OMB # 0930- XXXX Expiration Date: xx/xx/xxx

SAMHSA FASD Center for Excellence Form D

Diagnosis and Intervention Programs: FASD Services Planned and Provided based on Diagnostic **Evaluation**

This form is used in the SAMHSA FASD Center for Excellence Diagnosis and Intervention Programs to record services planned and received based on the diagnostic evaluation. 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 planned and received by the child; however, participation is voluntary.

Child ID:	Anticipated Date of Service Planned:	Date of Birth:	Date of
Completion:			
Instructions: Indi	icate all services planned and provided based on the FAS	D diagnostic evaluation	
Service Compone	nt: A service that is to be provided based on the FASD diagnost	tic evaluation.	
<u>Services Planned</u> :	to be recorded after being identified by service provider. If the	e service provider determines that th	ne service is not required due to
assessment/intake (criteria or other eligibility results, complete only the "Reason Sei	rvice was not Provided as Planned.")	
Based on FASD Di	iagnostic Evaluation: Services specifically recommended bas	ed on the FASD diagnostic evaluation	า
Amount of Service	e Units Planned: Amount of service recommended for client p	er service delivery interval	
Service Delivery I	nterval Planned: Required service delivery interval (daily, wee	ekly, monthly, quarterly) identified by	service provider

Services Provided: (to be recorded upon completion of each recommended service component-using details from Form E)

Start Date: Date of first appointment for the service

Amount of Service Units Provided: Total amount of service provided to the child/family (based on cumulative number of hours reported in Form E

for each service component)

Child ID:

Service Delivery Interval Provided: Actual service delivery interval (daily, weekly, monthly)

End Date: Date this service stopped being provided.

Reason Service Was Not Provided as Planned: If a service could not be provided as planned, check all applicable reasons for this.

Service Component (Based on FASD Dx	Serv	rices Planned	Service	es Provided (Cum	ulative)	Reason Service Was Not Provided As Planned	Assessment of Improvement provided by Service Provider to the Case Manager
Evaluation)	Amount of Service Units Planned (in hours) per interval	Service Delivery Interval Planned (daily/weekly/monthly/ quarterly)	Start Date (Date service begins)	Amount of Service Units Provided (in hours)	End Date (Date service ended)	Check all that apply.	O Significant decline (in functionality) 1 Moderate decline 2 No change 3 Moderate improvement 4 Significant improvement
Example	2	weekly	10/1/08	6	10/15/08	☐ Lack of access - transportation	3

Service Component (Based on FASD Dx	Serv	ices Planned	Service	es Provided (Cum	ulative)	Reason Service Was Not Provided As Planned	Assessment of Improvement provided by Service Provider to the Case Manager
Evaluation)	Amount of Service Units Planned (in hours) per interval	Service Delivery Interval Planned (daily/weekly/monthly/ quarterly)	Start Date (Date service begins)	Amount of Service Units Provided (in hours)	End Date (Date service ended)	Check all that apply.	O Significant decline (in functionality) 1 Moderate decline 2 No change 3 Moderate improvement 4 Significant improvement
						□ Lack of access - child care □ Lack of access- language barriers □ Waiting list for services □ Identified service not available □ Provider screening or eligibility criteria not met □ Financial cost of service □ Parent/caregiver refused to participate □ Other (specify)	

Anger Manageme nt	□ Lack of access - transportation □ Lack of access - child care □ Lack of access - language barriers □ Waiting list for services □ Identified service not available □ Provider screening or eligibility criteria not met □ Financial cost of service □ Parent/caregiver refused to participate
Behavioral manageme nt skills (Family/Chi ld)	□ Other (specify) □ Lack of access - transportation □ Lack of access - child care □ Lack of access- language barriers □ Waiting list for services □ Identified service not available □ Provider screening or eligibility criteria not met □ Financial cost of service □ Parent/caregiver refused to participate □ Other (specify)
Case Manageme nt	□ Lack of access - transportation □ Lack of access - child care □ Lack of access - language barriers □ Waiting list for services □ Identified service not available □ Provider screening or eligibility criteria not met □ Financial cost of service □ Parent/caregiver refused to participate □ Other (specify)
Chemical dependenc y treatment services	□ Lack of access - transportation □ Lack of access - child care □ Lack of access - language barriers □ Waiting list for services □ Identified service not available □ Provider screening or eligibility criteria not met □ Financial cost of service □ Parent/caregiver refused to participate □ Other (specify)
Educationa I Support	☐ Lack of access - transportation☐ Lack of access - child care☐ Lack of access - language barriers☐ Lack of access - language barrierg - lack of access - language barrierg - lack of access - language barrierg - lack of access - language - lack of access -

	☐ Waiting list for services
	☐ Identified service not available
	☐ Provider screening or eligibility
	criteria not met
	☐ Financial cost of service
	☐ Parent/caregiver refused to
	participate
	□ Other (specify)

