**File Set Up**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site/Classroom/FE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* = Pre-ChildPlus

|  |  |
| --- | --- |
|  | File Set up |
|  | Child Application & Document Verification Form |
|  | Copy of Income (pay stubs, SSI, Tax returns, statement of no income, TANF statement) |
|  | Birth Certificate/Passport/Social Security Card/ i-94 |
|  | Internal Transition Form (if applicable) |
|  | Enrollment Activity Sheet |
|  | Permission for services |
|  | * CACFP
 |
|  |  |
|  | **Education-Red** |
|  | Home Based/Combo Visit Plans |
|  | Kindergarten Transition Forms (prior to K transition if applicable) |
|  | * ASQ
 |
|  | * ASQ-SE
 |
|  | * Brigance
 |
|  | * Brigance SE
 |
|  | * Other Screening Tools
 |
|  | * Home Language Survey
 |
|  | * TSG Family Conference Forms
 |
|  |  |
|  | **Health and Nutrition- Blue** |
|  | * Permission to Release or Obtain Information
 |
|  | * Permission for Lead Screening (if applicable)
 |
|  | Old Emergency Cards |
|  | * Immunization Records
 |
|  | * Health History (Interview)
 |
|  | * Well Child Exam Reports
 |
|  | * Dental Exam Report 3-5 (must be completed by Dentist)
 |
|  | * Dental Hygiene Report

-Follow up if needed |
|  | * Hearing Screening
 |
|  | * Vision Screening
 |
|  | Individual Health Plan (if applicable) |
|  | Medication Forms (if applicable) |
|  | * Food allergy/dietary restriction forms- Home Based include family members
 |
|  | EHS Food List (children under 1) |
|  | * Home Based Prenatal Risk Assessment
 |
|  | * Home Based Prenatal Support Plan
 |
|  | * Home Based Prenatal Visit Checklist
 |
|  | * Home Based Birth Plan
 |
|  | * Home Based Pregnancy History
 |
|  | * Home Based Prenatal Nutrition Assessment
 |
|  | * Home Based Prenatal Flow Sheet
 |
|  | * Incident Reports
 |
|  |  |
|  | **Family Services- Green** |
|  | Parent Agreement/Home Based Parent Agreement |
|  | Confidentiality Statement |
|  | Subsidy Releases (if applicable) |
|  | Divorce/Custody/Protection Order (also uploaded and attached to emergency card) |
|  | Family Goal Sheets |
|  | * DHHS Reports (pre-childplus only)
 |
|  | * Releases to Release and Obtain Information (case managers, DV agencies, DHHS)
 |
|  | * Family Assessment Questionnaire
 |
|  | * Family Partnership Goal
 |
|  | * Parent Training Forms
 |
|  |  |
|  | **Mental Health & Disabilities –Yellow** |
|  | Referrals to other agencies (CDS, Tri-County, etc) |
|  | * Releases to Release and Obtain Information
 |
|  | * IEP/IFSP
 |
|  | * Plans of Care
 |
|  | * Evaluation Reports
 |
|  | * Progress Notes
 |
|  | * Mental Health Observation Reports
 |