|  |  |  |
| --- | --- | --- |
| **Enrollment**  ERSEA Uploads Initial Paperwork  Family Advocate Uploads Updates/Annual Paperwork | **Application Under Parent Attachment**   * Income Documentation (Pay Stub, SSI, TANF Statement, Statement of No Income. * Child Care Subsidy Paperwork (CCSP, Aspire, Transitional)   **Application Under Child Attachment**   * Birth Certificate * Maine Care or Insurance Card * Head Start Eligibility Verification Form * Signed Application   **Enrollment Attachment Under Child**   * CACFP Form * Permission for Services (+ Continued annually) * Enrollment Activity Sheets * Internal Transition Form (As Applicable) | * File Set Up * Child Application, signed * Head Start Eligibility Verification Form, signed * Copy of Income (pay stub, SSI, TANF statement, statement of no income) * Birth Certificate * Internal Transition Form (If Applicable * Enrollment Activity Sheets * Permission for Services |

|  |  |  |
| --- | --- | --- |
| **Education** | **Education Event**   * ASQ-SE EHS (Cycle Date Completed) * Copy of ASQ-SE EHS * Copy of Brigance Screening HS and Rescreen as Applicable * Brigance Self Help and Social Emotional Scales- Parent Report Complete * TSG Child Profile * TSG Assessment- Fall/Winter/Spring * Toileting Plan   **Education Attachment**   * Brigance Screening HS and Rescreen as Applicable * M-Chat Results * TSG Child Profile & TSG Observations (annually) * Copy of Brigance Self Help and Social Emotional Scales- Parent Report Complete * Family Conference Form-Fall/Winter/Spring * Kindergarten Transition Form (Prior to trans. Into kindergarten) * Home Language Survey, if applicable | * Home Based Home Visit / Socialization Plan – FE Only |

|  |  |  |
| --- | --- | --- |
| **HEALTH** | **Health- Attachment**   * Authorization to Release Info * Hearing/Vision Screener Result Letter * Audiologist Exam Report * Ophthalmologists Exam Report * Food Allergies and Dietary Restrictions Form * Permission for Lead Screening * Individual Health Plan (If Applicable) * Physician Note (RTS, Care Plan) * Physicians Health Plan * Dental Application * Dental Exam Report (1-5 yr old) * Dental Hygiene Report * Medication Incident Report- If Applicable * Lead Level Results Letter * Asthma No Med Form * Parent signed Incident Report * Food Allergy Plan by Physician * Well Child/Baby Exam Reports * Controlled Medication Daily Log * Record of Medication Given Log * Medication Authorization Form * COV-19 Parent Agreement * Health Insurance Card Copy * Immunization Licensing Plan * Copy of Maine Care or Insurance Card * Nutrition Assessment Form   **Health- Incident Report**   * IR without parent signature * \*IR with parent signature uploaded in Health Attachments\*   **Immunization Tab**   * Immunization Status   **Immunization Tab-Attachment**   * + Immunization Records (from ImmPact)   + Immunization Exempt Form (If Applicable)   **Health Information Tab**   * Food Allergies * Chronic Health Condition * Agency Worker * Medical Home * Dental Home * Health Insurance * WIC | * Childs Health Passport (sent home at end of year) |

|  |  |  |
| --- | --- | --- |
| **Family Services** | **Family Services Events**   * Family Outcomes Assessment * Family Partnership Goal * Family Correspondence (letters sent to family) * Documentation of Family Strengths * Attendance Goals * Divorce/Custody/Protection Order * Family Outcomes Assessment   **Family Services Outcomes Assessment Module**   * Family Outcomes Assessment 1&2   **Family Services Attachment**   * Parent Education/Training attendance * Documentation of Family Needs/Referrals * Divorce/Custody/Protection Order * Family Case Manager Releases * DHHS Child Protective Report Form, Safety Plans, family Team meetings (if app.), releases, etc. * Socialization attendance (Home Based only) * Aspire Release/TCC/CCSP (if applicable) * Family Circle Activity * Emergency and Safety Check List * Releases to Obtain Information * Confidentiality Statement | * Parent Agreement / Home Based Parent Agreement * Confidentiality Statement * Subsidy Releases (if applicable) * Family Development Plan (Goal Sheet) * Divorce/Custody/Protection Order (Also attached to emergency card) * Family Assessment Questionnaire Discussion Guide if used * Family Outcomes Assessment * Family Partnership Goal * Emergency and Safety Checklist * Family Circle Activity |

|  |  |  |
| --- | --- | --- |
| **Mental Health**  **& Disabilities** | **Disability Concerns**   * Conversations about IFSP/IEP or special education services * PROMISE Parent Refusal of Services   **Disability Attachment Under Child**   * Disability referrals to other agencies for (CDS, Tri-County etc.) * Release of Information and Consent Form for CDS or special services * Copy of IFSP / IEP * Evaluation Reports and Plans of Care for special services * Progress notes from providers   **IFSP or IEP tab-Add Activity**   * Log all relatable activity * **Mental Health Transaction** * Referral to Mental Health Services * Release of Information and Consent Form for mental health services   **Mental Health Attachment**   * Individual Mental Health Observation   **Mental Health Observation**   * Individual Mental Health Report/Assessment |  |