

MEMORANDUM OF UNDERSTANDING  
BETWEEN  
THE DOVER AIR FORCE BASE (DAFB) – FAMILY ADVOCACY PROGRAM (FAP)  
AND  
THE DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH, AND THEIR FAMILIES (DSCYF) -  
DIVISION OF FAMILY SERVICES (DFS)  
FOR  
COLLABORATIVE SERVICES FOR INVESTIGATIONS, ASSESSMENTS, TREATMENT, AND  
CASE MANAGEMENT FOR CHILD MALTREATMENTCASES

MOU# HT1186245302

1. BACKGROUND: This is a memorandum of understanding (MOU) between the Dover Air Force Base (DAFB) – Family Advocacy Program (FAP) and the Department of Services for Children, Youth and Their Families (DSCYF) – Division of Family Services (DFS). When referred to collectively, the Dover Air Force Base (DAFB) – Family Advocacy Program (FAP) and the Department of Services for Children, Youth and Their Families (DSCYF) – Division of Family Services (DFS) are referred to as the “Parties.” This MOU does not create additional jurisdiction, limit, or modify existing jurisdiction vested in the parties. This MOU provides guidance and documents an agreement for general support between DAFB and the DFS. Nothing herein shall be construed as a waiver of jurisdiction by the United States over its members or a limitation on its investigative interest and authority. Nothing herein shall be construed as limiting the exchange of information beyond that mandated by applicable laws and regulations between the Family Advocacy Officer (FAO), FAP, and DFS regarding military members or family members who have a history of child abuse or neglect.

2. AUTHORITIES:

2.1. Department of Defense Directive 6400.01, Family Advocacy Program (FAP), dated 1 May 2019

2.2. Uniform Code of Military Justice; Title 10 United States Code, Chapter 47

2.3. The Child Abuse Prevention and Treatment Act, as amended by the CAPTA Reauthorization Act of 2010 (P.L. 111-320) and the Justice for Victims of Trafficking Act of 2015 (P.L.114-22)

2.4. Indian Child Welfare Act (ICWA), (P.L. 95-608)

2.5. Preventing Sex Trafficking and Strengthening Families Act of 2014 (P.L. 113-183)

2.6. 16 Del. C., Chapter 9, Subchapters I and II

2.7. 29 Del. C., Chapter 90

2.8. 31 Del. C., Chapter 3

3. PURPOSE: The purpose of the MOU is to: define and clarify the roles and expectations of each agency, define procedures for coordination during joint and independent investigation, assessment, treatment, and case management for child abuse and neglect cases, reinforce cooperative efforts currently operating between the agencies, and maximize resources available to the Department of Defense (DoD) eligible healthcare beneficiaries served by both agencies.

4. DEFINITIONS AND TERMS: For the purpose of investigation of child abuse, dependency or neglect, the Department of Services for Children and Their Families (DSCYF) may investigate any allegation of child abuse, dependency or neglect committed by persons identified herein, but shall only be responsible for the investigation of intrafamilial and institutional child abuse, dependency or neglect. Where the DSCYF is not responsible for the investigation of such child abuse or neglect, it shall immediately refer such report to the appropriate police authorities or child protective services agencies within or without the State.

4.1. Abuse or abused child - Per 10 Del. C. § 901(1) means that a person:

4.1.1. Causes or inflicts sexual abuse on a child; or

4.1.2. Has care, custody or control of a child, and causes or inflicts:

4.1.2.1. Physical injury through unjustified force as defined in § 468 of Title 11

4.1.2.2. Emotional abuse

4.1.2.3. Torture

4.1.2.4. Exploitation

4.1.2.5. Maltreatment or mistreatment.

4.2. Care, custody and control or those responsible for care, custody and control - Per 10 Del. C. § 901(3) means a person or persons in a position of trust, authority, supervision or control over a child. It may include:

4.2.1. A parent, guardian, or custodian;

4.2.2. Other members of the child's family or household, meaning persons living together permanently or temporarily without regard to whether they are related to each other and without regard to the length of time or continuity of such residence, and it may include persons who previously lived in the household such as paramours of a member of the child's household;

4.2.3. Any person who, regardless of whether a member of the child's household, is defined as family or relatives in this section or as an adult individual defined in § 351 of Title 31;

