



signifycommunity™ Service Note Review Summation - CAH - Informing

Period Reviewed: \_\_\_\_\_

Agency: \_\_\_\_\_

Reviewer: \_\_\_\_\_

**Record 1**

Contact ID#: \_\_\_\_\_

Service Date: \_\_\_\_\_

Initial Inform

1) County of service	<input type="checkbox"/> yes <input type="checkbox"/> no	4) Service provider	<input type="checkbox"/> yes <input type="checkbox"/> no
2) Location	<input type="checkbox"/> yes <input type="checkbox"/> no		
3) Informing letter / packet sent	<input type="checkbox"/> yes <input type="checkbox"/> no		

Inform Followup

1) County of service	<input type="checkbox"/> yes <input type="checkbox"/> no	5) Followup letter sent only after 2 failed phone tries	<input type="checkbox"/> yes <input type="checkbox"/> no
2) Location	<input type="checkbox"/> yes <input type="checkbox"/> no		
3) Specific time calls made	<input type="checkbox"/> yes <input type="checkbox"/> no	6) Service provider	<input type="checkbox"/> yes <input type="checkbox"/> no
4) Phone message summary / Description of attempt	<input type="checkbox"/> yes <input type="checkbox"/> no	7) Followups within 30 days of Initial Inform	<input type="checkbox"/> yes <input type="checkbox"/> no

Inform Completion

1) County of service	<input type="checkbox"/> yes <input type="checkbox"/> no	7) Immunization status	<input type="checkbox"/> yes <input type="checkbox"/> no
2) Location	<input type="checkbox"/> yes <input type="checkbox"/> no	8) Client family feedback	<input type="checkbox"/> yes <input type="checkbox"/> no
3) Contacted person	<input type="checkbox"/> yes <input type="checkbox"/> no	9) Referrals, outcomes, & plan for follow up	<input type="checkbox"/> yes <input type="checkbox"/> no
4) Explained EPSDT benefits	<input type="checkbox"/> yes <input type="checkbox"/> no		
5) Medical appt summary	<input type="checkbox"/> yes <input type="checkbox"/> no	10) Service provider	<input type="checkbox"/> yes <input type="checkbox"/> no
6) Dental appt summary	<input type="checkbox"/> yes <input type="checkbox"/> no	11) Intake assess. addressed	<input type="checkbox"/> yes <input type="checkbox"/> no

	Agency comments	
Pass? <input type="radio"/> yes <input type="radio"/> no	IDPH comments	

**Record 2**

Contact ID#: \_\_\_\_\_

Service Date: \_\_\_\_\_

Initial Inform

1) County of service	<input type="checkbox"/> yes <input type="checkbox"/> no	4) Service provider	<input type="checkbox"/> yes <input type="checkbox"/> no
2) Location	<input type="checkbox"/> yes <input type="checkbox"/> no		
3) Informing letter / packet sent	<input type="checkbox"/> yes <input type="checkbox"/> no		

Inform Followup

1) County of service	<input type="checkbox"/> yes <input type="checkbox"/> no	5) Followup letter sent only after 2 failed phone tries	<input type="checkbox"/> yes <input type="checkbox"/> no
2) Location	<input type="checkbox"/> yes <input type="checkbox"/> no		
3) Specific time calls made	<input type="checkbox"/> yes <input type="checkbox"/> no	6) Service provider	<input type="checkbox"/> yes <input type="checkbox"/> no
4) Phone message summary / Description of attempt	<input type="checkbox"/> yes <input type="checkbox"/> no	7) Followups within 30 days of Initial Inform	<input type="checkbox"/> yes <input type="checkbox"/> no

