

EIP Exit Summary

		DATE OF REPORT	
FAMLINK CASE ID	FAMILY NAME (LAST, FIRST)	EIP REFERRAL DATE	
CA OFFICE	ASSIGNED CA WORKER	EXIT CODE *	EXIT DATE
Provider Information			
PROVIDER NUMBER	AGENCY NAME		
PROVIDER'S NAME		PHONE NUMBER (AND AREA CODE)	
ADDRESS			
Intervention Path			
<input type="checkbox"/> Brief Intervention Path (up to 90 days) <ul style="list-style-type: none"> • Short term intervention designed to provide health and developmental assessments for the identified child, assist the CA worker with case planning information, connect the family with community resources, and/or provide brief and focused teaching and guidance in areas identified in the screening process. • Exit summary completed within 10 days of case closure, 90 Day Review due by the 15th of the month to the assigned CA Worker. <input type="checkbox"/> Assessment and Comprehensive Service Path <ul style="list-style-type: none"> • Family Assessment completed with social worker and family to identify or address the family's current protective factors, strengths and successes and safety or health risk factors, natural support systems (friends, family, community members, groups), physical health and social-emotional health care needs, attainment of developmental milestones and physical growth, service and/or support needs of the children, and circumstances that led to the crisis. • Identification of top 2-3 priorities using the Omaha System. • 90 Day Review due by the 15th of the month to the assigned CA Worker. 			
Case Summary			
Describe the progress the family has made on the Service Plan goals during the intervention.			
Provide top 2-3 Omaha problems that were identified in the assessment and the KBS scores of each. Detail each Omaha problem and progress on problem by the family during the intervention. Provide a final KBS score for each problem.			

Describe the family's plan to manage the problems identified during this intervention in the future.

Identify any concerns or barriers that were identified with the family during the intervention that were not addressed within the scope of the EIP program.

Identify any resources or referrals that were made available to the family during the intervention.

Dates of Client Contact

FACE TO FACE VISITS	LETTERS	NO SHOWS	TELEPHONE CONTACT	AVERAGE TIME SPENT WITH CLIENT PER MONTH

Exit Codes

1. Not able to establish contact within contract time frames
2. Family refused all services
3. Initial Screening Visit only
4. Completed Brief Intervention (90 days)
5. Completed Assessment and Comprehensive Service Path
6. Assessment and Comprehensive Service Path not completed – change in circumstances or disengaged from services
7. Children's Administration closed case

PROVIDER'S SIGNATURE

DATE