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| **DEPARTMENT OF HEALTH SERVICES**Division of Medicaid ServicesF-00989L (02/2017) | **STATE OF WISCONSIN** |
| **SUMMARY OF SERVICES** |
| Child’s Name | Date of Report |
| Enter date | Enter date |
| Services and supports are determined following the development of functional Individualized Family Service Plan (IFSP) outcomes. They are designed to enhance the capacity of the family in supporting their child’s development and to promote the child’s learning and development through functional participation in family and community activities.**The following services are proposed by the Birth to 3 Program to be part of the IFSP:** |
| **Initial for Informed Consent** | **Person/Agency Role** | **Frequency/ Length** | **Intensity** | **Method of Delivery** | **Setting/ Location\*** | **Funding Source** | **Anticipated Start Date/ Anticipated Duration/ End Date** | **Type of Service** |
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| **Written Prior Notice: Documentation of discussions to reach consensus about services.** [All WPN needs: (1) Services offered. (2) Other choices discussed. (3) Information (sources) used. (4) Reasons (details) for decisions. (5) Rights.]**The above services were proposed by the Birth to 3 Program to be part of this IFSP based upon the following information and reasons; the following service(s) or service options were discussed by the Birth to 3 Program but refused** (include information on “Other Options” discussions about any services refused or declined as well as any negotiations about frequency, intensity or method of service delivery, who the primary coach will be, etc.)**:** |
| 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. |
| \*All services are provided in the natural environment for the child to the maximum extent appropriate; or justification is completed and attached. |
| Primary Location of Services |
|[ ]  Home |[ ]  Family child care |
|[ ]  Child care center |[ ]  Outpatient services |
|[ ]  Early intervention center |[ ]  Hospital |
|[ ]  Residential |[ ]  Not natural environment |
|[ ]  Natural Environment, Other: Enter date |