

County

Quarterly Reporting Period

Child's Name	DOB	Effective Date of CM	Reassessment Period (due ea. 120 days)	Monthly Budget	MD Orders Approved	CM Plan On File (ea. 60 days)	DSS-639 (Exp. Date) (ea. 6 mos.)	Level of Care	Group/D

Contact: Janice Tricarico (518) 473-5840

\* Reason For Susp

- on reg. MA
- on SSI MA
- moved
- died
- improved
- other