

**OFFICE OF MATERNAL, CHILD AND FAMILY HEALTH  
RIGHT FROM THE START PROGRAM  
ENHANCED SERVICES EDUCATION REPORT**



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ EDC: \_\_\_\_\_

Medicaid Number: \_\_\_\_\_ MCO: \_\_\_\_\_

RFTS Maternity Service Number: \_\_\_\_\_

Service Provider: \_\_\_\_\_

Verbal Approval Received from RCC on Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Service Provided	Subtypes	ES DCC Initials:
<input type="checkbox"/> Health Education/Childbirth Classes (S9442 HD)	<input type="checkbox"/> Maternal/Fetal Development <input type="checkbox"/> Relaxation/Breathing Techniques <input type="checkbox"/> Nutrition/Fitness/Drugs <input type="checkbox"/> Postpartum/Family Planning <input type="checkbox"/> Physiology of Labor and Delivery <input type="checkbox"/> Newborn Care/Breastfeeding	
<input type="checkbox"/> Health Education/Parenting Classes (S9444 HD)	<input type="checkbox"/> Infant Care <input type="checkbox"/> Child Safety <input type="checkbox"/> Preventive Care <input type="checkbox"/> Newborn Development <input type="checkbox"/> S/S Acute Illness	
<input type="checkbox"/> Health Education/Preventive Self Care (S9445 HD)	<input type="checkbox"/> Physical/Emotional Changes <input type="checkbox"/> Eating Habits <input type="checkbox"/> Warning Signs in Pregnancy <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Healthful Behaviors <input type="checkbox"/> Contraceptive Care <input type="checkbox"/> Smoking Assessment <input type="checkbox"/> Safety/Domestic Violence	
<input type="checkbox"/> Nutritional Evaluation/Counseling (S9452 HD)	(For Registered Dietician Only)	

Referred for Right From The Start Care Coordination:  
 Yes     No     Refused    If yes, then date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Use closure code reasons from Client Tracking form: \_\_\_\_\_

RCC Name: \_\_\_\_\_

RLA Name: \_\_\_\_\_

Region: \_\_\_\_\_

DCC Signature: \_\_\_\_\_

**(FOR USE BY AGENCIES THAT ONLY PROVIDE ENHANCED SERVICES EDUCATION)**