



WV BIRTH TO THREE
Office of Maternal, Child and Family Health
Bureau for Public Health
West Virginia Department of Health

Child Last Name:

Child First Name:

DOB:

FOLDER:

MI

ID#:

Date:

RAU Data Entry

Child's Name: _____ Date of Birth: _____

Service Coordinator: _____ Date Form Completed: _____

DATE OF CLOSURE

CLOSURE (Use this category when child referral did not reach IFSP)

	Attempts to contact the parent and/or child were unsuccessful
	Deceased
	Determined not eligible at initial eligibility meeting
	Did not complete eligibility determination process
	Moved out of state
	Parents declined referral
	Child Eligible/Parent Declined IFSP Services
	Child referred less than 45 days prior to 3 rd birthday (eligibility not determined)
	Date "Late Referral Packet" was given or mailed to the family: _____ <i>(This information is required (packet should be sent) prior to record being closed in the database.)</i>