Form EI-18

Family Out-of-Pocket Medical Expenses Tracking Sheet

Child's name _____ Child's DOB _____ Family yearly income _____

IFSP year _____ Out-of-pocket medical expenses from Form EI-17 _____

For EI Service Coordinator submission to DODD:
Early Intervention forms EI-15, EI-16, EI-17 attached with IFSP? ☐ Yes ☐ No

Receipt Number	Date Payment was Made	Payment was for	Amount of Medical Expense	Amount Paid by You (Attach receipts for amounts over $100)

Department of Children & Youth
Help Me Grow Early Intervention

Child's name

Receipt Number	Date Payment was Made	Payment was for:	Amount of Medical Expense	Amount Paid by You (Attach receipts for amounts over $100)

For State Use Only

ETID number

Out-of-pocket medical expense met? ☐ Yes ☐ No

Department's authorized initials