

SEQUENCE # 486  
 REPORT DATE MAY 1996

IOWA DEPARTMENT OF HUMAN SERVICES  
 H O W A R D C O U N T Y  
 CLIENTS FOR CASE WORKER CMA3

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 RUN DATE 05/01/96

MEDICAID EPSDT ENROLLEES DUE SCREENINGS BY PERIODICITY

CHILD'S NAME LAST FIRST	RECIPIENT NUMBER	SCREENING DATES PRIOR NEXT	OVER 1 YEAR	----- NUMBER CASE NAME	CASE INFORMATION	----- TELEPHONE NUMBER
**		03/07/96 07/24/96	NO			(000) 000-0000
		03/26/96 05/30/96	NO			(000) 000-0000
		00/00/00 06/17/96	YES			(000) 000-0000
		02/06/96 08/01/96	NO			(000) 000-0000
		07/21/95 06/21/96	NO			(000) 000-0000
		11/14/95 05/13/96	NO			(000) 000-0000

\*\* REPORT TOTAL \*\*

NUMBER OF SCREENINGS DUE 6

\*\*\* CASE WORKER TOTAL

NUMBER OF CASES 24 NUMBER OF RECIPIENTS 26 NUMBER OF SCREENINGS DUE 6