4.2.4. Persons temporarily responsible for the child's well-being or care such as a healthcare provider, aide, teacher, instructor, coach, sitter, day care or child care provider, or any other person having regular direct contact with children through affiliation with a school, church, or religious institution, health care facility, athletic or charitable organization or any other organization whether such a person is compensated or acting as a volunteer; or

4.2.5. Any person who has assumed control of or responsibility for the child.

4.3. Child – Per 10 Del. C. § 901(4) means a person who has not reached his or her eighteenth birthday.

4.4. Clinical Case Staffing (CCS) - The purpose of the CCS is for the FAP team to clinically consult with other team members about the assessment and ongoing case management of interventions with families having allegations of maltreatment. This includes risk assessment and ongoing safety planning.

4.5. Dependency or Dependent Child – Per 10 Del. C. § 901(8) means that a person:

4.5.1. Is responsible for the care, custody, and/or control of the child; and

4.5.2. Does not have the ability and/or financial means to provide care of the child; and

4.5.2.1. Fails to provide necessary care with regard to: food, clothing, shelter, education, health care, medical care or other care necessary for the child’s emotional, physical or mental health, or safety and general well-being; or

4.5.2.2. The child is living in the home of an “adult individual” who fails to meet the definition of “relative” in this section on an extended basis without an assessment by DSCYF, or its licensed agency; or

4.5.2.3. The child has been placed with a licensed agency which certifies it cannot complete a suitable adoption plan.

4.6. Family Assessment and Intervention Response (FAIR) Caseworker – DFS employee responsible for conducting family assessments about reports made to DFS alleging child abuse, neglect or dependency. The employee may also directly provide or coordinate ongoing services, as needed, beyond the family assessment period for a maximum of ninety days. The caseworker may be classified as a Family Services Specialist, Senior Family Services Specialist, Master Family Services Specialist, or Family Crisis Therapist (FCT). The FAIR caseworker may be assisted by a Family Service Assistant. FAIR services may also be provided by DFS contract.

4.7. Family Advocacy Officer (FAO)- A Mental Health provider, preferably a social worker, privileged in the Military Treatment Facility (MTF), designated to manage, monitor, and provide staff supervision of the Family Advocacy Program at the base level.

4.8. Family Advocacy Program (FAP) - A program designed to address prevention, identification, clinical assessment, treatment, supportive services and follow-up for family maltreatment to include other all Armed Services on DAFB or DoD eligible healthcare beneficiaries.

4.9. Investigation Caseworker – DFS employee responsible for investigating reports made to DFS alleging child abuse, neglect or dependency. The caseworker may be classified as a Family Services Specialist, Senior Family Services Specialist, Master Family Services Specialist, or Family Crisis Therapist (FCT). The Investigation caseworker may be assisted by a Family Service Assistant.

4.10. Investigation Coordinator – Per 16 Del. C. § 902 (20) means an attorney licensed to practice law in this State employed by the Office of the Child Advocate, who is authorized to independently track each reported case of alleged child abuse or neglect within the Department's internal information system and who is responsible for monitoring each reported case involving the death of, serious physical injury to, or allegations of sexual abuse of a child from inception to final criminal and civil disposition.

4.11. Institutional child abuse or neglect – Per 10 Del. C. § 901(13) is child abuse or neglect which has occurred to a child in the DSCYF's custody and/or placed in a facility, center or home operated, contracted or licensed by the DSCYF.

4.12. Multidisciplinary case – Per 16 Del. C § 902(21) means a comprehensive investigation by the multidisciplinary team for any child abuse or neglect report involving death, serious physical injury,

physical injury, human trafficking of a child, torture or sexual abuse, which if true, would constitute a criminal violation against a child, or an attempt to commit any such crime, even if no crime is ever charged.

4.13. Multidisciplinary team – Per 16 Del. C, § 902(22) means a combination of the following entities as required by law to investigate or monitor multidisciplinary cases: the Division, the appropriate law-enforcement agency, the Department of Justice, and the Investigation Coordinator. “Multidisciplinary team” may also include others deemed necessary for an effective multidisciplinary response, such as medical personnel, the Division of Forensic Science, a children’s advocacy center, the Division of Prevention and Behavioral Health Services, mental health experts, and the child’s attorney.