Inform Completion

1) County of service	<input type="checkbox"/> yes <input type="checkbox"/> no	7) Immunization status	<input type="checkbox"/> yes <input type="checkbox"/> no
2) Location	<input type="checkbox"/> yes <input type="checkbox"/> no	8) Client family feedback	<input type="checkbox"/> yes <input type="checkbox"/> no
3) Contacted person	<input type="checkbox"/> yes <input type="checkbox"/> no	9) Referrals, outcomes, & plan for follow up	<input type="checkbox"/> yes <input type="checkbox"/> no
4) Explained EPSDT benefits	<input type="checkbox"/> yes <input type="checkbox"/> no		
5) Medical appt summary	<input type="checkbox"/> yes <input type="checkbox"/> no	10) Service provider	<input type="checkbox"/> yes <input type="checkbox"/> no
6) Dental appt summary	<input type="checkbox"/> yes <input type="checkbox"/> no	11) Intake assess. addressed	<input type="checkbox"/> yes <input type="checkbox"/> no

	Agency comments	
Pass? <input type="radio"/> yes <input type="radio"/> no	IDPH comments	



signifycommunity™ Service Note Review Summation - CAH - Informing

Period Reviewed: \_\_\_\_\_

Agency: \_\_\_\_\_

Reviewer: \_\_\_\_\_

**Record 3**

Contact ID#: \_\_\_\_\_

Service Date: \_\_\_\_\_

Initial Inform

1) County of service	<input type="checkbox"/> yes <input type="checkbox"/> no	4) Service provider	<input type="checkbox"/> yes <input type="checkbox"/> no
2) Location	<input type="checkbox"/> yes <input type="checkbox"/> no		
3) Informing letter / packet sent	<input type="checkbox"/> yes <input type="checkbox"/> no		

Inform Followup

1) County of service	<input type="checkbox"/> yes <input type="checkbox"/> no	5) Followup letter sent only after 2 failed phone tries	<input type="checkbox"/> yes <input type="checkbox"/> no
2) Location	<input type="checkbox"/> yes <input type="checkbox"/> no		
3) Specific time calls made	<input type="checkbox"/> yes <input type="checkbox"/> no	6) Service provider	<input type="checkbox"/> yes <input type="checkbox"/> no
4) Phone message summary / Description of attempt	<input type="checkbox"/> yes <input type="checkbox"/> no	7) Followups within 30 days of Initial Inform	<input type="checkbox"/> yes <input type="checkbox"/> no

Inform Completion

1) County of service	<input type="checkbox"/> yes <input type="checkbox"/> no	7) Immunization status	<input type="checkbox"/> yes <input type="checkbox"/> no
2) Location	<input type="checkbox"/> yes <input type="checkbox"/> no	8) Client family feedback	<input type="checkbox"/> yes <input type="checkbox"/> no
3) Contacted person	<input type="checkbox"/> yes <input type="checkbox"/> no	9) Referrals, outcomes, & plan for follow up	<input type="checkbox"/> yes <input type="checkbox"/> no
4) Explained EPSDT benefits	<input type="checkbox"/> yes <input type="checkbox"/> no	10) Service provider	<input type="checkbox"/> yes <input type="checkbox"/> no
5) Medical appt summary	<input type="checkbox"/> yes <input type="checkbox"/> no	11) Intake assess. addressed	<input type="checkbox"/> yes <input type="checkbox"/> no
6) Dental appt summary	<input type="checkbox"/> yes <input type="checkbox"/> no		

	Agency comments	
Pass? <input type="radio"/> yes <input type="radio"/> no	IDPH comments	

**Record 4**

Contact ID#: \_\_\_\_\_

Service Date: \_\_\_\_\_

Initial Inform

1) County of service	<input type="checkbox"/> yes <input type="checkbox"/> no	4) Service provider	<input type="checkbox"/> yes <input type="checkbox"/> no
2) Location	<input type="checkbox"/> yes <input type="checkbox"/> no		
3) Informing letter / packet sent	<input type="checkbox"/> yes <input type="checkbox"/> no		

