



Spokane County Head Start/ECEAP/EHS TABLE OF CONTENTS CHILD/FAMILY FILE

HOME BASED			
Required Documentation	C+	“As Needed” Documentation	C+
Family Partnership Documentation: <input type="checkbox"/> Family Services Events <ul style="list-style-type: none"> • Case Management • Contact Log • Home Visits • Referrals <input type="checkbox"/> FSPA/Goals Worksheet (<i>Goals in C+</i>) <input type="checkbox"/> Transition Plan Checklist (EHS)	 * *	<input type="checkbox"/> Other DST Family Case Management <ul style="list-style-type: none"> • w/DST, Parent, Providers • Pre-Attendance <input type="checkbox"/> Attendance Concern Notification <input type="checkbox"/> Enrollment Drop Notification	 *
Legal:		<input type="checkbox"/> Authorization to Disclose and Receive Information <input type="checkbox"/> Restraining Order <input type="checkbox"/> Child Protective Services Report <input type="checkbox"/> Dependency Plan <input type="checkbox"/> Protection Order <input type="checkbox"/> Temporary Custody Order <input type="checkbox"/> Subpoena	
Enrollment: <input type="checkbox"/> Release and Emergency Treatment Authorization <input type="checkbox"/> Agreement Form <input type="checkbox"/> Application <input type="checkbox"/> Eligibility Priority Points Checklist <input type="checkbox"/> Eligibility Verification Form <input type="checkbox"/> CACFP Enrollment Form - Copy to Nutrition Specialist (<i>status in C+</i>)	 * * * *	<input type="checkbox"/> Declaration of No Income <input type="checkbox"/> CACFP Enrollment/Income Eligibility Application (<i>for siblings who attend Stay N Plays</i>)	 *
Education: <input type="checkbox"/> Child Developmental History <input type="checkbox"/> Denver II (IT) <input type="checkbox"/> Family Conference Forms (4)			

Required Documentation	C+	"As Needed" Documentation	C+
Special Services:		<input type="checkbox"/> Consent for Screening, Assessment and Exchange of Information <input type="checkbox"/> Authorization to Disclose and Receive Information <input type="checkbox"/> Evaluation Results <input type="checkbox"/> IEP/IFSP (current on top) <input type="checkbox"/> Mental Health Consultant Information <input type="checkbox"/> Mental Health Consultant Documentation <input type="checkbox"/> Behavior Incident Report	* * *
Health and Nutrition: <input type="checkbox"/> Immunizations <input type="checkbox"/> Health, Dental, and Diet History <input type="checkbox"/> Sensory/Growth Screening Results <input type="checkbox"/> Well Child Examination Record <input type="checkbox"/> Dental Examination Record Pregnancy: <input type="checkbox"/> Pregnancy Enrollment Information <input type="checkbox"/> Prenatal Home Visit Planning & Documentation	* * * * *	<input type="checkbox"/> Immunization 30-Day Notice <input type="checkbox"/> Immunization Exclusion Order <input type="checkbox"/> Individual Health Plan (IHP) <input type="checkbox"/> Minor Incident/Accident/Illness Reports <input type="checkbox"/> Incident/Accident Report (CCS) <input type="checkbox"/> Growth Grids <input type="checkbox"/> Health Concern Letter <input type="checkbox"/> Head Lice Notice <input type="checkbox"/> Health Requirement Reminder <input type="checkbox"/> Lead Exposure Risk Letter <input type="checkbox"/> WIC Information Request <input type="checkbox"/> Milk Allergy/Intolerance Information Letter <input type="checkbox"/> Food Allergy/Intolerance Information <input type="checkbox"/> Special Diet Request (<i>Parent generated</i>) <input type="checkbox"/> Special Diet/Allergy Information (<i>NS generated</i>) <input type="checkbox"/> Nutritional Assessment (<i>NS generated</i>) <input type="checkbox"/> Other Information from Providers	* * * * * * * * * * * * * * * *
Home Services Planning & Documentation <input type="checkbox"/> Home Visit Planning & Documentation Forms			
Previous Year(s) Information:			