB Waiver
 Medicaid ID

Mod User: bjwhite Mod Time: 9/19/2007 3:42:01 PM

Adults (+)

Name	Relationship	Specify	Resides	Mail	Surrogate
x Bird, Bell	Mother		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Adults (+)

Check for Existing Adult Record or Add a New Adult

Edit Existing Adult Record

Enter adult's last name: Find

Name	Relationship	Specify	Resides	Mail	Surrogate
x Bird, Bell	Mother		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Below is a preview of the screen that displays when a record is found.

Adults (+)

Check for Existing Adult Record or Add a New Adult

Check for Existing Adult OR Add a New Adult Record

Enter adult's last name:

Name	City	Home Phone
White, Hail	Anchorage	
White, Sleet	Anchorage	(907) 333-4444

Name: **White, Sleet** Relationship:

City: **Anchorage**

Home Phone: **(907) 333-4444**

Resides:

Mail:

Surrogate Parent:

To add a new adult, select "Or add a new adult record". Below is a preview of what this screen will look like.

Edit Existing Adult Record

Last Name:

First Name:

Alias:

Mail Address:

Mail Address2:

Physical Address:

Physical Address2:

City:

State:

Zip:

Notes:

Relationship:

Relationship Specify:

Resides:

Mail:

Surrogate Parent:

Home Phone:

Work Phone:

Cell Phone:

Fax Phone:

Email:

Salutation:

9. CHILD PROFILE

[Back](#)

Bird, Big little

Status

ILPId: **91**

Status: **Enrolled**

How Qualify: **Part C Diagnosis**

Part C:

FSC: **Mozart, Wolfgang**

Enroll Date: **03/09/06**

Demographics

Alias:

Sex: **M**

DOB: **04/10/03**

Living Situation: **Living with Family**

Race: **White/Caucasian**

Location:

Current ILP: **PIC**

Contact Name: **Mommy Bird**

Contact Address: **23 Sesame St**

Contact City: **Chugiak**

Contact State: **AK**

Contact Zip: **99567**

Contact Phone:

Notes:

Diagnoses

Cornelia de Lange Syndrome

Microcephaly

Vision Impairment, Significant/Progressive

Risk Factors

Chronic lung disorders

Services

Last Contact: **02/14/07** Category: **SV** Location: **Home Visit** Status: **Visit Completed** Notes:

Last IFSP: **03/09/06** By: **Mozart, Wolfgang** Type: **Initial** Notes:

Last Eval: **11/12/06** Part C: **False** Dispo: **Continue Enrollment** Notes:

Last Screen: By: Dispo: Notes:

Last Ref: **02/08/06** By: **Mozart, Wolfgang** Dispo: **Schedule multidisciplinary evaluation** Reason: **Suspect Part C Eligible**

IFSP Services

By: **Mozart, Wolfgang** Type: **Service Coordination** How: **EI/ILP Staff or Contractor** Notes:

By: **Mozart, Wolfgang** Type: **Special Instruction** How: **EI/ILP Staff or Contractor** Notes:

By: **Mozart, Wolfgang** Type: **Vision Services** How: **EI/ILP Staff or Contractor** Notes:

Transition

Enroll: **03/09/06**

Delayed by Family: **False** Notes:

11. PROVIDER INFORMATION

Provider Information

Provider Id	<input type="text" value="MCFS000003"/>	Provider Type	<input type="text" value="LP"/>
Last Name	<input type="text" value="Mazar"/>	FTE	<input type="text" value="0.75"/>
First Name	<input type="text" value="Wolfgang"/>	Last PFDDate	<input type="text"/>
Provider SSN	<input type="text"/>	PFDRResult	<input type="text" value="0"/>
Provider Discipline	<input type="text" value="Family Therapist"/>	CPR Cert. Date	<input type="text"/>
El Credential Date	<input type="text" value="1/1/91"/>	First Aid Cert. Date	<input type="text"/>
CDA Credential Date	<input type="text"/>	Background Check Date	<input type="text"/>
Start Date	<input type="text" value="1/1/91"/>	Medicaid Provider	<input type="checkbox"/>
End Date	<input type="text"/>	TRICARE Provider	<input type="checkbox"/>

Notes

Staff Training

	Date	Type	Hours	Training Title	Content	Presenter
▶	1/1/99	Seminar	3	Meetings	Test 1	Jones
*			0			