

HSRS FAMILY SUPPORT PROGRAM MODULE DESKCARD

MODULE TYPE 5

CLOSING REASON (FIELD 10)

- 06 Death of child
- 36 Insufficient funds to provide needed services
- 37 Child at home but family doesn't need services
- 38 Family no longer wants service
- 40 Temporary interruption in Family Support services
- 42 Family referred to other program(s)
- 43 Family relocated
- 44 Child placed in alternate care
- 45 Child no longer meets eligibility
- 46 Child transitions to adult living arrangement

CLIENT CHARACTERISTICS (FIELD 12)

- 07 Blind / visually impaired
- 08 Hard of hearing
- 32 Blind / deaf
- 79 Deaf
- 09 Physical disability / mobility impaired
- 85 Severe health impairments
- 86 Severe emotional disturbance
- 02 Mental illness – excluding SPMI
- 03 Serious and persistent mental illness (SPMI)
- 19 Developmental disability – brain trauma
- 23 Developmental disability – cerebral palsy
- 25 Developmental disability – autism spectrum
- 26 Developmental disability – mental retardation
- 27 Developmental disability – epilepsy
- 28 Developmental disability – other or unknown
- 61 CHIPS – abuse and neglect
- 62 CHIPS – abuse
- 63 CHIPS – neglect

TARGET GROUP (FIELD 33)

- 01 Developmental disability
- 31 Mental health
- 57 Physical or sensory disability

SOS DESK 608-266-9198

8:00 A.M. – 4:00 P.M.

or leave a voicemail message.

Email address: dhsoshelp@wisconsin.gov

Fax: 608-267-2437

HSRS Handbook and Terminal Operator's Guide:

<http://www.dhs.wisconsin.gov/HSRS/index.htm>

WI Department of Health Services

Division of Enterprise Services

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