Inform Followup

1) County of service	<input type="checkbox"/> yes <input type="checkbox"/> no	5) Followup letter sent only after 2 failed phone tries	<input type="checkbox"/> yes <input type="checkbox"/> no
2) Location	<input type="checkbox"/> yes <input type="checkbox"/> no		
3) Specific time calls made	<input type="checkbox"/> yes <input type="checkbox"/> no	6) Service provider	<input type="checkbox"/> yes <input type="checkbox"/> no
4) Phone message summary / Description of attempt	<input type="checkbox"/> yes <input type="checkbox"/> no	7) Followups within 30 days of Initial Inform	<input type="checkbox"/> yes <input type="checkbox"/> no

Inform Completion

1) County of service	<input type="checkbox"/> yes <input type="checkbox"/> no	7) Immunization status	<input type="checkbox"/> yes <input type="checkbox"/> no
2) Location	<input type="checkbox"/> yes <input type="checkbox"/> no	8) Client family feedback	<input type="checkbox"/> yes <input type="checkbox"/> no
3) Contacted person	<input type="checkbox"/> yes <input type="checkbox"/> no	9) Referrals, outcomes, & plan for follow up	<input type="checkbox"/> yes <input type="checkbox"/> no
4) Explained EPSDT benefits	<input type="checkbox"/> yes <input type="checkbox"/> no	10) Service provider	<input type="checkbox"/> yes <input type="checkbox"/> no
5) Medical appt summary	<input type="checkbox"/> yes <input type="checkbox"/> no	11) Intake assess. addressed	<input type="checkbox"/> yes <input type="checkbox"/> no
6) Dental appt summary	<input type="checkbox"/> yes <input type="checkbox"/> no		

	Agency comments	
Pass? <input type="radio"/> yes <input type="radio"/> no	IDPH comments	

Agency: \_\_\_\_\_ Reviewer: \_\_\_\_\_

**Record 5** Contact ID#: \_\_\_\_\_ Service Date: \_\_\_\_\_

**Initial Inform**

1) County of service	<input type="checkbox"/> yes <input type="checkbox"/> no	4) Service provider	<input type="checkbox"/> yes <input type="checkbox"/> no
2) Location	<input type="checkbox"/> yes <input type="checkbox"/> no		
3) Informing letter / packet sent	<input type="checkbox"/> yes <input type="checkbox"/> no		

**Inform Followup**

1) County of service	<input type="checkbox"/> yes <input type="checkbox"/> no	5) Followup letter sent only after 2 failed phone tries	<input type="checkbox"/> yes <input type="checkbox"/> no
2) Location	<input type="checkbox"/> yes <input type="checkbox"/> no		
3) Specific time calls made	<input type="checkbox"/> yes <input type="checkbox"/> no	6) Service provider	<input type="checkbox"/> yes <input type="checkbox"/> no
4) Phone message summary / Description of attempt	<input type="checkbox"/> yes <input type="checkbox"/> no	7) Followups within 30 days of Initial Inform	<input type="checkbox"/> yes <input type="checkbox"/> no

**Inform Completion**

1) County of service	<input type="checkbox"/> yes <input type="checkbox"/> no	7) Immunization status	<input type="checkbox"/> yes <input type="checkbox"/> no
2) Location	<input type="checkbox"/> yes <input type="checkbox"/> no	8) Client family feedback	<input type="checkbox"/> yes <input type="checkbox"/> no
3) Contacted person	<input type="checkbox"/> yes <input type="checkbox"/> no	9) Referrals, outcomes, & plan for follow up	<input type="checkbox"/> yes <input type="checkbox"/> no
4) Explained EPSDT benefits	<input type="checkbox"/> yes <input type="checkbox"/> no	10) Service provider	<input type="checkbox"/> yes <input type="checkbox"/> no
5) Medical appt summary	<input type="checkbox"/> yes <input type="checkbox"/> no	11) Intake assess. addressed	<input type="checkbox"/> yes <input type="checkbox"/> no
6) Dental appt summary	<input type="checkbox"/> yes <input type="checkbox"/> no		

