



Entry/Entitlement

Educational and Developmental Intervention Services (EDIS)

Early Intervention Services

EDIS Location: _____

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

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 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: MMM/DD/YYYY
Child's DoD ID Number:		Was the child born early? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, state gestational age _____
Sponsor's Name/Rank: <input type="checkbox"/> Dual military family		Spouse's Name:
Sponsor's DoD ID Number:		Sponsor's Relationship to Child:
Home Address:		
Mailing Address:		Sponsor's 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
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: MMM/DD/YYYY
		45-day Timeline: MMM/DD/YYYY
General reason for EDIS contact:		
Initial Service Coordinator:	Date/s of initial contact with family: MMM/DD/YYYY	

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.

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

General Demographics:

Child's Name: First, Middle, Last.

Child's DoD ID Number: a 10 digit number that is unique to each beneficiary

Date of Birth: MMM/DD/YYYY

Was the Child born early? Answer the question no or yes and if yes indicate how early. This will be used (as needed) for determining adjusted age for further screening or evaluation that use an adjusted age for children born prematurely. Be sure to follow the assessment guidelines regarding adjusting ages.

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

Sponsor's DoD ID number: The Sponsor's DoD Identification Number can be found on the Sponsor's ID card.

Spouse: First and Last name

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

Home Address: Enter where the family physically resides.

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.

Race: Enter the child's race - more than one may apply.

Primary Language spoken at home: List the primary language spoken in the home. Include other languages as well, if there are other languages spoken in the home.

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

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. The date is automatically calculated in SNPMIS when the referral is entered.

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

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

Date/s of initial contact with family: Enter the date or dates EDIS contacted or attempted to contact the family. This may be the same data a parent makes a self-referral. Documented all attempts to contact the family on this form or in EDIS record notes in SNPMIS to ensure there is a record of all efforts to contact the family.