

**Utah Department of Health  
Baby Watch Early Intervention  
Monthly Child Count**

**Program:** \_\_\_\_\_

**Reporting Month:** \_\_\_\_\_

**Child Count: # of children receiving services, including children in the evaluation/assessment phase.**

Age <1	Age 1-<2	Age 2-<3	*Age 3	Total Children (not including tracking)	**Tracking & Monitoring

**Child Count: Medicaid information**

Total Non-medicaid Eligible Children	†Total Medicaid Eligible Children

I certify the above summary statements are accurate to the best of my knowledge and all other reports required by the contract provisions have been submitted to the appropriate personnel.

\_\_\_\_\_  
**Signature & Title**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Date**

- The child is reported as a two-year-old the month of their 3<sup>rd</sup> birthday. A child is counted as a 3- year-old the month following their 3<sup>rd</sup> birthday
- \*\* Count children under the age of 3, who had a comprehensive evaluation process and were determined not eligible for E.I. services. The child must have tracking and monitoring plans, including parent permission for periodic contacts to evaluate the continued need for services.
- † Count the number of children each month that are Medicaid eligible. This count includes the children who are medicaid eligible but cannot be billed because the program failed to make at least one home visit. Count the adjustments will be completed quarterly for actual collections.
- †† Report the number of families who donated the amount reported.

**Utah Department of Health  
Baby Watch Early Intervention  
Monthly Child Count**

**Program:** Parent Infant Program

**Reporting Month:** \_\_\_\_\_

**Child Count:** # of children receiving services, including children in the evaluation/assessment phase.

Age <1	Age 1-<2	Age 2-<3	*Age 3	Total Children <small>(not including tracking)</small>	**Tracking & Monitoring

**I certify the above summary statements are accurate to the best of my knowledge and all other reports required by the contract provisions have been submitted to the appropriate personnel.**

\_\_\_\_\_  
Signature & Title

(801) 629-4743  
\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

- † The child is reported as a two-year-old the month of their 3<sup>rd</sup> birthday. A child is counted as a 3- year-old the month following their 3<sup>rd</sup> birthday
- \*\* Count children under the age of 3, who had a comprehensive evaluation process and were determined not eligible for E.I. services. The child must have tracking and monitoring plans, including parent permission for periodic contacts to evaluate the continued need for services.
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