

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the **hand** tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



# Spokane County Head Start/ECEAP/EHS DST FAMILY DOCUMENTATION

## REGISTRATION FORMS AND INTAKE

- Application
- Release/Tx authorization
- Agreement Form
- Income Statement
- EF (E) or E/IEA (O, F, P)
- Financial Agreement (full day)
- CIS – Immunizations
- Health, Dental, Diet History
- Well-child Exam/Hct
- Dental Exam
- Child Developmental History
- Disability \*  
 Suspected    Diagnosed
- Special accommodations\*
- Nutrition concern/allergy\*
- Health concern\*
- Restraining/protection order\*
- Parenting plan
- FSPA/Goals
- Other\_\_\_\_\_

\* DST case management is required before attendance begins.

**Child** \_\_\_\_\_  
 DOB \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Parent \_\_\_\_\_  
 DST \_\_\_\_\_  
 Site/class \_\_\_\_\_

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**STATUS**

Returning       Transitioning  
 Transferring    New

Sibling(s) \_\_\_\_\_  
 Family \_\_\_\_\_

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**SCHEDULED**

Home visit date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Enrollment date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## HANDOUTS OR RESOURCES GIVEN

- Community Resource Directory
- Notice of Privacy Practices
- WIC information
- Parent Handbook
- USDA
- Fluoride education
- Lead handout
- Other (list) \_\_\_\_\_

Child name:			Site/class:
Date Month/Day/Year	Contact Code	Referral Close Date	Topic: DST Family Documentation

<p><b>CONTACT CODES</b></p> <p>PC = Parent contact          CC = Community contact          DST = Direct Service Team contact          R = Referral          F/U = Follow up (to referrals)</p>	<p><b>POSSIBLE TOPIC WORDS</b></p> <table style="width: 100%; border: none;"> <tr> <td>Registration</td> <td>Attendance</td> <td>Housing</td> </tr> <tr> <td>Cs. Mgt.</td> <td>Home visit</td> <td>Employment</td> </tr> <tr> <td>Health</td> <td>Parent conf.</td> <td>Legal</td> </tr> <tr> <td>Dental</td> <td>Education</td> <td>Immunizations</td> </tr> <tr> <td>Nutrition</td> <td>Mental health</td> <td>IEP</td> </tr> </table>	Registration	Attendance	Housing	Cs. Mgt.	Home visit	Employment	Health	Parent conf.	Legal	Dental	Education	Immunizations	Nutrition	Mental health	IEP	<p><b>DOCUMENTATION ABBREVIATIONS</b></p> <table style="width: 100%; border: none;"> <tr> <td>P/C = Phone call</td> <td>DE = Dental exam</td> </tr> <tr> <td>HV = Home visit</td> <td>PE = Physical exam</td> </tr> <tr> <td>Ref = Referral</td> <td>Appt = Appointment</td> </tr> <tr> <td>F/U = Follow up</td> <td>W/ = With</td> </tr> </table>	P/C = Phone call	DE = Dental exam	HV = Home visit	PE = Physical exam	Ref = Referral	Appt = Appointment	F/U = Follow up	W/ = With
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