Date of Report:																	
Reporting Period (Babies born between):						1											
# of babies Referred by 3 Months of Age:																	
# babies enrolled in family-to-family support by no later than 6 mos of age:																	
		EH	<mark>DI Program sen</mark>	ds to FBO													
Child Information		Screening		Diagnosis		FBO (Family to family support) reports back to the EHDI Program											
Unique ID# (MRN/EHR#)	Additional Unique ID# (MRN/EHR#)	Child's DOB	Date of screening (final inpatient or final outpatient) MM/DD/YYY	Date of Initial Dx	Confirmed Dx (may or may not be		Date REFERRAL sent to FBO	received by FBO	Age of referral to FBO - Referral Date minus DOB (Calculated Age) 180 days	Contact made to family	Contact made but unresponsive (Y, N/A, Pending)	Unable to contact (Y, N/A, Pending)	Date of Enrollment in FBO	Age of enrollment in FBO Date of Enrollment minus DOB (Calculated Age)	Reason for discontinue (choose one)	Date Support Discontinued	Date of Decline/Refuse
abc123		08/01/2020	08/20/2020	08/28/2020	08/28/2020	27	08/30/2020	08/31/2020	29	09/05/2020	N/A	N/A	09/05/2020	35	5		
def456		09/15/2020		09/20/2020		5	09/26/2020	09/27/2020	11	09/28/2020	Yes	Pending			Outdated contact information		
ghi789		07/01/2020	10/08/2020	11/30/2020		152	07/07/2020	07/09/2020	6	07/10/2020	N/A	Yes	07/10/2020	9	Family decision to terminate services	09/30/2020	
jkl012		07/15/2020	07/20/2020			41	09/20/2020	09/20/2020	67	09/22/2020	N/A	N/A					09/22/2020
abc456		09/21/2020	unknown			72			91	12/21/2020	N/A	N/A	01/29/2021	_			
def789		02/06/2021	unknown	02/16/2021	02/16/2021	10	, ,		16	02/22/2021			02/22/2021	1 16	5		
Examples above this line																	
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	1	<u> </u>		<u> </u>				1	<u> </u>	<u> </u>	1	1	1				