

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: Indicate all services planned and provided based on the FASD diagnostic evaluation.

Service Component: A service that is to be provided based on the FASD diagnostic evaluation.

Services Planned: (to be recorded after being identified by service provider. If the service provider determines that the service is not required due to assessment/intake criteria or other eligibility results, complete only the "Reason Service was not Provided as Planned.")

Based on FASD Diagnostic Evaluation: Services specifically recommended based on the FASD diagnostic evaluation

Amount of Service Units Planned: Amount of service recommended for client per service delivery interval

Service Delivery Interval Planned: Required service delivery interval (daily, weekly, 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)

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 Evaluation)	Services Planned		Services Provided (Cumulative)			Reason Service Was Not Provided As Planned	Assessment of Improvement provided by Service Provider to the Case Manager
	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.	0 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	<input type="checkbox"/> Lack of access - transportation	3

Service Component (Based on FASD Dx Evaluation)	Services Planned		Services Provided (Cumulative)			Reason Service Was Not Provided As Planned	Assessment of Improvement provided by Service Provider to the Case Manager
	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.	0 Significant decline (in functionality) 1 Moderate decline 2 No change 3 Moderate improvement 4 Significant improvement
						<input type="checkbox"/> Lack of access - child care <input type="checkbox"/> Lack of access- language barriers <input type="checkbox"/> Waiting list for services <input type="checkbox"/> Identified service not available <input type="checkbox"/> Provider screening or eligibility criteria not met <input type="checkbox"/> Financial cost of service <input type="checkbox"/> Parent/caregiver refused to participate <input type="checkbox"/> Other (specify) _____	

Anger Management						<input type="checkbox"/> Lack of access - transportation <input type="checkbox"/> Lack of access - child care <input type="checkbox"/> Lack of access- language barriers <input type="checkbox"/> Waiting list for services <input type="checkbox"/> Identified service not available <input type="checkbox"/> Provider screening or eligibility criteria not met <input type="checkbox"/> Financial cost of service <input type="checkbox"/> Parent/caregiver refused to participate <input type="checkbox"/> Other (specify) _____	
Behavioral management skills (Family/Child)						<input type="checkbox"/> Lack of access - transportation <input type="checkbox"/> Lack of access - child care <input type="checkbox"/> Lack of access- language barriers <input type="checkbox"/> Waiting list for services <input type="checkbox"/> Identified service not available <input type="checkbox"/> Provider screening or eligibility criteria not met <input type="checkbox"/> Financial cost of service <input type="checkbox"/> Parent/caregiver refused to participate <input type="checkbox"/> Other (specify) _____	
Case Management						<input type="checkbox"/> Lack of access - transportation <input type="checkbox"/> Lack of access - child care <input type="checkbox"/> Lack of access- language barriers <input type="checkbox"/> Waiting list for services <input type="checkbox"/> Identified service not available <input type="checkbox"/> Provider screening or eligibility criteria not met <input type="checkbox"/> Financial cost of service <input type="checkbox"/> Parent/caregiver refused to participate <input type="checkbox"/> Other (specify) _____	
Chemical dependency treatment services						<input type="checkbox"/> Lack of access - transportation <input type="checkbox"/> Lack of access - child care <input type="checkbox"/> Lack of access- language barriers <input type="checkbox"/> Waiting list for services <input type="checkbox"/> Identified service not available <input type="checkbox"/> Provider screening or eligibility criteria not met <input type="checkbox"/> Financial cost of service <input type="checkbox"/> Parent/caregiver refused to participate <input type="checkbox"/> Other (specify) _____	
Educational Support						<input type="checkbox"/> Lack of access - transportation <input type="checkbox"/> Lack of access - child care <input type="checkbox"/> Lack of access- language barriers	

