

**First Steps**  
**Request for Change or Addition in Service with ED Team Response**  
**and/or Discharge Information Request**

To be completed by requesting provider and forwarded to Service Coordinator, or, in the case of an impending discharge, by the Service Coordinator. **ED team response to the Service Coordinator is required in both cases.**

Child Name:	SPOE ID #:	DOB:
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SERVICE	CURRENT		CHANGE REQUEST		PROVIDER NAME	PHONE#	Justification
	Duration	Frequency	Duration	Frequency			

Request is for:  Change in Current Service;  Change in location;  Addition of new service,  Termination of Service/AEPS updates

Requesting Provider Signature	Date	Provider Phone Number
Service Coordinator	Date	Phone Number

**Justification:**

**Last AEPS Scores/date**  
 Fine motor  
 Gross motor  
 Adaptive  
 Cognitive  
 Communication;  
 Social

**Ideas/Strategies already utilized:**

**Documented Communication with Team:**

\*\* ED Team Use Only \*\*

No Response Needed     
  Support Request     
  Additional information needed

ED Team Comments:

**EXIT AEPS SCORES**  
 { 0, -1, -1.5, -2 }

Fine Motor = \_\_\_\_  
 Gross Motor = \_\_\_\_  
 Adaptive = \_\_\_\_  
 Cognitive = \_\_\_\_  
 Communication = \_\_\_\_  
 Social = \_\_\_\_

Signature of ED Team Member (Cluster J – Jan 2008)	Date	Billable Time
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