

## SAMHSA FASD Center for Excellence Form C

### Diagnosis and Intervention Programs: Services Child is Receiving at the time of the FASD Diagnosis

This form is used in the SAMHSA FASD Center for Excellence Diagnosis and Intervention Programs to record services the child is receiving at the time of an FASD diagnosis. To protect privacy, name and any other individually identifying information will not be collected. It is important to us to obtain this information to understand the services the child is currently receiving; however, participation is voluntary.

**Child ID:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Instructions:** Indicate all services the child is currently receiving and not based on the FASD diagnostic evaluation.

**Service Component:** A service that the child is currently receiving (**not part of the FASD intervention**).

**Amount of services:** Amount of service child is currently receiving.

**Service units:** Service units - hours.

Service Component	Start Date (Date service began)	Amount of services units provided in hours	Frequency (daily/ weekly/ monthly)	End date (Date service ended)
<b>Example</b>	<b>5/1/08</b>	<b>20</b>	<b>Monthly</b>	<b>11/25/08</b>
Anger Management				
Behavioral management skills (Family/Child)				
Case Management				
Chemical dependency treatment services				
Educational Support				
Family Support				
Family Therapy				
Home Visiting				
Individual Therapy				
Intensive Family Services				

Service Component	Start Date (Date service began)	Amount of services units provided in hours	Frequency (daily/ weekly/ monthly)	End date (Date service ended)
Life Skills Training				
Medication management				
Money Management				
Nursing Services				
Nutritional Services				
Occupational Therapy				
Parenting Skills				
Physical Therapy				
Play Therapy				
Psychological Services				
Respite				
Sensory Integration				
Speech and Language Therapy				
Social Skills Training				
Supervised Visitation				
Therapeutic foster care				
Therapeutic nurseries and preschool				
Vocational Training				
Health or Medical Services (please specify below)				
Other (please specify below)				

List other services not described in hours (e.g., changes in school environment)

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An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-xxxx. Public reporting burden for this collection of information is estimated to average 10 minutes per client per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.