

CHILD'S EI ID NUMBER: _____ CHILD'S DOB: _____
 CHILD'S NAME: _____ REFERRAL DATE: ____/____/____
 BOROUGH OF CHILD'S RESIDENCE: _____ END DATE: ____/____/____

CHECK:

_____ A. I am requesting an extension of the time period and/or additional units for Initial Service Coordination for the child.

This family needs additional time/units for the following reason(s): (Check as many as applicable)

- Delays due to child's foster care status
- Family moved to a new borough
- Evaluations not completed because family repeatedly missed appointments
- Evaluations not completed because child was hospitalized/medically fragile
- Evaluations not completed because of delays at evaluation site
- Family missed/cancelled scheduled IFSPs
- Other—Please specify _____

Attach a copy of the Service Coordination Activity Charts from the date of referral to the present time, as well as an explanation of the reason(s) checked above and any relevant supporting documentation.

Print name of Initial Service Coordinator _____ Signature of Initial Service Coordinator _____

SC ID #: _____ SC Phone No.: _____ Fax No.: _____

SC Agency: _____ SC Provider #: _____

For NYC EIP Office Use Only:

Approved: _____ 4 weeks/ 16 Units
 _____ 8 weeks/ 32 Units
 _____ Other

Denied: _____ Request denied**

**Reason for denial: _____

1-Service Coordination (R)	4-Begin Date/PA# ____/____/____	5- End Date: ____/____/____	9- # Of Units	ADD MODIFY
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IFSP Date Established: _____ YES / NO

IFSP DATE: ____/____/____

BY _____ Date Processed: ____/____/____
 Signature of Service Coordination Monitor