New York City Early Intervention Program
CHILD INFORMATION CHANGE FORM

Please Print
CHILD’S NAME (Last, First and Middle): ___________________________________________________
EI # ____________________ DOB: _____/_____/______ Date Information Changed: _____/_____/_____
Service Coordinator: ________________________________ SC ID #: ________________
SC Provider Agency: ________________________________ Agency EI#: _______________

CHANGES OF CHILD AND/OR FAMILY INFORMATION

☐ A. CHANGE OF TELEPHONE NUMBER – Indicate Home or Work number: □ Home □ Work
   From: (______) __________________________________________
   To: (______) __________________________________________

☐ B. CHANGE OF NAME (OR SPELLING OF NAME)
   From: __________________________________________________________________________
   Last, First & Middle
   To: __________________________________________________________________________
   Last, First & Middle
   
   Documentation is requested, see instructions. If not available, attach letter explaining reason.

☐ C. CHANGE OF ADDRESS FOR CHILD
   From: ___________________________________________________________Apt. # _________
   ____________________________________________________________
   To: ___________________________________________________________Apt. # _________
   ____________________________________________________________

☐ D. CHANGE OF CAREGIVER/PARENT
   From: ________________________________ Relationship: ______________________________
   To: ________________________________ Relationship: ______________________________
   Attach any available legal documentation.

☐ E. CHANGE DATE OF BIRTH – Documentation requested, see instructions
   From: ________/_______/________ To: ________/_______/________

EIP Data Entry: __________________________________________ Date: __________________________

Child Information Change Form 5/10