4.14. Neglect or neglected child – Per 10 Del. C. § 901(18) means that a person:

4.14.1. Is responsible for the care, custody, and/or control of the child; and

4.14.2. Has the ability and financial means to provide for the care of the child; and

4.14.2.1 Fails to provide necessary care about: food, clothing, shelter, education, health, medical or other care necessary for the child’s emotional, physical, or mental health, or safety and general well-being; or

4.14.2.2. Chronically and severely abuses alcohol or a controlled substance, is not active in treatment for such abuse, and the abuse threatens the child’s ability to receive care necessary for that child’s safety and general well-being; or

4.14.2.3. Fails to provide necessary supervision appropriate for a child when the child is unable to care for that child’s own basic needs or safety, after considering such factors as the child’s age, mental ability, physical condition, the length of the caretaker’s absence, and the context of the environment.

4.15. Parent – Biological or adoptive mother or father whose rights have not been terminated.

4.16. Treatment caseworker – DFS employee responsible for the provision of case management services to a family that has been substantiated or has been identified at risk for child abuse, neglect, or dependency. The services may be provided directly by the Treatment caseworker or involve the coordination of services provided by a DFS contracted provider, community-based provider, Division of Prevention and Behavioral Health Services (DPBHS), the Division of Youth Rehabilitative Services (DYRS), or another State agency. The caseworker may be classified as a Family Services Specialist, Senior Family Services Specialist, Master Family Services Specialist, or Family Crisis Therapist (FCT). The Treatment caseworker may be assisted by a Family Service Assistant (FSA).

4.17. Security Forces Squadron – The functions and responsibilities of the SFS are to protect installations, personnel, and resources from terrorism, criminal acts, sabotage, and acts of war.

4.18. Air Force Office of Special Investigations Detachment – AFOSI Detachment provides information on all domestic abuse and/or child maltreatment-related deaths to support timely completion of DD Form 2901, IAW DODI 6400.6, upon request of AF Chief, FAP Branch and/or AF Clinical Director, FAP Branch.

## 5. UNDERSTANDINGS OF THE PARTIES :

5.1. The Dover Air Force Base – FAP—

### 5.1.1. Roles and Responsibilities: Reporting

5.1.1.1. Per Air Force Instruction 50-301, Family Advocacy, all Active-duty AF members, child and civilian employees (including contract employees) will report all incidents of known or suspected child maltreatment immediately to the FAP. A concurrent report to DFS pursuant to 16 Del.C. § 903 must also be made.

5.1.1.2. Who is required to report - 16 Del.C. § 903(a) requires “Any person, agency, organization, or entity who knows or in good faith suspects child abuse or neglect shall make a report in accordance with § 904 of this title. For purposes of this section, "person" shall include, but shall not be limited to, any physician, any other person in the healing arts including any person licensed to render services in medicine, osteopathy or dentistry, any intern, resident, nurse, school employee, social worker, psychologist, medical examiner, hospital, health care institution, the Medical Society of Delaware or law-enforcement agency. In addition to and not in lieu of reporting to the Division of Family Services, any such person may also give oral or written notification of said knowledge or suspicion to any police officer who is in the presence of such person for the purpose of rendering assistance to the child in question or investigating the cause of the child's injuries or condition.”

5.1.1.3. All child abuse and neglect reports in the State of Delaware must be made to the Division of Family Services. The 24/7 toll-free Child Abuse and Neglect Report Line number is 1-800-292-9582. It is a national and statewide number. Calls are digitally recorded for monthly random quality assurance reviews.

#### 5.1.1.4. Making a Report:

5.1.1.4.1. 16 Del. C. § 904(a) states that “An individual with knowledge of child abuse or neglect or knowledge that leads to a good faith suspicion of child abuse or neglect may not rely on another individual who has less direct knowledge to call the aforementioned report line.” Additionally, each individual within the FAP who is aware of the alleged abuse or neglect should be identified by name and contact information as an additional report source.

5.1.1.4.2. A report to DFS must be made each time abuse or neglect is suspected regardless of current law enforcement or DFS activity with the family. The FAP staff will call and verbally report all allegations of suspected child abuse or neglect and annotate the date, time, and name of personnel to which the report was provided. If the Division requests written documentation the FAP staff will provide such documentation per the request.

5.1.1.4.3. Within 72 hours of making the oral report the FAP will fax the Family Advocacy Program Referral Form to the Report Line fax number: (302)577-5515.

