



Early Intervention Program (EIP)

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| DATE | SDM SCORE <input type="checkbox"/> High <input type="checkbox"/> Moderately High <input type="checkbox"/> Moderate <input type="checkbox"/> Low |
| FAMLINK CASE NUMBER | |

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| FROM: SOCIAL SERVICES PROFESSIONAL | PHONE NUMBER | EMAIL ADDRESS |
|------------------------------------|--------------|---------------|

Caregiver Information

| CAREGIVER NAME(S) | | | |
|-------------------|------------|---------------------------|--------------|
| LAST NAME | FIRST NAME | DATE OF BIRTH | PHONE NUMBER |
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| CAREGIVER ADDRESS | | CAREGIVER PHONE NUMBER(S) | |

Child(ren)

| LAST NAME | FIRST NAME | DATE OF BIRTH |
|-----------|------------|---------------|
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| DATE FAMILY LAST SEEN BY WORKER |
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Briefly describe your most recent contact(s) and include parent's attitude, any special directions to home, safety concerns, location of child(ren) if not in the home. Include any developmental, health, educational and monitoring needs of parents and children. Please note if interpreter or special adaptive equipment is needed.

Identify goals for the family.

Identified Needs

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| <input type="checkbox"/> Developmental Assessment | <input type="checkbox"/> Growth and Development Education | <input type="checkbox"/> Prenatal Care and Education Need |
| <input type="checkbox"/> Health Care Access / Medical Coupons | <input type="checkbox"/> Infant Care Basics | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Discipline Methods | <input type="checkbox"/> Parenting Education | <input type="checkbox"/> Community Resources |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Home Hazard / Safety Assessment | |
| <input type="checkbox"/> Other: | | |

Attachments

| | | |
|---|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Investigative Assessment | <input type="checkbox"/> Safety Plan | <input type="checkbox"/> CPS Referral |
| <input type="checkbox"/> Other: | | |

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| GATEKEEPER'S SIGNATURE | DATE | GATEKEEPER'S SIGNATURE FOR THE REGIONAL CPS PROGRAM MANAGER FOR MODERATELY HIGH AND HIGH SDM SCORES | DATE |
|------------------------|------|---|------|