	Agency comments	
Pass? <input type="radio"/> yes <input type="radio"/> no	IDPH comments	

**Record 6** Contact ID#: \_\_\_\_\_ Service Date: \_\_\_\_\_

**Initial Inform**

1) County of service	<input type="checkbox"/> yes <input type="checkbox"/> no	4) Service provider	<input type="checkbox"/> yes <input type="checkbox"/> no
2) Location	<input type="checkbox"/> yes <input type="checkbox"/> no		
3) Informing letter / packet sent	<input type="checkbox"/> yes <input type="checkbox"/> no		

**Inform Followup**

1) County of service	<input type="checkbox"/> yes <input type="checkbox"/> no	5) Followup letter sent only after 2 failed phone tries	<input type="checkbox"/> yes <input type="checkbox"/> no
2) Location	<input type="checkbox"/> yes <input type="checkbox"/> no		
3) Specific time calls made	<input type="checkbox"/> yes <input type="checkbox"/> no	6) Service provider	<input type="checkbox"/> yes <input type="checkbox"/> no
4) Phone message summary / Description of attempt	<input type="checkbox"/> yes <input type="checkbox"/> no	7) Followups within 30 days of Initial Inform	<input type="checkbox"/> yes <input type="checkbox"/> no

**Inform Completion**

1) County of service	<input type="checkbox"/> yes <input type="checkbox"/> no	7) Immunization status	<input type="checkbox"/> yes <input type="checkbox"/> no
2) Location	<input type="checkbox"/> yes <input type="checkbox"/> no	8) Client family feedback	<input type="checkbox"/> yes <input type="checkbox"/> no
3) Contacted person	<input type="checkbox"/> yes <input type="checkbox"/> no	9) Referrals, outcomes, & plan for follow up	<input type="checkbox"/> yes <input type="checkbox"/> no
4) Explained EPSDT benefits	<input type="checkbox"/> yes <input type="checkbox"/> no	10) Service provider	<input type="checkbox"/> yes <input type="checkbox"/> no
5) Medical appt summary	<input type="checkbox"/> yes <input type="checkbox"/> no	11) Intake assess. addressed	<input type="checkbox"/> yes <input type="checkbox"/> no
6) Dental appt summary	<input type="checkbox"/> yes <input type="checkbox"/> no		

	Agency comments	
Pass? <input type="radio"/> yes <input type="radio"/> no	IDPH comments	

Agency: \_\_\_\_\_

Reviewer: \_\_\_\_\_

**Record 7**

Contact ID#: \_\_\_\_\_

Service Date: \_\_\_\_\_

Initial Inform

1) County of service	<input type="checkbox"/> yes <input type="checkbox"/> no	4) Service provider	<input type="checkbox"/> yes <input type="checkbox"/> no
2) Location	<input type="checkbox"/> yes <input type="checkbox"/> no		
3) Informing letter / packet sent	<input type="checkbox"/> yes <input type="checkbox"/> no		

Inform Followup

1) County of service	<input type="checkbox"/> yes <input type="checkbox"/> no	5) Followup letter sent only after 2 failed phone tries	<input type="checkbox"/> yes <input type="checkbox"/> no
2) Location	<input type="checkbox"/> yes <input type="checkbox"/> no		
3) Specific time calls made	<input type="checkbox"/> yes <input type="checkbox"/> no	6) Service provider	<input type="checkbox"/> yes <input type="checkbox"/> no
4) Phone message summary / Description of attempt	<input type="checkbox"/> yes <input type="checkbox"/> no	7) Followups within 30 days of Initial Inform	<input type="checkbox"/> yes <input type="checkbox"/> no

