TRANSFER FILE CHECKLIST

СН	ILD AND FAMILY INFOR	RMATION					
Child's Name (Last, First, M.I.):		Date of Birth:					
Parent Name (Last, First, M.I.):							
Home Address:							
		Translation services needed? Yes No					
I-TEAMS ID:	CIF/ASSIST ID:	FOCUS ID:					
Current eligibility (check all that apply):	AzEIP DDD-State only DDD-Long Term Care (LTC)	DDD-Targeted Support Coordination (TSC) ASDB					
Service Coordination is held by: AzE	EIP Contractor DDD						
Siblings or other children in home (I-TEA	AMS ID):						
AzE	IP CONTRACTOR INFO	RMATION					
Region and Contractor Transferring from	1:						
Region and Contractor Transferring to: _							
DDD District transferring to:							
Reason for transfer:							
Specify other reason:							
Sending SC Name:	Email:	Phone No.:					
CHDDEN	IT STATUS IN EADLY IN	ITEDVENTION					

(i.e. in IPP process, evaluation completed & pending IFSP, ongoing child, etc.)

ADDITIONAL INFORMATION

(i.e. helpful information regarding services, non-early intervention services provided outside of the home, daycare, CRS, clinic based, etc.)

IFSP INFORMATION										
Current IFSP Date:			IFST Ty	ype: In	terim	Initial	Annual	Addendu	m	
IFSP Service	SLP	ОТ	PT	DSI	sc	TOV	тон	PSYCH	sw	OTHER
Planned Start Date										
Planned End Date										
Remaining Units										

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CHILD RECORD CHECKLIST

When a child transfers, the entire record must be sent to the receiving service providing agency that will provide service coordination.

Not all forms below will be applicable to each record. Use the comments column to include any pertinent information.

Form Name		reser	nt	0
		No	N/A	Comments
AzEIP Records Released/Accessed Log				
Initial Referral Source Follow Up Letter				
Unable to Process Referral Letter				
No Contact Letter(s)				
Prior Written Notices (PWNs)				
Consent for Screening (PWN)				
Consent for Evaluation (PWN)				
Consent(s) for Child Assessment				
Consent(s) to Obtain Information				
Consent(s) to Share Early Intervention Records and Information				
Authorization(s) to Disclose Protected Health Information				
Consent(s) for Insurance				
AzEIP AHCCCS Member Service Request Form *Enter in comments section: insurance type, services, and authorization dates				
AzEIP Screening Instruments				
Vision Screening Checklist(s)				
Hearing Screening Tracking Form(s)				
Evaluation Instruments				
Assessment Instruments				
AzEIP Developmental Evaluation Report				
Child Entry Indicators				
Child Exit Indicators				
IFSP Meeting Notification(s)				
IFSP(s), including all Child and Family Assessments				
Quarterly Progress Reports				
All Service Coordination contact notes				
All IFSP team contact notes/home visit logs				
PEA Notification and Referral Opt-Out Form				
Invitation to Participate in Transition Conference/ IFSP Transition Planning Meeting				
Transition Conference Summary				
Additional medical/developmental records				
Other records, including DDD or ASDB specific records				

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I-TEAMS Page Name		ita is date a	and	Comments
		No	N/A	
Child Demographics: including the new address and updated parent contact information				
Insurance Information				
Assign/Change Team Members: must be up to date with all assigned core team members prior to transfer				
Eligibility				
IFSP Information				
Child Entry Indicator Summary Form				
Service Delivery				
Transfer Child				
Transition Child				
Child Exit Indicator Summary Form				
Date transfer form submitted:Completed by:Completed by:				Date:
Received by:				Date:

ADDITIONAL COMMENTS