



0.0 SPW File Cover **Instruction Sheet**



PURPOSE STATEMENT:

The purpose of the SPW File Cover Sheet is to provide basic information related to the client's current enrollment in the program.

TIMELINE:

To be completed at the time of enrollment or when there are changes to the family demographic information including the birth of the baby.

STAFF RESPONSIBLE:

The SPW File Cover Sheet is completed by the SPW Home Visitor or SPW Supervisor. Other staff may assist with the completion of this form should it be deemed necessary.

INSTRUCTIONS:

- Check off applicable program type: Pregnant or Post-Partum
- Complete all sections of the form completely as follows:
 - Client's Name - write the pregnant mother's name from PROMIS
 - Child's Name - write in child's name from PROMIS
 - Date of Birth – write in the DOB for the enrolled child
 - FID # - write in the Family Identification Number from PROMIS
 - PID # - write in the Personal Identification Number from PROMIS
 - Due Date- write the client's due date from the doctor
 - 1st Day of Attendance/Services– write in the actual first day of attendance (i.e. client's attendance at SPW lesson or date of first home visit)
 - Drop Date - write the drop date
 - Transfer to EHS HB/FCC/Other - write the date that the newborn is transferred to another program option
 - Write in all contact information for the client including address and phone numbers