5.1.1.4.3. While an oral report is preferred, online reporting is available at [http://www.kids.delaware.gov/fs/fs\\_can\\_report.shtml](http://www.kids.delaware.gov/fs/fs_can_report.shtml). An online report may not be made if: (1) sexual abuse has occurred within the past 72 hours or the alleged victim has access to the alleged perpetrator, (2) there is a serious injury, current marks and bruises, child death or the alleged perpetrator has access to the alleged victim, (3) the report involves a mother, infant, or both testing drug positive at delivery, and (4) there is no known current address for the alleged victim.

### 5.1.2. Roles and Responsibilities: Case Management

5.1.2.1. The FAO or Treatment Manager will serve as the point of contact for DFS during an investigation of suspected child abuse and neglect involving a military interest.

5.1.2.2. FAP will coordinate with DFS regarding a structured interview for the alleged child victim when a report is assigned as Priority One response by DFS.

5.1.2.3. When a Priority Two report is assigned and DFS is unable to respond within 72 hours, FAP will conduct a structured child interview. FAP will contact DFS as soon as possible after the interview when a child safety issue is identified. When a child safety issue does not present during the structured child interview, FAP will provide details about the child interview to DFS within ten calendar days. Note: The FAP will not interview any child that requires a multidisciplinary (MDT) response per Title 16 of the Delaware Code.

5.1.2.4. FAP will invite DFS to attend the High Risk for Violence Response Team meeting when pertinent to an open DFS case. The meeting will not be deferred when DFS is unable to participate.

5.1.2.5. The FAO or Treatment Manager and DFS Investigation/FAIR caseworker will communicate verbally or meet as needed to ensure all safety aspects of a case are addressed.

5.1.2.6. When it is necessary for DFS to begin an investigation or family assessment at DAFB (e.g., Institutional Abuse, child/family interview), the FAP will facilitate access to the DAFB and arrange a place for interviews to take place.

5.1.2.7. When the DFS caseworker's name is not known and the FAP wants to share information, the FAP should contact the Report Line (1-800-292-9582) to leave contact information and request that the assigned caseworker contact him/her. When the FAP knows the DFS caseworker's name, the caseworker should be contacted directly to share information.

### 5.1.3. Roles and Responsibilities: Confidentiality

5.1.3.1. Unless otherwise required to do so by State or Federal law or Air Force Instruction (AFI) to include AFI 40-301, the victim's identity and/or specifics about the victim's circumstances shall not be disclosed without the written consent of the victim (or victim's legal guardian). Situations in which imminent risk of harm to self or others warrant disclosure of the victim's identity and circumstances as outlined, but not limited to criteria listed below:

5.1.3.1.1. The High Risk for Violence Response Team (HRVRT) will be activated when there is a threat of immediate and serious harm to family members, unmarried intimate partners, or the FAP staff. The team develops a coordinated plan for immediate implementation to manage risk to the individual presenting the potential threat, the suspected or intended victims and the community at large.

5.1.3.1.2. The Child Sexual Maltreatment Response Team (CSMRT) is activated by the FAO immediately upon receipt of a child sexual abuse allegation and manages the initial response to the allegations. The CSMRT may also be activated in cases of extra-familial/non-caregiver sexual assault of a minor to ensure the Air Force Office of Special Investigations (AFOSI) and a Staff Judge Advocate representative (Legal Team) are aware of the allegation and that victim safety is assessed. The goal of this CSMRT is to minimize risk and trauma to the victim and family and ensure coordinated decision making and case management.

5.1.3.2. A “Release of Information” form will not be required in circumstances where the private information is needed to carry out a civil and/or criminal investigation. See paragraphs 7.A.1.a. and 7.A.1.b. for additional information.

5.1.3.3. The original signed “Release of Information” form shall be kept on file and a copy will be faxed to DFS at (302) 622-4479.

5.1.3.4. Providers will safeguard the disclosure of patient information with the following exceptions, clinically indicated risk of harm to self, harm to others, harm to the mission, specific personnel (e.g., Arming Use of Force, Personnel Reliability Program), inpatient care, acute medical conditions interfering with duty, or other special circumstances in which proper execution of the military mission outweighs the interests served by avoiding notification, as determined on a case-by-case basis by a covering entity. Any disclosures made will be logged and entered into Protected Health Information Management Tool (PHIMT). This will include disclosures made to carry out investigative/criminal, command or other circumstance requirements.

