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

Instructions/Guidance: *CHANGE OF INFORMATION/UPDATE FORM*

Purpose: WV Birth to Three creates and maintains an early intervention record for every child found eligible for early intervention services. The Interim and/or On-Going Service Coordinator is responsible for insuring that the information in each child's early intervention record is up to date and accurate.

Legal Basis: WV Birth to Three State Policy

Completing the Form: *Change of Information/Update Form*

The Interim Service Coordinator is responsible for gathering information from the family to complete the Social Security, and Ethnicity and Race sections of the Change of Information form at the Initial Information Gathering/Intake visit and up until the initial IFSP meeting.

During each home visit, the Ongoing Service Coordinator is responsible for discussing with the family and completing the Change of Information/Update form if there have been any changes in family contact information; a change in SSN (due to adoption); a new diagnosis of an established condition; or change in physician.

Filling in the blanks: The original Change of Information/Update form must be forwarded to the Regional Administrative Unit (RAU) within five (5) days of completion for filing in the early intervention record.

Ethnicity and Race – To be completed by the ISC only:
- Check "Yes" or "No" to the question, "Is your child Hispanic/Latino? If the answer is "Yes", you may, but do not have to, answer the next question. If the answer is "No", you must check at least one racial category. Check the box in front of the racial category or categories that best describes the child. If a family refuses to answer, you must let them know that by law, you will have to answer for them, based on your observation of the child.

Definitions:
- *Hispanic/Latino of any race* - This means a person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race.

- *American Indian or Alaska Native* - a person having origins in any of the original peoples of North or South America (including Central America), and who maintains a tribal affiliation or community attachment.

- *Asian* - a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

- *Black or African American* - a person having origins in any of the Black racial groups of Africa.

- *Native Hawaiian or other Pacific Islander* - a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

- *White* - a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Social Security Number – to be completed by ISC (OSC if change due to adoption):
- Enter the child's social security number. If the SSN is not available to the Interim Service Coordinator, check the box in front of the appropriate reason the SSN was not entered.
- Upon adoption of a child, enter the new SSN and effective date of change.

Change to Child/Primary Contact Information: *(Document only the information that has changed)*
- Enter effective date when information changed.

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

- Check the box to indicate the reason for the Change of Information: Family Moved, Change in Child Placement, Adoption Finalized.

Child's Identifying Information:
- Enter child's last name, first name (not nickname), and middle initial.
- Enter the county where child resides.
- Enter mailing address (street, city/town, state, and zip code).

Primary Contact's Information:
- Enter the Primary Contact's last name and first name.
- Enter the Primary Contact's relationship to the child (Ex. Maternal Grandmother/Grandfather, Paternal Grandmother/Grandfather, Aunt/Uncle, Foster Mother/Father).

If appropriate, check to indicate that there are additional changes to The Change of Information/ Update Form on page two of the form.

Other Family Member Who Has Legal Custody and/or Parental Rights
This section is intended for cases where: there may be joint custody and the child resides with two sets of parents/legal guardians; or the child lives with a biological parent and another caregiver, but also has another biological parent who has parental rights; or the child is in foster care but the biological parent still has parental rights.

Family Member:
- Enter last name and first name.
- Enter relationship to the child (Ex. Biological Mother/Father, Maternal/Paternal Grandmother, Paternal Grandmother/Father, Aunt/Uncle).
- Enter mailing address (street, city/town, state, zip code).
- Enter phone numbers (indicate whether the phone number is a home, work, or cell number).
- Enter e-mail address (if applicable).

- Enter date of birth numerically (month, date, & year).

Other Family Member in Home Who Wants to Be Involved in Services:
This section is intended for other family members who live in the home and who were not listed under Primary Contact or Second Parent listing, such as a step parent, or grandparent living in the home.
The Service Coordinator will want to ensure the parent/legal guardian has signed a *Consent to Release Information Form* for the individual(s) listed in this section.
- Enter last name and first name.
- Enter relationship to the child (Ex. Biological Mother/Father, Maternal/Paternal Grandmother/Grandfather, Paternal Grandmother/Grandfather, Aunt/Uncle).

Other Family Members Not Living in Home Who May Be Involved With Services:
This section is intended to capture other family members who may not live in the primary contact's home, yet want to be involved with WVBTT services (Ex. Step Mother/Step Father, Maternal Grandmother/Grandfather, Paternal Grandmother/Grandfather, Aunt/Uncle). The Service Coordinator will want to ensure the parent/legal guardian has signed a *Consent to Release Information Form* for the individual(s) listed in this section.
- Enter the individual name.
- Enter the individual relationship to the child (Ex. Step Mother/Father, Maternal Grandmother/Grandfather, Paternal Grandmother/Grandfather, Aunt/Uncle).

Biological Parents Rights Terminated
If a parent's rights have been legally terminated and they are not entitled to receive educational information for their child, please complete this section. This will provide information to the RAU so the child's file will not be released to anyone whose parental rights have been terminated.

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

- This must be checked if the rights of a parent (or both parents) have been terminated.
- Enter the last name, first name and middle initial of the person whose parental rights were terminated.

(If possible Service Coordinators should request and seek copies of court orders so a copy can be filed in the child's Early Intervention (EI) Record.)

New Established Condition Diagnosis by Physician:

- Enter the Date of Change for the child's New Established Condition Diagnosis
- Enter the child's New Established Condition Diagnosis as rendered by a licensed physician or psychologist. (The Service Coordinator should ensure they have received medical verification of the New Established Condition Diagnosis from the child's physician and a copy has been sent to the RAU to be filed in the child's Early Intervention record).

Change or Addition of Physician Information:

This section is intended to capture if the child has started seeing a new pediatrician/physician or has started seeing a specialist.

- Enter the Physician's Name.
- Enter the Physician/Agency's Name.
- Enter the Mailing Address (Street, City/Town, State, & Zip Code).
- Enter the Office Phone Number.
- Enter the Fax Number.
- Enter the E-mail Address (if applicable).