

# Rhode Island Early Intervention Program Services Rendered Form for Intake

ID: \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Service Coordinator: \_\_\_\_\_

Service Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Visit Participants:

Service Location:

Cancellation:

- No Show
- Cancel
- Provider Cancel

- 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:	NEXT VISIT:	TIME:
1. _____ Date _____	T1023 Intake	_____	_____	_____
2. _____ Date _____	_____	_____	Parent/ Guardian Signature	Date
3. _____ Date _____	_____	_____	_____	_____
4. _____ 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: \_\_\_\_\_