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| **DEPARTMENT OF HEALTH SERVICES**Division of Medicaid ServicesF-00989M (02/2017) | **STATE OF WISCONSIN** |
| **JUSTIFICATION FOR SERVICES PROVIDED IN LOCATIONS OTHER THAN NATURAL ENVIRONMENTS** |
| Child’s Name | Date of Report |
| Enter date | Enter date |
| Services can be provided in settings other than a natural environment that are most appropriate, as determined by the Individualized Family Service Plan (IFSP) team, including the parent, only when early intervention services cannot be achieved satisfactorily in a natural environment. |
| List services and activities provided in a setting other than the child’s natural environment: |
| Click here to enter text. |
| Team recommendation based upon the IFSP outcome (explain why this service(s) will not be provided in the natural environment): |
| Click here to enter text. |
| How will the outcome be met in this setting? |
| Click here to enter text. |
| What activities will be provided to include this outcome in the child’s home and community environments? |
| Click here to enter text. |
| What is the plan to transition services back to the child’s home and community environments (with time frame)? |
| Who will do what?  | When? |
| Click here to enter text. | Click here to enter text. |