

Client: XXXX **EDN NARRATIVE** Client ID: XXXX Case ID: XXXX

Service Coordinator: XXXX

Date of Contact: XXXX Start Time: Stop Time:

Finalized

Type of Contact: In-Person Client Reason for Contact: Monthly Contact [AD Waiver]

Place/Location of Contact: Home

Person Completing Contact: XXXX-SC

Primary Contact with Whom: XXXX-Mom

Name(s)/Titles of others present during contact: XXXX-OT, XXXX-PT

Description of Contact:

SC left survey for XXXX to complete.

SC stated that she will contact XXXX next month by phone.

Goals were updated (see below).

XXXX denies needing any resources at this time. XXXX has found a SibShop in Omaha to take XXXX and XXXX to.

Goal Progress:

XXXX is rolling from her tummy to her side- and sitting back up. XXXX is not putting pillows around her. XXXX will rock from on her hands and knees. She will stand against the couch, with someone behind her. XXXX's near vision isn't great, but far is good. They are patching her eye for 2 hours a day (or however much XXXX tolerates).

She will have surgery again to repair her left eye. It was loosened too much, so that needs to be corrected.

XXXX is babbling more.

XXXX currently has a double ear infection.

XXXX will have a sleep schedule in May. She will have her teeth surgery soon.

They have been using the G-button quite often the last 3 weeks. With the sickness and the surgeries, XXXX has seemed to get set back on feedings. Last week, she went 4 days without taking anything orally.

Service Delivery Monitoring:

Mom reports XXXX-OT and XXXX-PT were out earlier today. XXXX set her next visit for next week with XXXX the nurse. XXXX providing child care continues to go well.

Further Followup Needed:

Phone call next month

Make sure survey was filled out and sent in

Complete Medical Absence Form on CONNECT for hospital admission for upcoming surgeries and upon discharge

Home Visit Plan for Services Coordination

Child's Name: XXXX Date: XX Services Coordinator: XXXX

Who participated in the visit? Mom, OT, PT

What did we discuss during today's visit?

Mom taking siblings to a SibShop in Omaha.
XXXX vision close up isn't great, patching eye 2 hours per day. Surgery again soon to repair left eye. Sleep schedule in May, teeth surgery soon.

What is working and what is not? Are any new resources and supports needed?

- OT and PT out, Mom meeting with nurse next week.
- XXXX has been sick and went 4 days without taking anything orally. Using g-button often.
- No new resources needed.

What will happen between visits?

Family: Complete Family Survey.

Services Coordinator: Complete Medical Absence Form on CONNECT for hospital admission for surgeries.

Other Supports:

How will we communicate between visits?

Phone

What is our plan for the next visit?

- Discuss if Mom wants any new Service Providers approved for Waiver.
- Review IFSP goals and XXXX's updated health needs.
- Review medical appointments and if resources are needed

What are each of us feeling good about right now (parent and Services Coordinator)?

XXXX is rolling from her tummy to side and sitting back up!
XXXX will rock on her hands and knees!