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:
☐Health Education/Childbirth Classes (S9442 HD)	☐Maternal/Fetal Development ☐Nutrition/Fitness/Drugs ☐Physiology of Labor and Delivery	☐Relaxation/Breathing Techniques ☐Postpartum/Family Planning ☐Newborn Care/Breastfeeding	
☐Health Education/Parenting Classes (S9444 HD)	☐Infant Care ☐Preventive Care ☐S/S Acute Illness	☐Child Safety ☐Newborn Development	
☐Health Education/Preventive Self Care (S9445 HD)	☐Physical/Emotional Changes ☐Warning Signs in Pregnancy ☐Healthful Behaviors ☐Smoking Assessment	☐Eating Habits ☐Breastfeeding ☐Contraceptive Care ☐Safety/Domestic Violence	
☐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)