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| **Enrollment**ERSEA Uploads Initial PaperworkFamily 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
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| **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
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| **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)
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| **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
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| **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
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