

NYC EARLY INTERVENTION PROGRAM

PARENTAL CONSENT TO INITIATE SERVICE COORDINATION

Child's EI ID No.: _____ Child's DOB: ___/___/___

Child's Name: _____
Last First

I have been informed by the Early Intervention Service Coordinator (ISC) of the various programs and services the Early Intervention Program (EIP) can provide to my child. I have also been informed that in order to provide such services it will be necessary for the Program to coordinate and exchange information with other appropriate service providers.

I consent to the planning and coordination of services for my child.

Signature of Parent/Guardian Date: ___/___/___

Signature of Initial Service Coordinator Date: ___/___/___

Service Coordinator ID Number

- I give permission for my child's service coordinator to send a copy of the following to his/her physician(s): initial IFSP.
- I do not give permission for my child's service coordinator to send a copy of the following to his/her physician(s): initial IFSP.

Service Coordinator Must Complete:

Date ISC agency received assignment from Regional Office: ___/___/___
Date ISC provided parent(s) the EIP Parent's Guide or directed parent to Guide on SDOH website: ___/___/___
Date ISC reviewed "Your Parent's Rights in the EI Program": ___/___/___
Date ISC reviewed list of evaluation sites and discussed choice of evaluation site with parent: ___/___/___
Name of evaluation site selected by parent: _____
Date referral made to evaluation site: ___/___/___

- Note:***
- **ISC must ensure that a copy of the Parent's Guide is sent to the family within seven (7) business days of referral.**
 - **If parental consent is obtained, a copy of the IFSP should be sent by the ISC upon its completion.**