

Quarterly Report of CPOC Revisions

Complete the following information for your agency for all EPSDT participants and e-mail to BHSF/SRI (ksalling@statres.com) by the 5th day of the month following the end of each quarter. The reporting information should reflect activities that occurred between the first and last day of the quarter. **Attach a print out of the Service Needs Changes report from LSCIS.**

Support Coordination Agency:_____

Region: _____

Quarter/Year: _____

[illegible]