Family Support			□ Lack of access - transportation □ Lack of access - child care □ Lack of access - language barriers □ Waiting list for services □ Identified service not available □ Provider screening or eligibility criteria not met □ Financial cost of service □ Parent/caregiver refused to participate □ Other (specify)	
Family Therapy			□ Lack of access - transportation □ Lack of access - child care □ Lack of access - language barriers □ Waiting list for services □ Identified service not available □ Provider screening or eligibility criteria not met □ Financial cost of service □ Parent/caregiver refused to participate □ Other (specify)	
Home Visiting			□ Lack of access - transportation □ Lack of access - child care □ Lack of access - language barriers □ Waiting list for services □ Identified service not available □ Provider screening or eligibility criteria not met □ Financial cost of service □ Parent/caregiver refused to participate □ Other (specify)	
Individual Therapy			□ Lack of access - transportation □ Lack of access - child care □ Lack of access - language barriers □ Waiting list for services □ Identified service not available □ Provider screening or eligibility criteria not met □ Financial cost of service □ Parent/caregiver refused to participate □ Other (specify)	
Intensive Family Services			 □ Lack of access - transportation □ Lack of access - child care □ Lack of access - language barriers 	

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	criteria not met
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Life Skills Training	□ Lack of access - transportation □ Lack of access - child care □ Lack of access - language barriers □ Waiting list for services □ Identified service not available □ Provider screening or eligibility criteria not met □ Financial cost of service □ Parent/caregiver refused to participate □ Other (specify)
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Nursing Services	□ Lack of access - transportation □ Lack of access - child care □ Lack of access - language barriers □ Waiting list for services □ Identified service not available □ Provider screening or eligibility criteria not met □ Financial cost of service □ Parent/caregiver refused to participate □ Other (specify)
Nutritional Services	□ Lack of access - transportation □ Lack of access - child care □ Lack of access- language barriers

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	criteria not met
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	participate
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Occupation al Therapy			□ Lack of access - transportation □ Lack of access - child care □ Lack of access - language barriers □ Waiting list for services □ Identified service not available □ Provider screening or eligibility criteria not met □ Financial cost of service □ Parent/caregiver refused to participate □ Other (specify)	
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Physical Therapy			□ Lack of access - transportation □ Lack of access - child care □ Lack of access - language barriers □ Waiting list for services □ Identified service not available □ Provider screening or eligibility criteria not met □ Financial cost of service □ Parent/caregiver refused to participate □ Other (specify)	
Play Therapy			□ Lack of access - transportation □ Lack of access - child care □ Lack of access - language barriers □ Waiting list for services □ Identified service not available □ Provider screening or eligibility criteria not met □ Financial cost of service □ Parent/caregiver refused to participate □ Other (specify)	
Psychologi cal Services			□ Lack of access - transportation □ Lack of access - child care □ Lack of access- language barriers	

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		☐ Waiting list for services
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c foster	
care	☐ Lack of access- language barriers
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	☐ Provider screening or eligibility
	criteria not met
	□ Financial cost of service
	☐ Parent/caregiver refused to
	participate
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Therapeuti	☐ Lack of access - transportation
c nurseries	☐ Lack of access - child care
and	☐ Lack of access- language barriers
preschool	☐ Waiting list for services
prescribor	☐ Identified service not available
	☐ Provider screening or eligibility
	criteria not met
	☐ Financial cost of service
	☐ Parent/caregiver refused to
	participate
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Vocational	□ Lack of access - transportation
	□ Lack of access - child care
Training	
	☐ Lack of access- language barriers
	☐ Waiting list for services
	☐ Identified service not available
	☐ Provider screening or eligibility
	criteria not met
	☐ Financial cost of service
	☐ Parent/caregiver refused to
	participate
	Other (specify)
Health or	☐ Lack of access - transportation
Medical	☐ Lack of access - child care
Services	☐ Lack of access- language barriers
(please	☐ Waiting list for services
	☐ Identified service not available
specify	□ Provider screening or eligibility
below)	criteria not met
	□ Financial cost of service
	☐ Parent/caregiver refused to
	participate
	☐ Other (specify)
Other	☐ Lack of access - transportation
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specify	☐ Lack of access- language barriers
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below)			□ Waiting list for services
,			☐ Identified service not available
			☐ Provider screening or eligibility
			criteria not met
			☐ Financial cost of service
			□ Parent/caregiver refused to
			participate
			Other (specify)

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

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless his collection of information is estimated to average 20 minutes per client per year, including the time for reviewing information. Send comments regarding this burden estimate or any other aspect of this collection of information, includaryland, 20857.	ss it displays a currently valid OMB control number. The OMB control number for this project is 0930-xxxx. Public reporting instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the cluding suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044.	ng burden for ne collection of 1, Rockville,
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