



PRENATAL FAMILY SERVICES COVER SHEET

Mother's Name: _____ Entry Date: _____

Due Date: _____ M / F Baby's Name: _____

Dual enrollment/Primary FS Worker: _____ 60 Day: _____ 90 Day: _____

	Documents	Date Completed	Comments
(1)	SHS Family Needs Assessment	Date _____ (Baseline) Date _____ (EOY) (By June 1)	*CP Input Required within 5 days of completion
(2)	PIR Data-CP Input (Enter in CP by 90 days, & update in Jan, March, May & July) <ul style="list-style-type: none"> • <i>*Under "Family Services Information" tab</i> • <i>*This is Needs Identified and Services Received and should be ongoing throughout the program year.</i> 	90 day _____ Jan. _____ March _____ May _____ July _____ Termination _____	*CP Input Required within 5 days of completion Needs should be identified with referral and follow up throughout the program year.
(3)	Family Partnership Agreement (Family Goals) (Enter in CP within 5 days of completion, & update in Jan, March & May. Goals must be closed by June 1)	Date written (90 days) 1. _____ Initial input/Update in CP 1. _____ 2. _____ (Jan) 3. _____ (March) 4. _____ (May/June) 5. _____ (July) 6. _____ (Termination)	*CP Input Required within 5 days of completion Goals must be updated and closed in CP by June 1
(4)	Attendance Notification Documentation (as needed) 60 Day ADA % _____	Verbal Notice _____ 1st Notice _____ 2nd Notice _____ 3rd Notice _____ AST/ Attendance Contract _____	(Contact FS Manager & Include on Family Services Monthly Summary)