



Entry/Entitlement

Educational and Developmental Intervention Services

Early Intervention Services

EDIS Location

For use of this form, see MEDCOM Reg 40-53, the proponent agency is MCHO

PRIVACY ACT STATEMENT: In accordance with the Privacy Act of 1994 (Public Law 93-579) and 32 CFR Part 310, this notice informs you of the purpose of this form and how the information will be used. Please read it carefully.

AUTHORITY: The Individuals with Disabilities Education Act as amended by Public Law 102-119; DODI 1342.12; Record System Code A0040-66bDASG.

PRINCIPAL PURPOSES: This form collects information which is essential to determine eligibility for Army Educational and Developmental Intervention Services (EDIS). No personal or protected health information contained in EDIS records will be disclosed to any third party without specific written permission of the individual(s), unless required by statute or law.

ROUTINE USES: The information will be used to develop a service plan and deliver appropriate services to eligible families

DISCLOSURE: Voluntary. Failure to provide certain information necessary to determine eligibility may result in denial of services.

General Demographics

Child's name: <input type="checkbox"/> Boy <input type="checkbox"/> Girl	Date of Birth: DDMMYYYY	
Sponsor Name/Rank _____ <input type="checkbox"/> Dual military family	FM prefix & Sponsor's SSN	
Spouse:	Sponsor Relationship to Child:	
Home Address:		
Mailing Address/es:	Unit Address:	
Email:	Contact Phone Number/s:	
Ethnicity: <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino		
Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Decline to state		
Primary Language spoken at home:	Is an interpreter needed? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify below)	
DODEA Enrollment Category: _____ Enrollment: <input type="checkbox"/> space-required <input type="checkbox"/> space-available Tuition: <input type="checkbox"/> tuition-free <input type="checkbox"/> tuition-paying		
Referral Source:	How did you learn about early intervention?	Referral Date: 45 day timeline:
General reason for EDIS contact:		
Initial Service Coordinator:	Date of initial contact with family:	

Prepared By: (Signature, Title, & Date):

Entry/Entitlement Instructions

Complete the Entry/Entitlement form at initial referral.
In the blank space below the title of the form enter your EDIS location (e.g., Fort Knox, Kentucky; Bamberg, Germany).

Privacy Act Statement: Ensuring the family is informed of the privacy is a requirement early on in the process. Point this out to the family and ask them to read it carefully. Answer any questions they may have.

General Demographics:

Child's Name: First, Middle, Last. Check for boy or girl.

Date of Birth: DDMMYYYY

Sponsor's Name/Rank: First and Last and rank. If both parents are military check the box "dual military family."

FM prefix & Sponsor's SSN: Family Member (FM) prefix is the DEERS assigned number (e.g., 01, 02...) placed in front of the Sponsor's social security number (SSN).

Sponsor's Relationship to Child: Enter the relationship (e.g., mother, father, foster parent...).

Home Address: Enter where the family physically resides.

It may be helpful to have the family complete the following information.

Mailing Address/es: Enter the address where the family receives their mail. If same as the home address state "same as above."

Unit Address: Enter the address where the sponsor works.

Email: Enter email addresses where the family can receive messages.

Contact Phone Number/s: Enter all contact numbers specifying which number it is e.g., Sgt. Smith's work, Mrs. Smith's work, home phone, cell phone.

Ethnicity: Enter the ethnicity of the child. If the family does not want to provide the information leave this section blank.

Race: Enter the child's race - check all that apply. If the family does not want to provide the information let them know that EDIS is required to collect this information. If the family does not provide the information enter "decline to state" on this form. File this form in the child's EDIS record.

Primary Language spoken at home: List the primary language spoken in the home. Include second languages appropriate.

Is an interpreter needed? Check appropriate box. If yes indicate the language of which an interpreter is needed.

The following information should be completed with the family.

DoDEA Enrollment Category: Enrollment category determines if the child is authorized to receive "space-required" services on a "tuition-free" basis. Children must meet the command sponsorship and dependency requirements of DOD schools to be authorized for "space-required" "tuition-free" EDIS early intervention services. When there are questions documentation verification should occur. This involves review of the sponsor's orders. CONUS: Enrollment category will be "Eligible DDESS." OCONUS: Refer to DoDEA Enrollment Categories in SNPMIS (e.g., Navy, tuition-free, space-required).

**Check boxes that reflect child's enrollment (space required or space available) and tuition status (tuition-free or tuition paying).

Referral Source: Enter the individual/agency who actually contacted EDIS to make the referral.

How did you learn about early intervention?: Indicate how the family heard about EDIS early intervention.

Referral Date: Enter the date EDIS received the referral.

45 Day Timeline: Enter the date that completes the 45 day timeline. This may be entered prior to meeting with the family, but should be reviewed with them. The date is automatically calculated in SNPMIS when referral is put in.

General reason for EDIS contact: Include a short statement of the reason for referral/contact.

Service Coordinator (initial): Enter the name of the provider who is the family's initial service coordinator.

Date of initial contact with family: Enter the date EDIS contacted the family. This may be the same data a parent makes a self-referral. All attempts to contact the family must be documented on this form or in EDIS record notes.

Prepared By: Sign the form using your name and title. Include the date.

Enter information included on the "Entry/Entitlement" in SNPMIS.