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

						<input type="checkbox"/> Waiting list for services <input type="checkbox"/> Identified service not available <input type="checkbox"/> Provider screening or eligibility criteria not met <input type="checkbox"/> Financial cost of service <input type="checkbox"/> Parent/caregiver refused to participate <input type="checkbox"/> Other (specify) _____	
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Life Skills Training						<input type="checkbox"/> Lack of access - transportation <input type="checkbox"/> Lack of access - child care <input type="checkbox"/> Lack of access- language barriers <input type="checkbox"/> Waiting list for services <input type="checkbox"/> Identified service not available <input type="checkbox"/> Provider screening or eligibility criteria not met <input type="checkbox"/> Financial cost of service <input type="checkbox"/> Parent/caregiver refused to participate <input type="checkbox"/> Other (specify) _____	
Medication management						<input type="checkbox"/> Lack of access - transportation <input type="checkbox"/> Lack of access - child care <input type="checkbox"/> Lack of access- language barriers <input type="checkbox"/> Waiting list for services <input type="checkbox"/> Identified service not available <input type="checkbox"/> Provider screening or eligibility criteria not met <input type="checkbox"/> Financial cost of service <input type="checkbox"/> Parent/caregiver refused to participate <input type="checkbox"/> Other (specify) _____	
Money Management						<input type="checkbox"/> Lack of access - transportation <input type="checkbox"/> Lack of access - child care <input type="checkbox"/> Lack of access- language barriers <input type="checkbox"/> Waiting list for services <input type="checkbox"/> Identified service not available <input type="checkbox"/> Provider screening or eligibility criteria not met <input type="checkbox"/> Financial cost of service <input type="checkbox"/> Parent/caregiver refused to participate <input type="checkbox"/> Other (specify) _____	
Nursing Services						<input type="checkbox"/> Lack of access - transportation <input type="checkbox"/> Lack of access - child care <input type="checkbox"/> Lack of access- language barriers <input type="checkbox"/> Waiting list for services <input type="checkbox"/> Identified service not available <input type="checkbox"/> Provider screening or eligibility criteria not met <input type="checkbox"/> Financial cost of service <input type="checkbox"/> Parent/caregiver refused to participate <input type="checkbox"/> Other (specify) _____	
Nutritional Services						<input type="checkbox"/> Lack of access - transportation <input type="checkbox"/> Lack of access - child care <input type="checkbox"/> Lack of access- language barriers	

						<input type="checkbox"/> Waiting list for services <input type="checkbox"/> Identified service not available <input type="checkbox"/> Provider screening or eligibility criteria not met <input type="checkbox"/> Financial cost of service <input type="checkbox"/> Parent/caregiver refused to participate <input type="checkbox"/> Other (specify) _____	
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Occupational Therapy						<input type="checkbox"/> Lack of access - transportation <input type="checkbox"/> Lack of access - child care <input type="checkbox"/> Lack of access- language barriers <input type="checkbox"/> Waiting list for services <input type="checkbox"/> Identified service not available <input type="checkbox"/> Provider screening or eligibility criteria not met <input type="checkbox"/> Financial cost of service <input type="checkbox"/> Parent/caregiver refused to participate <input type="checkbox"/> Other (specify) _____	
Parenting Skills						<input type="checkbox"/> Lack of access - transportation <input type="checkbox"/> Lack of access - child care <input type="checkbox"/> Lack of access- language barriers <input type="checkbox"/> Waiting list for services <input type="checkbox"/> Identified service not available <input type="checkbox"/> Provider screening or eligibility criteria not met <input type="checkbox"/> Financial cost of service <input type="checkbox"/> Parent/caregiver refused to participate <input type="checkbox"/> Other (specify) _____	
Physical Therapy						<input type="checkbox"/> Lack of access - transportation <input type="checkbox"/> Lack of access - child care <input type="checkbox"/> Lack of access- language barriers <input type="checkbox"/> Waiting list for services <input type="checkbox"/> Identified service not available <input type="checkbox"/> Provider screening or eligibility criteria not met <input type="checkbox"/> Financial cost of service <input type="checkbox"/> Parent/caregiver refused to participate <input type="checkbox"/> Other (specify) _____	
Play Therapy						<input type="checkbox"/> Lack of access - transportation <input type="checkbox"/> Lack of access - child care <input type="checkbox"/> Lack of access- language barriers <input type="checkbox"/> Waiting list for services <input type="checkbox"/> Identified service not available <input type="checkbox"/> Provider screening or eligibility criteria not met <input type="checkbox"/> Financial cost of service <input type="checkbox"/> Parent/caregiver refused to participate <input type="checkbox"/> Other (specify) _____	
Psychological Services						<input type="checkbox"/> Lack of access - transportation <input type="checkbox"/> Lack of access - child care <input type="checkbox"/> Lack of access- language barriers	

