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 E-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)

Ohio | Department of Developmental Disabilities

An Equal Opportunity Employer and Provider of Services

October 2018

OHIO Early Intervention

Receipt number	Date payment was made	Payment was for:	Amount of medical expense	Amount paid by you (Attach receipts for amounts over $100)

For Program Use Only

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

Department's authorized initials