



DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)  
EARLY INTERVENTION PROGRAM (EIP)

**EIP 90 Day Review**

DATE OF REPORT
CASE CLOSURE DATE
EIP REFERRAL DATE
WORKER'S PHONE

FAMLINK CASE ID	FAMILY NAME (LAST, FIRST)
DCYF OFFICE	ASSIGNED DCYF CASE WORKER

**Provider Information**

PROVIDER NUMBER	AGENCY'S NAME	PROVIDER'S NAME
PROVIDER'S PHONE	PROVIDER'S ADDRESS	

**Intervention Path**

- Brief Intervention Path (up to 90 days)
- Short term intervention designed to provide health and developmental assessments for the identified child, assist the DCYF case worker with case planning information, connect the family with community resources, and/or provide brief and focused teaching and guidance in areas identified in the screening process.
  - Exit summary completed within 10 days of case closure, 90 Day Review due by the 15<sup>th</sup> of the month to the assigned case worker.
- Assessment and Comprehensive Service Path
- Family Assessment completed with case worker and family to identify or address the family's current protective factors, strengths and successes and safety or health risk factors, natural support systems (friends, family, community members, groups), physical health and social-emotional health care needs, attainment of developmental milestones and physical growth, service and/or support needs of the children, and circumstances that led to the crisis.
  - Identification of top 2-3 priorities using the Omaha System.
  - 90 Day Review due by the 15<sup>th</sup> of the month to the assigned case worker.

**Case Summary**

Provide the Service Plan Goals as developed with the family and case worker (may attach a hard copy if available).

Describe the progress the family has made on the Service Plan goals during this reporting period.

OMAHA SCORES:

PLEASE SEND A COPY OF THIS REPORT TO THE ASSIGNED DCYF CASE WORKER BY THE 15<sup>TH</sup> OF THE MONTH

Describe the family's involvement in case planning during this reporting period.

Identify any new concerns or barriers that have been identified with the family during this reporting period.

Identify any resources or referrals that were made available to the family during this reporting period.

**Dates of Client Contact**

FACE TO FACE VISITS	LETTERS	NO SHOWS	TELEPHONE CONTACT	AVERAGE TIME SPENT WITH CLIENT PER

Justification for continuation of EIP services or case closure.

PROVIDER'S SIGNATURE

DATE