RAU Data Entry Form Return Checklist

(In order to fulfill the function of maintaining the WV Birth to Three Data Application for this region, it is essential that the RAU receive accurate and comprehensive information as required on standard Birth to Three forms/documentation. The Office of Maternal, Child and Family Health/Birth to Three requests that the RAU return all documentation for correction that does not contain required information for data entry.)

Child Name: _____ Forms Returned to: _____ Date Returned: _____

Please return this page with corrected forms.

It is important that corrected forms are returned immediately to the RAU as the information cannot be entered in the Birth to Three data system until that time. Further services are dependent on the information. The following form(s) are being returned for the identified reasons:

- ☐ Referral Form
- ☐ Initial Information Gathering Form
- ☐ Consent Form (list specific consent): _____
- ☐ Practitioner Confirmation Form
- ☐ Eligibility Determination Form
- ☐ IFSP
- ☐ IFSP Review
- ☐ Teaming Activity Note
- ☐ Request to Decline Referral Form
- ☐ Closure/Transfer/Transition Summary Form
- ☐ Change of Information Form
- ☐ Other: _____

Missing, illegible or inconsistent data to be corrected:

- ☐ Child Name
- ☐ Parent/Caregiver Name
- ☐ Address (Street/PO Box/Town/County)
- ☐ Date of Birth
- ☐ Practitioner Name
- ☐ Payee Agency
- ☐ IFSP Start Date
- ☐ Part C Service
- ☐ Intensity/Frequency
- ☐ Method
- ☐ Location
- ☐ Start Date/End Date
- ☐ Service Added or Deleted
- ☐ Eligibility Category
- ☐ Area of Delay
- ☐ Established Condition
- ☐ At-Risk Factors
- ☐ Parent Signature
- ☐ Other

Comments: _____

_____

_____

Thank you for your cooperation. If you have any questions, please call (RAU can insert their own telephone and address)

For RAU Use only: Date Received in Office: _____ **Received By:** _____