## 5.2. The Division of Family Services—

### 5.2.1. Roles and Responsibilities: Reporting

5.2.1. Responsibility to receive reports: Upon receipt of a report, DFS will do one of three things: (1) accept the report and investigate the allegations or conduct a family assessment, (2) document the report and refer the report to law enforcement or other appropriate authority for investigation, or (3) document the report, but not accept for investigation when it does not meet DFS investigation criteria.

5.2.1.1. DFS will notify the FAP of the decision to accept, refer or screen out a report by phone or e-mail within 24 hours. The DFS case disposition will be provided to any personnel associated with FAP, regardless if they were the initial reporter, to prevent delay in services. Upon request, a FAP personnel roster can be provided to DFS due to frequent staff changes.

5.2.1.2. DFS policy dictates that the source of the report will not be divulged without the consent of the reporter. In the event of court proceedings, the disclosure of the reporting source may become necessary if ordered by the court. In addition, CAPTA requires DFS to cooperate with other entities that are investigating child abuse and neglect.

5.2.1.3. When DFS serves as the initial point of contact for a child maltreatment report involving a military interest and the report is designated as a Priority One response (within 24 hours), DFS will notify the FAO or designee prior to response.

5.2.1.4. When DFS serves as the initial point of contact for a child maltreatment report involving a military interest and the report is designated as a Priority Two response (within 72 hours), Priority Three response (within ten calendar days), or the report is screened out for DFS response, DFS will notify the FAO or designee before the close of business the day the report is received.

### 5.2.2. Roles and Responsibilities: Case Management

5.2.2.1. Per 16 Del. C. § 906(e)(3), the Division shall “Conduct an investigation on a multidisciplinary case that involves intrafamilial or institutional child abuse or neglect, human trafficking of a child, or death of a child 3 years of age or less that appears to be sudden, unexpected and unexplained.”

5.2.2.2. A multidisciplinary approach is optimal to reduce trauma to the alleged child victim. Whenever permitted by the investigating police department and/or the Department of Justice, all investigatory interviews will include FAP presence or participation. Whenever appropriate, cases will also be referred to the closest designated Children’s Advocacy Center (CAC) within the State of Delaware for a forensic interview, medical exam and/or mental health screening. When a structured and forensic interview occurs without the attendance of FAP personnel, FAP personnel should coordinate with the Department of Justice or relevant police department to request to view the recording of the interview.

5.2.2.3. Per 16 Del. C. § 906(e)(21), the Division shall “Upon the receipt of a report concerning allegations of abuse or neglect against a person known by the Division to be licensed by any of the boards listed in § 8735 of Title 29, forward reports to the Division of Professional Regulation. For any entity the Division is notified of that is not included in § 8735 of Title 29, the Division shall forward a report of such allegations to the appropriate Delaware agency or professional regulatory organization.”

5.2.2.4. DFS agrees to provide a representative to attend the monthly Clinical Case Staffing (CCS) or treatment team/planning meeting with the FAP when requested.

5.2.2.5. DFS will not close an active case involving a military interest without first informing the FAP.

### 5.2.3. Roles and Responsibilities: Confidentiality

5.2.3. Unless otherwise required to do so by applicable law or regulation, the victim’s identity and/or specifics about the victim’s circumstances shall not be disclosed to any person, agency, organization, or entity without the written consent of the victim (or victim’s legal guardian).

5.2.4. The original signed “Consent to Release Information” form shall be kept in the DFS case file and a copy will be faxed to the FAP at (302) 677-5150.

5. PERSONNEL: Each Party is responsible for all costs of its personnel, including pay and benefits, support, and travel. Each Party is responsible for supervision and management of its personnel.

## 6. GENERAL PROVISIONS:

6.1. POINTS OF CONTACT (POCS). The following POCs will be used by the Parties to communicate matters concerning this MOU. Each Party may change its POC upon reasonable notice to the other Party.

