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| **DEPARTMENT OF HEALTH SERVICES**Division of Medicaid ServicesF-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. |