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| **DEPARTMENT OF HEALTH SERVICES**  Division of Medicaid Services  F-21225A (04/2023) | | | | | |  | | | **STATE OF WISCONSIN**  Wisconsin Statutes  § 51.44 (5)(a)5  § 46.031 (2g) | | | |
| **PROGRAM PARTICIPATION SYSTEM (PPS): B-3 MODULE** | | | | | | | | | | | | |
| Completion of this form is voluntary. This form will be collecting personally identifiable (PI) information to assist the county designated staff to enter required fields into the PPS Birth to 3 Module. The PI is collected to assist with verification in PPS, the county in maintaining records, completing transition services electronically from the county to the school district, and to send family satisfaction surveys to families. Aggregate data is collected to report to the Office of Special Education Services (OSEP) on an annual basis. | | | | | | | | | | | | |
| **(\* Required Elements)** | | | **BASIC REGISTRATION AND INDIVIDUAL SUMMARY** | | | | | |  | | | |
| Title | Name – Child (First) | | | (Middle) | | | (Last) | | | | | Suffix |
|  |  | | |  | | |  | | | | |  |
| Gender\*  Female  Male | | Date of Birth\* | | | | | | | | | | |
| **CHILD AND REFERRAL TO BIRTH TO 3 INFORMATION** | | | | | | | | | | | | |
| **Legal Guardian** | | | | | | | | | | | | |
| Relationship | | | | | | | | | | | | |
| Parent  Foster Parent  Other Relative  Other | | | | | | | | | | | | |
| Title | Name – Parent/Guardian (First) | | | (Middle) | | | (Last) | | | | | Suffix |
|  |  | | |  | | |  | | | | |  |
| Language Preference  Interpreter Needed | | | | | Phone Number       -     -     , ext. | | | | | | | |
| Email Address | | | | | | | | | | | | |
| **Residential Address** | | | | | | | | | | | | |
| Family is homeless | | | | | | | | | | | | |
| Address\* | | | | | City\* | | | State\* | | | Zip Code\* | |
| **Mailing Address, If Different Than Residential Address** | | | | | | | | | | | | |
| Address | | | | | City | | | State | | | Zip Code | |
| **Other Caregiver** | | | | | | | | | | | | |
| Relationship | | | | | | | | | | | | |
| Parent  Foster Parent  Other Relative  Other | | | | | | | | | | | | |
| Title | Name – Parent/Guardian (First) | | | (Middle) | | | (Last) | | | | | Suffix |
|  |  | | |  | | |  | | | | |  |
| Language Preference  Interpreter Needed | | | | | Phone Number       -     -     , ext. | | | | | | | |
| **Residential Address** | | | | | | | | | | | | |
| Residential address is different than primary caregiver’s residential—if checked, add address below | | | | | | | | | | | | |
| Address\* | | | | | City\* | | | State\* | | | Zip Code\* | |
| **Mailing Address, If Different Than Residential Address** | | | | | | | | | | | | |
| Address | | | | | City | | | State | | | Zip Code | |
| **Child’s Race/Ethnicity (Check all that apply)** | | | | | | | | | | | | |
| Yes  No American Indian/Alaskan Native\* | | | | | Yes  No Asian\* | | | | | Yes  No Hispanic\* | | |
| Yes  No Hawaiian/Other Pacific Islander\* | | | | | Yes  No White\* | | | | |  | | |
| Yes  No Black/African American\* | | | | |  | | | | |  | | |
| **Referral Information** | | | | | | | | | | | | |
| Date - Initial Contact\* | | | Referral Source\* | | County of Responsibility\* | | | Service Provider\* (Agency) | | | | |
| **Child Status Regarding Birth to 3 Program** | | | | | | | | | | | | |
| Date – F-00316 Sent | | | Regarding What Service | | | | | | | | | |
| Type of Result Reported | | | | | | | | | | | | |

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| **SCREENING/EVALUATION** | | | | | | | | | | | | | | | | | | | | | |
| **Screening** | | | | | | | | | | | | | | | | | | | | | |
| Date – Expected Screening | | | Date – Actual Screening | | | | | | | Recommend Evaluation  Recommend Re-Screen | | | | | | | | Yes  No  Yes  No | | | |
| **Evaluation** | | | | | | | | | | | | | | | | | | | | | |
| Date – Initial Contact | | | | | | | Date – Actual Evaluation | | | | | | Type | | | | | | | Eligible for B-3  Yes  No | |
| **Eligibility** | | | | | | | | | | | | | | | | | | | | | |
| Why Eligible | | | | | | | | | | | Area of Delay | | | | | | | | | | |
