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| **DEPARTMENT OF HEALTH SERVICES**  Division of Medicaid Services  F-00989N (02/2017) | **STATE OF WISCONSIN** | |
| **OTHER SERVICES / COMMUNITY AND MEDICAL SUPPORTS** | | |
| Child’s Name | | Date of Report |
| Enter date | | Enter date |
| These are resources, supports or services that assist the child or family and are being pursued or are being received but not required or funded by the Birth to 3 Program. | | |
| Services family is currently receiving: | | |
| Click here to enter text. | | |
| Services needed: | | |
| Click here to enter text. | | |
| Steps to be taken to assist the child and family in securing these services: | | |
| Click here to enter text. | | |
| IFSP team discussion found that no medical or other services were identified at this time. | | |