

## Sample Routing Sheet

Child:

Provider/RC:

Action Requested:	Comments:	Done On:	Completed by:
___ Bill Medicaid	(see progress notes)		
___ Close File	Closure code: Closure Date:		
___ Make Copies	___ IFSP (# ) ___ MECATS (# ) ___ ASQ (# ) ___ ASQ/SE (# ) ___ Other:		
___ Mailing	What:  To:		
___ Request records	From:		
___ Intake	___ Enter data		
___ Enter MECATS			
___ Update MECATS	___ Vision ___ Hearing ___ AT		
___ IFSP data	___ Initial : ___ Annual :		
___ Service delivery	___ new provider ___ modification		
___ Transition	___ Enter transition start date of:		
	___ Enter TPC date of:		
	___ Enter LEA Notification date of:		
___ Send letter	To:		
___ File documents			
___ Update data	Info to update:		
___ Reassign file	To:		
___ Fax to:	Info to fax:		
	Fax number:		

Appendix EE