| Diagnosed Condition | | | | | | | | | | | Explain Atypical Development | | | | | | | | | | |
| **Child’s Characteristics** | | | | | | | | | | | | | | | | | | | | | |
| Characteristic 1 | | | | | | Characteristic 2 | | | | | | | | | | | Characteristic 3 | | | | |
| **SERVICE PLANNING (Required Elements)** | | | | | | | | | | | | | | | | | | | | | |
| **Initial IFSP** | | | | | | | | | | | | | | | | | | | | | |
| Date – Initial IFSP Start\* | | Reason for Late IFSP | | | | | | | | | | | | | | | | | | | |
| **Entry Child Outcomes** | | | | | | | | | | | | | | | | | | | | | |
| Positive Socio-emotional Skills Ranking (1-7)\* | | | | |  | Acquiring and Using Knowledge and Skills Ranking (1-7)\* | | | | | | | |  | | | Taking Appropriate Actions to Meet Needs Ranking (1-7)\* | | | |  |
| **Sources of Information** | | | | | | | | | | | | | | | | | | | | | |
| Source(s) of Information\* | | | | | | Source(s) of Information\* | | | | | | | | | | | Source(s) of Information\* | | | | |
| **SERVICES** | | | | | | | | | | | | | | | | | | | | | |
| **Service Details** | | | | | | | | | | | | | | | | | | | | | |
| Date – IFSP | | | | Service Type | | | | | | | | Service Provider (Agency) | | | | | | | Location | | |
| Date – Service Started | | | | Date – Service Ended | | | | | | | | Reason for Late Start | | | | | | | **No new services added** | | |
| Frequency of Service: | Flexible Scheduling:       Visits per | | | | | | | | | | | | | | Funding Source for Service: | | | | | | |
| **Service Provider Information** | | | | | | | | | | | | | | | | | | | | | |
| Name (Last, First) | | | | | | | | Contracted as: | | | | | | | | Agency | | | | | |
| Credentials | | Other: | | | | | | | Degree | | | | | | | Other: | | | | | |
|  | |  | | | | | | |  | | | | | | |  | | | | | |
| **Service Details** | | | | | | | | | | | | | | | | | | | | | |
| Date – IFSP | | | | Service Type | | | | | | | | Service Provider (Agency) | | | | | | | Location | | |
| Date – Service Started | | | | Date – Service Ended | | | | | | | | Reason for Late Start | | | | | | | **No new services added** | | |
| Frequency of Service: | Flexible Scheduling:       Visits per | | | | | | | | | | | | | | Funding Source for Service: | | | | | | |
| **Service Provider Information** | | | | | | | | | | | | | | | | | | | | | |
| Name (Last, First) | | | | | | | | Contracted as: | | | | | | | | Agency | | | | | |
| Credentials | | Other: | | | | | | | Degree | | | | | | | Other: | | | | | |
|  | |  | | | | | | |  | | | | | | |  | | | | | |
| **Service Details** | | | | | | | | | | | | | | | | | | | | | |
| Date – IFSP | | | | Service Type | | | | | | | | Service Provider (Agency) | | | | | | | Location | | |
| Date – Service Started | | | | Date – Service Ended | | | | | | | | Reason for Late Start | | | | | | | **No new services added** | | |
| Frequency of Service: | Flexible Scheduling:       Visits per | | | | | | | | | | | | | | Funding Source for Service: | | | | | | |

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| **Service Provider Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name (Last, First) | | | | | | | | | | | | Contracted as: | | | | | | | | | | | | Agency | | | | | | |
| Credentials | | | | | Other: | | | | | | | | | | | Degree | | | | | | | | Other: | | | | | | |
|  | | | | |  | | | | | | | | | | |  | | | | | | | |  | | | | | | |
| **Service Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date – IFSP | | | | | | Service Type | | | | | | | | | | | Service Provider (Agency) | | | | | | | | | | | | Location | |
| Date – Service Started | | | | | | Date – Service Ended | | | | | | | | | | | Reason for Late Start | | | | | | | | | | | | **No new services added** | |
| Frequency of Service: | | | Flexible Scheduling:       Visits per | | | | | | | | | | | | | | | | | | Funding Source for Service: | | | | | | | | | |
| **Service Provider Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name (Last, First) | | | | | | | | | | | | Contracted as: | | | | | | | | | | | | Agency | | | | | | |
| Credentials | | | | | Other: | | | | | | | | | | | Degree | | | | | | | | Other: | | | | | | |
