



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: _____ MI
DOB: _____ ID#: _____
FOLDER: _____ Date: _____

RAU Data Entry

CHANGE TO CHILD/PRIMARY CONTACT INFORMATION (Document only the information that has changed):

Is this an RAU transfer? ☐ Yes ☐ No Date of move: _____ NEW RAU: _____
Child's Current Status: ☐ Referral ☐ Intake ☐ Active IFSP - Start Date _____ End Date _____
Is child moving 150 days within his/her third birthday? ☐ Yes ☐ No

Date of Change: _____
☐ DOB: _____ ☐ Family Moved ☐ Change in Child Placement ☐ Adoption Finalized
Child's Name: _____ Last, Suffix _____ First _____ MI _____ County: _____
New Primary Contact: _____ Last, Suffix _____ First _____ Relationship to Child: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone Number: _____ Cell Phone Number: _____ Email: _____
DOB: _____ Income: _____ Education: _____
Preferred method of contact? ☐ Mail ☐ Email ☐ Phone ☐ Text

OTHER FAMILY MEMBER WHO HAS LEGAL CUSTODY AND/OR PARENTAL RIGHTS:

Family Member: _____ Last Suffix _____ First _____ Relationship to Child: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Email: _____ DOB: _____
☐ **Biological Parents Rights Terminated** (Parents will no longer have access to the educational record)

Parent's Name: _____ Last Suffix _____ First _____ MI _____
Parent's Name: _____ Last Suffix _____ First _____ MI _____

New Established Condition Diagnosis by Physician: Please complete for all diagnosed established conditions documented after initial eligibility has been determined. Date of Change: _____

Diagnosis: _____

CHANGE OR ADDITION OF PHYSICIAN INFORMATION:

Physician/Agency Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Office Number: _____ Fax Number: _____ Email: _____