Inform Completion

1) County of service	<input type="checkbox"/> yes <input type="checkbox"/> no	7) Immunization status	<input type="checkbox"/> yes <input type="checkbox"/> no
2) Location	<input type="checkbox"/> yes <input type="checkbox"/> no	8) Client family feedback	<input type="checkbox"/> yes <input type="checkbox"/> no
3) Contacted person	<input type="checkbox"/> yes <input type="checkbox"/> no	9) Referrals, outcomes, & plan for follow up	<input type="checkbox"/> yes <input type="checkbox"/> no
4) Explained EPSDT benefits	<input type="checkbox"/> yes <input type="checkbox"/> no	10) Service provider	<input type="checkbox"/> yes <input type="checkbox"/> no
5) Medical appt summary	<input type="checkbox"/> yes <input type="checkbox"/> no	11) Intake assess. addressed	<input type="checkbox"/> yes <input type="checkbox"/> no
6) Dental appt summary	<input type="checkbox"/> yes <input type="checkbox"/> no		

	Agency comments	
Pass? <input type="radio"/> yes <input type="radio"/> no	IDPH comments	

**Record 8**

Contact ID#: \_\_\_\_\_

Service Date: \_\_\_\_\_

Initial Inform

1) County of service	<input type="checkbox"/> yes <input type="checkbox"/> no	4) Service provider	<input type="checkbox"/> yes <input type="checkbox"/> no
2) Location	<input type="checkbox"/> yes <input type="checkbox"/> no		
3) Informing letter / packet sent	<input type="checkbox"/> yes <input type="checkbox"/> no		

Inform Followup

1) County of service	<input type="checkbox"/> yes <input type="checkbox"/> no	5) Followup letter sent only after 2 failed phone tries	<input type="checkbox"/> yes <input type="checkbox"/> no
2) Location	<input type="checkbox"/> yes <input type="checkbox"/> no		
3) Specific time calls made	<input type="checkbox"/> yes <input type="checkbox"/> no	6) Service provider	<input type="checkbox"/> yes <input type="checkbox"/> no
4) Phone message summary / Description of attempt	<input type="checkbox"/> yes <input type="checkbox"/> no	7) Followups within 30 days of Initial Inform	<input type="checkbox"/> yes <input type="checkbox"/> no

Inform Completion

1) County of service	<input type="checkbox"/> yes <input type="checkbox"/> no	7) Immunization status	<input type="checkbox"/> yes <input type="checkbox"/> no
2) Location	<input type="checkbox"/> yes <input type="checkbox"/> no	8) Client family feedback	<input type="checkbox"/> yes <input type="checkbox"/> no
3) Contacted person	<input type="checkbox"/> yes <input type="checkbox"/> no	9) Referrals, outcomes, & plan for follow up	<input type="checkbox"/> yes <input type="checkbox"/> no
4) Explained EPSDT benefits	<input type="checkbox"/> yes <input type="checkbox"/> no	10) Service provider	<input type="checkbox"/> yes <input type="checkbox"/> no
5) Medical appt summary	<input type="checkbox"/> yes <input type="checkbox"/> no	11) Intake assess. addressed	<input type="checkbox"/> yes <input type="checkbox"/> no
6) Dental appt summary	<input type="checkbox"/> yes <input type="checkbox"/> no		

	Agency comments	
Pass? <input type="radio"/> yes <input type="radio"/> no	IDPH comments	

Agency: \_\_\_\_\_

Reviewer: \_\_\_\_\_

**Record 9**

Contact ID#: \_\_\_\_\_

Service Date: \_\_\_\_\_

Initial Inform

1) County of service	<input type="checkbox"/> yes <input type="checkbox"/> no	4) Service provider	<input type="checkbox"/> yes <input type="checkbox"/> no
2) Location	<input type="checkbox"/> yes <input type="checkbox"/> no		
3) Informing letter / packet sent	<input type="checkbox"/> yes <input type="checkbox"/> no		

Inform Followup

1) County of service	<input type="checkbox"/> yes <input type="checkbox"/> no	5) Followup letter sent only after 2 failed phone tries	<input type="checkbox"/> yes <input type="checkbox"/> no
2) Location	<input type="checkbox"/> yes <input type="checkbox"/> no		
3) Specific time calls made	<input type="checkbox"/> yes <input type="checkbox"/> no	6) Service provider	<input type="checkbox"/> yes <input type="checkbox"/> no
4) Phone message summary / Description of attempt	<input type="checkbox"/> yes <input type="checkbox"/> no	7) Followups within 30 days of Initial Inform	<input type="checkbox"/> yes <input type="checkbox"/> no