|  | | | | |  | | | | | | | | | | |  | | | | | | | |  | | | | | | |
| Primary Location | | | | | | Service Delivery Approach | | | | | | | | | | | Other: | | | | | | | | | | | | | |
| Does Family Have Parental Cost Share  Yes  No | | | | | | | | | | | | | | | | | Family Income | | | | | | | | | | | | | |
| **Additional Assessment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date Completed | | |
| **TRANSITION/PROGRAM EXIT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Local Educational Agency (LEA) Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name – Local LEA Agency: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Parent Objects to Notifying LEA About the Child | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Notification** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email Address – Service Coordinator | | | | | | | | | | | | | | | | | | | Email(s) – LEA | | | | | | | | | | | |
| Name – Service Coordinator | | | | | | | | | | | | | | | | | | | Service Coordinator Phone Number       -     -     , ext. | | | | | | | | | | | |
| Name – Provider | | | | | | | | | | | | | | | | | | | Email Address – Provider | | | | | | | | | | | |
| **Transition Planning Conference (TPC)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Was a TPC Held  Yes  No | | | | Date LEA Invited | | | | | | | | | | Date – TPC | | | | | | TPC Exception Reason | | | | | | | | | | |
| **Transition Meeting** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Was Meeting Held  Yes  No | | Which Agency Attended | | | | | | | | | | | | | | | | Other Text: | | | | | | | | | | | | |
| **Refer to LEA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Child Potentially Eligible for Services through LEA  Yes  No | | | | | | | | | | | | | Consent to Release Information to LEA  Yes  No | | | | | | | | | | | | | | Date Consent Obtained | | | |
| Referral Type  Electronic | Date Referral Sent | | | | | | | | Referral Exception Reason | | | | | | | | | | | | | | | | | | | | | |
| Email Address – Provider | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name – Service Coordinator | | | | | | | | | | | | | | | | | | | Service Coordinator Phone Number       -     -     , ext. | | | | | | | | | | | |
| Parent reversed opt out decision after 2 yr 9 months  Child was referred to Birth to 3 after 2 years 9 months | | | | | | | | | | | | | | | | Areas of Need  Communication  Learning  Motor  Hearing  Vision | | | | | | | | | | | | | | |
| Comments to be sent to LEA (maximum of 500 characters) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Program Exit** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Child is leaving Birth to 3 Program  prior to | | | | | | | | Were Transition Steps Recorded on IFSP  Yes  No | | | | | | | | | | | | | | | Date Transition Steps Recorded | | | | | | | |
| Transition Exception Reason | | | | | | | | | | | | | | | Date of Closing | | | | | | | | Closing Reason | | | | | | | |
| Child referred to LEA, moved prior to age 3, and transferred to a WI Birth to 3 Program | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date next Birth to 3 Program Contacted | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Exit Child Outcomes** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Positive Socio-emotional Skills Ranking (1-7) | | | | | | |  | | | | Acquiring and Using Knowledge and Skills Ranking (1-7) | | | | | | | | | | |  | | | Taking Appropriate Actions to Meet Needs Ranking (1-7) | | | | |  |
| Has the child shown any new skills or behaviors related to positive socio-emotional skills since the previous rating  Yes  No | | | | | | | | | | | Has the child show any new skills or behaviors related to acquiring and using knowledge and skills since the previous rating  Yes  No | | | | | | | | | | | | | | Has the child shown any new skills or behaviors related to taking appropriate actions to meet needs since the previous rating  Yes  No | | | | | |
| **Sources of Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Source(s) of Information | | | | | | | | | | Source(s) of Information | | | | | | | | | | | | | | | | Source(s) of Information | | | | |