						<input type="checkbox"/> Waiting list for services <input type="checkbox"/> Identified service not available <input type="checkbox"/> Provider screening or eligibility criteria not met <input type="checkbox"/> Financial cost of service <input type="checkbox"/> Parent/caregiver refused to participate <input type="checkbox"/> Other (specify) _____	
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Respite						<input type="checkbox"/> Lack of access - transportation <input type="checkbox"/> Lack of access - child care <input type="checkbox"/> Lack of access- language barriers <input type="checkbox"/> Waiting list for services <input type="checkbox"/> Identified service not available <input type="checkbox"/> Provider screening or eligibility criteria not met <input type="checkbox"/> Financial cost of service <input type="checkbox"/> Parent/caregiver refused to participate <input type="checkbox"/> Other (specify) _____	
Sensory Integration						<input type="checkbox"/> Lack of access - transportation <input type="checkbox"/> Lack of access - child care <input type="checkbox"/> Lack of access- language barriers <input type="checkbox"/> Waiting list for services <input type="checkbox"/> Identified service not available <input type="checkbox"/> Provider screening or eligibility criteria not met <input type="checkbox"/> Financial cost of service <input type="checkbox"/> Parent/caregiver refused to participate <input type="checkbox"/> Other (specify) _____	
Social Skills Training						<input type="checkbox"/> Lack of access - transportation <input type="checkbox"/> Lack of access - child care <input type="checkbox"/> Lack of access- language barriers <input type="checkbox"/> Waiting list for services <input type="checkbox"/> Identified service not available <input type="checkbox"/> Provider screening or eligibility criteria not met <input type="checkbox"/> Financial cost of service <input type="checkbox"/> Parent/caregiver refused to participate <input type="checkbox"/> Other (specify) _____	
Speech and Language Therapy						<input type="checkbox"/> Lack of access - transportation <input type="checkbox"/> Lack of access - child care <input type="checkbox"/> Lack of access- language barriers <input type="checkbox"/> Waiting list for services <input type="checkbox"/> Identified service not available <input type="checkbox"/> Provider screening or eligibility criteria not met <input type="checkbox"/> Financial cost of service <input type="checkbox"/> Parent/caregiver refused to participate <input type="checkbox"/> Other (specify) _____	
Supervised Visitation						<input type="checkbox"/> Lack of access - transportation <input type="checkbox"/> Lack of access - child care <input type="checkbox"/> Lack of access- language barriers	

						<input type="checkbox"/> Waiting list for services <input type="checkbox"/> Identified service not available <input type="checkbox"/> Provider screening or eligibility criteria not met <input type="checkbox"/> Financial cost of service <input type="checkbox"/> Parent/caregiver refused to participate <input type="checkbox"/> Other (specify) _____	
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Therapeutic foster care						<input type="checkbox"/> Lack of access - transportation <input type="checkbox"/> Lack of access - child care <input type="checkbox"/> Lack of access- language barriers <input type="checkbox"/> Waiting list for services <input type="checkbox"/> Identified service not available <input type="checkbox"/> Provider screening or eligibility criteria not met <input type="checkbox"/> Financial cost of service <input type="checkbox"/> Parent/caregiver refused to participate <input type="checkbox"/> Other (specify) _____	
Therapeutic nurseries and preschool						<input type="checkbox"/> Lack of access - transportation <input type="checkbox"/> Lack of access - child care <input type="checkbox"/> Lack of access- language barriers <input type="checkbox"/> Waiting list for services <input type="checkbox"/> Identified service not available <input type="checkbox"/> Provider screening or eligibility criteria not met <input type="checkbox"/> Financial cost of service <input type="checkbox"/> Parent/caregiver refused to participate <input type="checkbox"/> Other (specify) _____	
Vocational Training						<input type="checkbox"/> Lack of access - transportation <input type="checkbox"/> Lack of access - child care <input type="checkbox"/> Lack of access- language barriers <input type="checkbox"/> Waiting list for services <input type="checkbox"/> Identified service not available <input type="checkbox"/> Provider screening or eligibility criteria not met <input type="checkbox"/> Financial cost of service <input type="checkbox"/> Parent/caregiver refused to participate <input type="checkbox"/> Other (specify) _____	
Health or Medical Services (please specify below)						<input type="checkbox"/> Lack of access - transportation <input type="checkbox"/> Lack of access - child care <input type="checkbox"/> Lack of access- language barriers <input type="checkbox"/> Waiting list for services <input type="checkbox"/> Identified service not available <input type="checkbox"/> Provider screening or eligibility criteria not met <input type="checkbox"/> Financial cost of service <input type="checkbox"/> Parent/caregiver refused to participate <input type="checkbox"/> Other (specify) _____	
Other (please specify)						<input type="checkbox"/> Lack of access - transportation <input type="checkbox"/> Lack of access - child care <input type="checkbox"/> Lack of access- language barriers	

below)						<input type="checkbox"/> Waiting list for services <input type="checkbox"/> Identified service not available <input type="checkbox"/> Provider screening or eligibility criteria not met <input type="checkbox"/> Financial cost of service <input type="checkbox"/> Parent/caregiver refused to participate <input type="checkbox"/> Other (specify) _____	
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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 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 20 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.