



IDAHO DEPARTMENT OF
HEALTH & WELFARE

**Notification of Birth:
Anticipated Stays Greater Than 72 hours**

Notification Date _____
Please fill out completely as possible

Section 1—*To be completed by the hospital for anticipated stays greater than 72 hours*

Baby's Information		Mother's Information	
Full Name		Name	
Date of Birth		Date of Birth	
MID# (from EPICS)		MID#	
Gender		AKA	
City of Residence		County of Residence	

Hospital Information

Hospital Name		Fax #	
Contact Person		Contact #	
E-mail Address			

Comments

Section 2—*To be completed by the Department*

EPICS Helpdesk—e-mail Epics@dhw.idaho.gov or Fax # 208 334-5817

Date Baby's MID# Provided to the Hospital	
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SRS Worker (if known) _____

Response section

Instructions

Step 1—*To be completed by the Hospital for anticipated stays greater than 72 hours*

1. Electronically fill out **Section 1** as completely as possible. (Leave baby's MID# blank)
2. E-mail the form to EPICS Helpdesk Epics@dhw.idaho.gov
3. Use the words '**Notification of Birth**' in the email subject line to provide for easy identification and quick turn around.
4. Babies hospitalized for 72 hours or less continue to follow your current procedure.

Step 2—*To be completed by the Department*

1. EPICS Helpdesk researches and processes the request.
2. **Section 2** is completed with the babies MID# inserted in **Section 1**.
3. EPICS e-mails the completed form back to the Hospital.

Note: forms received by EPICS Helpdesk during the last four working days of the month will take a little longer to cross into AIM due to EPICS processing cycles.