### 6.2.1. For the Dover AFB – FAP —

6.2.1.1. Family Advocacy Program Assistant, Family Advocacy Program, 302-677-2711, and [jennifer.j.houseman.civ@health.mil](mailto:jennifer.j.houseman.civ@health.mil)

6.2.1.2. Family Advocacy Officer, Family Advocacy Program, 302-677-2711, [kaylena.b.dornes2.mil@health.mil](mailto:kaylena.b.dornes2.mil@health.mil)

### 6.1.2. For the Division of Family Services—

6.1.2.1. Delaware Division of Family Services Director, Trenee Parker, 302-633-2657, and [trenee.parker@delaware.gov](mailto:treneeparker@delaware.gov)



6.1.2.2. Delaware Division of Family Services Deputy Director, Susan Murphy, 302-633-2657 and [susan.murray@delaware.gov](mailto:susan.murray@delaware.gov)

6.2. CORRESPONDENCE. All correspondence to be sent and notices to be given pursuant to this MOU will be addressed, if to the Dover AFB, to—

6.2.1. 201 Eagle Way Dover AFB, DE 19902

And, if to Dover Air Force Base Family Advocacy Program, to –

6.2.2. 300 Tuskegee Blvd Dover AFB, DE 19902

and, if to the Division of Family Services, to—

6.2.3. 1825 Faulkland Road Wilmington, DE 19805

6.3. FUNDS AND MANPOWER. This MOU neither documents nor provides for the exchange of funds or manpower between the Parties, nor does it make any commitment of funds or resources. No provision in this MOU will be interpreted to require obligation or payment of funds. Personnel from DAFB and DFS shall meet, as necessary and appropriate, to share information regarding individual cases, assessment for safety, and generally discuss and review quality of services provided to victims and offenders.

6.4. MODIFICATION OF MOU. This MOU may only be modified by the written agreement of the Parties, duly signed by their authorized representatives. This MOU will be reviewed no less often than at the mid-point of its term and around the anniversary of its effective date in its entirety.

6.5. DISPUTES. Effective execution of this agreement can only be achieved through continuing communication and dialogue between the parties. It is the intent of this MOU that channels of communication will be used to resolve questions, misunderstandings, or complaints that may arise involving the MOU or that are not specifically addressed in this MOU. Further, it is the intent of this MOU that the parties shall attempt in good faith to resolve any dispute arising out of or related to this MOU promptly by communication between the parties. The first point of contact is the FAO and the DFS Supervisor. If the dispute is unable to be resolved, any questions, misunderstandings, or complaints will be elevated up the chain of command until a resolution is reached. The parties may utilize mediation as a tool if an agreement cannot be reached. Any disputes relating to this MOU shall, subject to any applicable law, Executive Order, or DoD issuances, be resolved by consultation between the Parties.

6.6. TERMINATION OF UNDERSTANDING. This MOU shall remain in full force and effect until its expiration or until specifically abrogated by mutual agreement of both parties. This MOU may be terminated in whole or part prior to its expiration by either party in the event of substantial failure of the other party to fulfill its obligations under this MOU through no fault of the terminating party; but only after the other party is given not less than sixty (60) days written notice to other party of intent to terminate and an opportunity for consultation with the terminating party prior to termination.

6.7. TRANSFERABILITY. This MOU is not transferable except with the written consent of the Parties.

6.8. ENTIRE UNDERSTANDING. It is expressly understood and agreed that this MOU embodies the entire understanding between the Parties regarding the MOU's subject matter, thereby superseding all prior understandings of the Parties with respect to such subject matter.

6.9. EFFECTIVE DATE. This MOU takes effect beginning on the day after the last Party signs.

6.10. EXPIRATION DATE. This MOU expires on 1 September 2031.

6.11. NO THIRD PARTY BENEFICIARIES. Nothing in this MOU, express or implied, is intended to give to, or will be construed to confer upon, any person not a party any remedy or claim under or by reason of this MOU and this MOU will be for the sole and exclusive benefit of the Parties.

APPROVED:

For the 436th Medical Group—

For Dover Air Force Base—

\_\_\_\_\_  
JAMISON W. ELDER, Colonel, USAF, MC  
Commander, 436th Medical Group  
Date:

\_\_\_\_\_  
WILLIAM C. MCDONALD, Colonel, USAF  
Commander, 436th Airlift Wing  
Date:

For the Delaware Division of Family Services—

\_\_\_\_\_  
Trenae Parker, Director  
Delaware Division of Family Services  
Date:

Mid-Point Review Due Date: \_\_\_\_\_ [Enter date mid-point review due] Mid-Point Review  
completed by: \_\_\_\_\_  
Signature and Name of Reviewer