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| *North Carolina Infant-Toddler Program* |       |

*Provider Monthly Summary Note*

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| Name of ITP Provider Agency: |       | ITP Provider’s Name: |       |
| Provider Vendor Number: |       | Provider Discipline: |       |
| For Month of: |       | Service Order Date [if applicable]: |       | Scheduled Frequency: |       |
| Child’s Name: |       | Child’s Medicaid ID Number: |       |
| Child’s DOB: |       | Name of Service Coordinator:  |       |
| IFSP Outcomes Utilized: [Indicate IFSP Goal/Outcome number and brief description beside each.] |
| # |       | # |       |
| # |       | # |       |
| # |       | # |       |
| **Legend for Place of Service [POS]: Home or other community setting = 12 Office = 11 Health Dept. = 71 Rural Health Dept. = 72 [See DMA website for additional codes.]** *NOTE: Each summary must include a description of provider’s interventions, and the effectiveness of the interventions, including achievements or measurable progress toward IFSP Goals/Outcomes listed. Please list any difficulties encountered in the provision of service delivery, if any.* |
| Svc Date: |       | Svc Date: |       | Svc Date: |       | Svc Date: |       | Svc Date: |       |
| Proc. Code:  |       | Proc. Code:  |       | Proc. Code:  |       | Proc. Code:  |       | Proc. Code:  |       |
| # Units:  |       | # Units:  |       | # Units:  |       | # Units:  |       | # Units:  |       |
| # Minutes:  |       | # Minutes:  |       | # Minutes:  |       | # Minutes:  |       | # Minutes:  |       |
| POS |       | POS |       | POS |       | POS |       | POS |       |
| Svc Date: |       | Svc Date: |       | Svc Date: |       | Svc Date: |       | Svc Date: |       |
| Proc. Code:  |       | Proc. Code:  |       | Proc. Code:  |       | Proc. Code:  |       | Proc. Code:  |       |
| # Units:  |       | # Units:  |       | # Units:  |       | # Units:  |       | # Units:  |       |
| # Minutes:  |       | # Minutes:  |       | # Minutes:  |       | # Minutes:  |       | # Minutes:  |       |
| POS |       | POS |       | POS |       | POS |       | POS |       |
|       |
| Signature & Title:       | Date of Signature:       |