

File Order – EHS Home-Based

Procedure

Create a family file (binder or file folder) by putting the sections and tab dividers in the order below. Insert the forms listed under each tab title in the order they appear. The forms listed in this document are hyperlinked. Check the appropriate box as each form is added to the section.

Clear Pocket Cover of Binder or First Page of File

- [Family File Access Log](#)

Front (no tab divider)

- File Order – EHS Home-Based* (the first page of this document)
- [Emergency Treatment and Consent Form](#)
- [Family Contact Log](#)
- [Interdisciplinary Staffing Checklist and Notes - EHS](#)

File Tab Dividers (place each tab divider's checklist in front of the contents)

1. Eligibility
2. Family Engagement
3. Visit Summaries
4. Child Development/Special Services
5. Health, Nutrition, and Safety
6. Perinatal Services (if applicable)
7. Other (e.g. Transfer/Transition documents, Restraining Order, copies of e-mail correspondence, etc.)

Eligibility – *place most current documents in front*

- [Early Learning Application](#) (including Returning Child Info page and Housing Questionnaire, if applicable)
- [Expectant Mother Application](#) (including Housing Questionnaire, if applicable)
- [Eligibility Verification Form](#) (including [Income Worksheet](#), if applicable)
- Proof of income document(s) or [Statement of No Income](#)/handwritten statement (if applicable)
- Previous year PSESD application (if applicable)

Family Engagement – *place most current documents in front*

- [Family Connections – EHS-HB](#) (pages 1-6)
- [Family Strengths and Goal Planning Form](#)(s)
- [Consent for Use of Interpreter](#) (if applicable)

Visit Summaries – *place most current documents in front*

- [Home Visit Planning and Summary Form\(s\)](#)

Child Development/Special Services – *place most current documents in front*

- Copy of IFSP (if applicable)
- ASQ-3
- ASQ:SE-2
- [Developmental Concerns/Disabilities Process Checklist](#) (as needed)
- [Release/Exchange of Confidential Mental Health Information](#) (as needed)
- [Request for Mental Health Observation/Consultation](#) (as needed)
- [Release/Exchange of Confidential Information \(Non-Health\)](#) (as needed)

Health, Nutrition, and Safety – *place most current documents in front*

- [Certificate of Immunization States \(CIS\)/Certificate of Exemption \(COE\)](#)
- [Authorization to Release Immunization Records](#)
- [Health History \(1-5 years\)](#)
- [Health History \(0-12 months\)](#)
- [Authorization to Release and Exchange Confidential Health Information](#) (as needed)
- Child Health Plan and Provider Orders – Health (if applicable)
 - [Respiratory Disorder](#)
 - [Seizure Disorder](#)
 - [Skin Condition](#)
 - [Non-Food Allergies](#)
 - [Reflux – Infants and Toddlers](#)
 - [Other Health Conditions](#)
 - [Dietary Accommodations – Food Allergies/Intolerances](#)
 - [Child Supplemental Food Plan](#)
 - [Parent/Guardian Request for Milk Substitute](#)
- Health screening results
 - [Vision Screening Parent Interview \(0-3 years\) Part 1 of 3](#)
 - [Key Vision Development Milestones \(0-3 years\) Part 2 of 3](#)
 - [Vision Summary \(0-3 years\) Part 3 of 3](#)
 - [Vision Screening Referral Letter \(3-5 years\)](#)
 - [OAE Hearing Screening Form](#)
 - OAE Parent/Guardian Information Letter
 - [Hearing Screening Referral Letter](#)
 - Dental examination reports (most recent on top)
 - [SeaMar/Community Health](#) Consent Form
 - [SeaMar/Community Health](#) Evaluation Form (most recent on top)
 - Well-child examination reports (most recent on top)
 - Lead results
 - Hematocrit/Hemoglobin results
- USDA CACFP Enrollment Form
- [Food Introduction Record](#) (up to 24 months only)

Perinatal Services – *place most current documents in front*

- [Pregnancy/Postpartum Services Checklist](#)
- [Pregnancy Health History](#)
- [Maternal Depression Screening](#)
- 2-Week Postpartum Visit and Summary Form

Other (e.g. Transfer/Transition documents, Restraining Order, copies of e-mail correspondence, etc.) – *place most current documents in front*

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