Rhode Island Early Intervention Program Services Rendered Form for Intake

ID: ____________________________ **Last Name** ______________________________ **First Name** ___________________________ **MI** _____

DOB: _____/_____/_____ **Service Coordinator:** ________________________________

Service Date: _____/_____/____ **Cancellation:** ❑ No Show ❑ Cancel ❑ Provider Cancel	**Visit Participants:**	**Service Location:** ❑ Home ❑ Community ❑ Center based service ❑ EI group in community ❑ Phone call or Not applicable

Service Note:

Objective: To complete Intake with Family and initiate the IFSP:

________background/social history
________program philosophy (available in intake packet)
________parent consultant is available to contact all families
________role of student interns with program (if applicable)
________procedural safeguards
________data policies
________insurance information
________other:____

Comments:____
____
____
____

Plan: _______ to schedule evaluation
_______ family declines service
_______ other: ____

Your Service Coordinator has explained the data policies of Early Intervention. Please read the statement below and sign this form.

*I understand that the Department of Human Services (DHS) administers the Early Intervention Program in Rhode Island. Providers share Early Intervention information with DHS for purposes directly related to payment, treatment and the administration of the Early Intervention Program in accordance with the Health Insurance Portability Accountability Act (HIPAA).

DHS also provides a limited amount of data to KIDSNET. KIDSNET is Rhode Island's confidential, computerized child health information system for Rhode Island children administered by the Rhode Island Department of Health. For more information on KIDSNET call Toll Free: 1-800-942-7434 or TTY: 711 Monday through Friday, 8:30am to 4:00pm. If you do not wish EI Data to be shared through KIDSNET, please call the KIDSNET help desk at 1-800-942-7434 and ask for assistance.

Other than as indicated, DHS does not release information about Early Intervention clients or applicants without their consent, except as required by law. I have received a copy of the Notice of Privacy Practices.

Provider/Signature	**Service Code:**	**Minutes:**
1.______________________ Date	T1023 Intake	________
2.______________________ Date	________	________
3.______________________ Date	________	________
4.______________________ Date	________	________

NEXT VISIT: **TIME:**

____
Parent/ Guardian Signature Date

____
Interpreter's Signature (if applicable) Date

PRIOR WRITTEN NOTICE- The Following activity has been scheduled:

❑ Initial/Annual Evaluation/Assessment ❑ Review of Individualized Family Service Plan ❑ Specific Evaluation
❑ Change of Services ❑ Initial/Annual Individualized Family Service Plan ❑ Transition Meeting

PLEASE DESCRIBE THE ACTION:

The meeting is scheduled to take place on ______/______/______, at ____________ at ___________________________.

- ❑ I understand my right to 7 days prior written notice, but wish to have the above activity occur on the following date: _____/_____/_____.
- ❑ I have a copy of the *Family's Rights and Responsibility in EI* booklet and my rights have been explained to me. If I need an additional copy I can contact my Service Coordinator.

Parent/Guardian Signature:____________________________________