

Child's Name: \_\_\_\_\_

Family Name: \_\_\_\_\_

**Checklist for Family Files**

<b>SECTION 1 (FAMILY SERVICES)</b>	Yes	Not Applicable	Completion Date
Checklist for Family Files (i.e. Folder Checklist)			
Termination Form (use when a file is closed out)			
Family Strength & Needs Assessment			
Individualized Family Partnership Agreement			
Home Visit Records			
Attendance Issue Forms (if applicable)			
Referral Tracking Checklist			
Extended Leave Requests (copy sent to CO)			
Client Records Request (copy sent to CO)			
<b>SECTION 2 (EMERGENCY RELATED)</b>	Yes	Not Applicable	Completion Date
Emergency Alert/Health Plan – Red form (if applicable)			
Medication Permission Form (if applicable)			
Diet Modification Form (if applicable)			
Refusal of Services (if applicable)			
Parent Permission & Release Consent to Emergency Medical Care Screening Consent Form (with parent initials)			
Media Consent Form			
Releases of Information (if applicable)			
Expectant Mother Emergency Contact Form (if applicable)			
Custody Papers or Restraining Orders (if applicable)			
<b>SECTION 3 (ELIGIBILITY)</b>	Yes	Not Applicable	Completion Date
Application & Eligibility Verification form with signatures			
Income Worksheet (if applicable)			
Income Documents (1040 form, pay stubs, etc.)			
Statement of No Income/Homeless Statement (if applicable)			
Work/School Schedule (EHS only – for staffing pattern)			
<b>SECTION 4 (HEALTH REQUIREMENTS)</b>	Yes	Not Applicable	Completion Date
Immunizations			
Physical Exam			
Dental Exam			
<b>SECTION 5 (DEVELOPMENT &amp; DISABILITY)</b>	Yes	Not Applicable	Completion Date
IEP/IFSP (if applicable)			
Support Meeting Notes (if applicable)			
<b>SECTION 6 (TRACKING)</b>	Yes	Not Applicable	Completion Date
Health History (ChildPlus Online)			
Prenatal/Birth History (ChildPlus Online)			
Nutrition Assessment (ChildPlus Online)			
Lead Poisoning Risk Assessment (ChildPlus Online)			
Insurance Card (copy is optional as long as we have ID #)			
Health Screening Consents (Vision, Dental Varnish, etc.)			
EHS to HS Transition Plan (if applicable)			
Additional Information (Misc.)			