Inform Completion

1) County of service	<input type="checkbox"/> yes <input type="checkbox"/> no	7) Immunization status	<input type="checkbox"/> yes <input type="checkbox"/> no
2) Location	<input type="checkbox"/> yes <input type="checkbox"/> no	8) Client family feedback	<input type="checkbox"/> yes <input type="checkbox"/> no
3) Contacted person	<input type="checkbox"/> yes <input type="checkbox"/> no	9) Referrals, outcomes, & plan for follow up	<input type="checkbox"/> yes <input type="checkbox"/> no
4) Explained EPSDT benefits	<input type="checkbox"/> yes <input type="checkbox"/> no	10) Service provider	<input type="checkbox"/> yes <input type="checkbox"/> no
5) Medical appt summary	<input type="checkbox"/> yes <input type="checkbox"/> no	11) Intake assess. addressed	<input type="checkbox"/> yes <input type="checkbox"/> no
6) Dental appt summary	<input type="checkbox"/> yes <input type="checkbox"/> no		

	Agency comments	
Pass? <input type="radio"/> yes <input type="radio"/> no	IDPH comments	

**Record 10**

Contact ID#: \_\_\_\_\_

Service Date: \_\_\_\_\_

Initial Inform

1) County of service	<input type="checkbox"/> yes <input type="checkbox"/> no	4) Service provider	<input type="checkbox"/> yes <input type="checkbox"/> no
2) Location	<input type="checkbox"/> yes <input type="checkbox"/> no		
3) Informing letter / packet sent	<input type="checkbox"/> yes <input type="checkbox"/> no		

Inform Followup

1) County of service	<input type="checkbox"/> yes <input type="checkbox"/> no	5) Followup letter sent only after 2 failed phone tries	<input type="checkbox"/> yes <input type="checkbox"/> no
2) Location	<input type="checkbox"/> yes <input type="checkbox"/> no		
3) Specific time calls made	<input type="checkbox"/> yes <input type="checkbox"/> no	6) Service provider	<input type="checkbox"/> yes <input type="checkbox"/> no
4) Phone message summary / Description of attempt	<input type="checkbox"/> yes <input type="checkbox"/> no	7) Followups within 30 days of Initial Inform	<input type="checkbox"/> yes <input type="checkbox"/> no

Inform Completion

1) County of service	<input type="checkbox"/> yes <input type="checkbox"/> no	7) Immunization status	<input type="checkbox"/> yes <input type="checkbox"/> no
2) Location	<input type="checkbox"/> yes <input type="checkbox"/> no	8) Client family feedback	<input type="checkbox"/> yes <input type="checkbox"/> no
3) Contacted person	<input type="checkbox"/> yes <input type="checkbox"/> no	9) Referrals, outcomes, & plan for follow up	<input type="checkbox"/> yes <input type="checkbox"/> no
4) Explained EPSDT benefits	<input type="checkbox"/> yes <input type="checkbox"/> no	10) Service provider	<input type="checkbox"/> yes <input type="checkbox"/> no
5) Medical appt summary	<input type="checkbox"/> yes <input type="checkbox"/> no	11) Intake assess. addressed	<input type="checkbox"/> yes <input type="checkbox"/> no
6) Dental appt summary	<input type="checkbox"/> yes <input type="checkbox"/> no		

	Agency comments	
Pass? <input type="radio"/> yes <input type="radio"/> no	IDPH comments	



Agency: \_\_\_\_\_

Reviewer: \_\_\_\_\_

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IDPH Overall Comments

Total Passed: \_\_\_\_\_

Total Reviewed: \_\_\_\_\_