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| **DEPARTMENT OF HEALTH SERVICES**  Division of Medicaid Services  F-00989K (02/2017) | | **STATE OF WISCONSIN** | | | | |
| **TRANSITION PLAN—OTHER** | | | | | | |
| Child’s Name | | | | Date of Report | | |
| Enter date | | | | Enter date | | |
| A transition is any major event that impacts a child and family, such as moving out of the county or state, moving into or between programs, coming home from the NICU, changing a child care situation, or turning 3 years old. | | | | | | |
| What kind of transition is this? | | | | | | |
|  | Moved | |  | | Individualized Family Service Plan met | |
|  | Family declines services | |  | | Other: Enter date | |
| Participants in the Transition Discussion | | | | | | |
| Click here to enter text. | | | | | | |
| Transition Options Discussed | | | | | | |
| Click here to enter text. | | | | | | |
| Outcome(s) for the Child and Family During This Transition | | | | | | |
| Click here to enter text. | | | | | | |
| Where will our joint planning begin? What are the steps to accomplish the transition and outcomes)? | | | | | | |
| Who will do what? | | | | | | When? |
| Click here to enter text. | | | | | | Click here to enter text. |
| Other Written Prior Notice (WPN) | | | | | | |
| We propose: | | | | | | |
| Click here to enter text. | | | | | | |
| Other decision considered: | | | | | | |
| Click here to enter text. | | | | | | |
| This decision is recommended based upon (information and reasons): | | | | | | |
| Click here to enter text. | | | | | | |
| You have the right to agree with or refuse the proposed decision. Accompanying this document is a copy of the Parent and Child Rights and the actions to take if you do not agree with the proposed action. These are a brief review of the rights. If you would like a complete copy of the Parent and Child Rights, please contact your service coordinator. Feel free to call if you have any questions. | | | | | | |
| DISCHARGE WPN | | | | | | |
| Date of last day in the Birth to 3 Program: Enter date | | | | | | |
| Other decision considered: | | | | | | |
| Click here to enter text. | | | | | | |
| This decision is recommended based upon (information and reasons): | | | | | | |
| Click here to enter text. | | | | | | |
| You have the right to agree with or refuse the proposed decision. Accompanying this document is a copy of the Parent and Child Rights and the actions to take if you do not agree with the proposed action. These are a brief review of the rights. If you would like a complete copy of the Parent and Child Rights, please contact your service coordinator. Feel free to call if you have any questions. | | | | | | |