

# Form EI-18

## Family Out-of-Pocket Medical Expenses Tracking Sheet

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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 <small>(Attach receipts for amounts over \$100)</small>



**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 \_\_\_\_\_