

VT Dept. for Children & Families | Children's Integrated Services
Invoice for Initial Evaluation to Determine Eligibility for CIS Early Intervention

Program Name:		Preparer:		Host Agency + Invoice Date + Sequence = Invoice Number :	
Remittance Address (must agree with the address in VISION):				VISION Vendor # (if known):	
Child Information		Initial Eval.	Screening Done	Screening NOT Done	CIS Use Only
Child 1	Child Name (Last, First):	Evaluation Date:	<input type="checkbox"/> Further evaluation needed	<input type="checkbox"/> Due to information received at referral	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved
	Date of Birth:	Cost:	<input type="checkbox"/> NO further evaluation needed	<input type="checkbox"/> Due to parent request	Note:
	<input type="checkbox"/> Private Ins.	Result: Eligible NOPR	 Screener Name(s):		
	<input type="checkbox"/> No Ins.				
	<input type="checkbox"/> No Medicaid coverage				
<input type="checkbox"/> No medical auto-eligibility					
Child 2	Child Name (Last, First):	Evaluation Date:	<input type="checkbox"/> Further evaluation needed	<input type="checkbox"/> Due to information received at referral	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved
	Date of Birth:	Cost:	<input type="checkbox"/> NO further evaluation needed	<input type="checkbox"/> Due to parent request	Note:
	<input type="checkbox"/> Private Ins.	Result: Eligible NOPR	 Screener Name(s):		
	<input type="checkbox"/> No Ins.				
	<input type="checkbox"/> No Medicaid coverage				
<input type="checkbox"/> No medical auto-eligibility					
Child 3	Child Name (Last, First):	Evaluation Date:	<input type="checkbox"/> Further evaluation needed	<input type="checkbox"/> Due to information received at referral	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved
	Date of Birth:	Cost:	<input type="checkbox"/> NO further evaluation needed	<input type="checkbox"/> Due to parent request	Note:
	<input type="checkbox"/> Private Ins.	Result: Eligible NOPR	 Screener Name(s):		
	<input type="checkbox"/> No Ins.				
	<input type="checkbox"/> No Medicaid coverage				
<input type="checkbox"/> No medical auto-eligibility					
Child 4	Child Name (Last, First):	Evaluation Date:	<input type="checkbox"/> Further evaluation needed	<input type="checkbox"/> Due to information received at referral	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved
	Date of Birth:	Cost:	<input type="checkbox"/> NO further evaluation needed	<input type="checkbox"/> Due to parent request	Note:
	<input type="checkbox"/> Private Ins.	Result: Eligible NOPR	 Screener Name(s):		
	<input type="checkbox"/> No Ins.				
	<input type="checkbox"/> No Medicaid coverage				
<input type="checkbox"/> No medical auto-eligibility					
Child 5	Child Name (Last, First):	Evaluation Date:	<input type="checkbox"/> Further evaluation needed	<input type="checkbox"/> Due to information received at referral	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved
	Date of Birth:	Cost:	<input type="checkbox"/> NO further evaluation needed	<input type="checkbox"/> Due to parent request	Note:
	<input type="checkbox"/> Private Ins.	Result: Eligible NOPR	 Screener Name(s):		
	<input type="checkbox"/> No Ins.				
	<input type="checkbox"/> No Medicaid coverage				
<input type="checkbox"/> No medical auto-eligibility					
Certifying Signature:		Total Requested:	Total Approved:	CIS Manager Approval	Date
			\$		

Certification: By submitting this Invoice for Initial Evaluations, the agency or provider affirms that the information provided is accurate, current, and compliant with CIS EI guidance.
<http://cispartners.vermont.gov/manual>

Instructions: Complete and submit this Invoice by:
 email AHS.DCFDCDCISEI@Vermont.gov
 or fax 802-241-0168
 or mail: Children's Integrated Services
 280 State Drive, NOB 1 North
 Waterbury, VT 05671-1040

*Host Agencies: ADD Addison | BEN Bennington | BRA Brattleboro | BUR Burlington | HAR Hartford | LAM Lamoille
 NEW Newport | RUT Rutland | SPR Springfield | STA St Albans | STJ St Johnsbury | WAS Washington

For DCF Business Office: Account 519090 Fund 22005 Dept ID 3440030000 Program 39600 Class (Grant Payment) NO

Rev. July 2021