

Provider Notification of Visit / Transport Schedule Initial Intake Screening Report (Completed by Contracted Provider)

Provider will send this form back to the referring CA worker to provide details regarding the intake screening and scheduling of the ongoing visits.

Any changes to the visit schedule must be approved in advance by the assigned CA worker.

Agency Assignment

REFERRAL RECEIVED <input type="checkbox"/> Accepted <input type="checkbox"/> Denied	REFERRAL EXPIRATION DATE* (SIX MONTHS FROM REFERRAL DATE) * After this date, visits are not authorized and may not be paid. A new referral must be submitted and must include an Area Administrator's signature to authorize the extension of visits and payment.	FAMLINK CASE ID
ONGOING SERVICE START DATE		CASE NAME
AGENCY NAME / PHONE NUMBER (AND AREA CODE) / EMAIL ADDRESS		DATE VISIT SCHEDULE SENT ELECTRONICALLY TO CA STAFF

Visitation

Contractor shall notify assigned CA worker of any changes to the assigned visit supervisor.

ASSIGNED VISIT FACILITATOR	PHONE NUMBER (AREA CODE)	LANGUAGES SPOKEN BY FACILITATOR
ADDRESS / LOCATION WHERE VISIT WILL OCCUR (I.E., PARENT HOME, CAREGIVER HOME, COMMUNITY)		

VISITS WILL BEGIN AT (ENTER TIME OF DAY)	DAY OF WEEK
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____
7. _____	7. _____

Transportation

ASSIGNED TRANSPORTATION FACILITATOR	PHONE NUMBER (AREA CODE)	LANGUAGES SPOKEN BY FACILITATOR
TIME OF PICK-UP	TIME OF DROP-OFF	
1. _____	1. _____	
2. _____	2. _____	
3. _____	3. _____	
4. _____	4. _____	
5. _____	5. _____	
6. _____	6. _____	
7. _____	7. _____	

Parent / Child / Sibling Visit Intake Screening

Review the Parent / Child / Sibling Visit Service Referral for the following information: Medical / dietary needs, communication needs and safety / behavioral concerns, sibling dynamics, toileting or other hygiene needs.
 Documented contact with caregiver to discuss: relevant child specific information (include the child's name), scheduling (availability) and barriers to participation:

Comments:

Documented contact with parent to discuss: relevant child specific information (include the child's name), scheduling (availability) and barriers to participation:

Comments:

Day and time of intake visit:

Notifications to / from Assigned CA Staff

Document any changes to visit (days and times, location, date, length and duration, level of supervision, change in CA worker, etc.) and the date that the change was requested and/or authorized by CA staff.

DATE OF CHANGE	PARTY REQUESTING CHANGE
CHANGE MADE	
DATE OF CHANGE	PARTY REQUESTING CHANGE
CHANGE MADE	
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CHANGE MADE	
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