NYC EARLY INTERVENTION PROGRAM

PARENTAL CONSENT TO INITIATE SERVICE COORDINATION

Child's EI ID No.: 123-123-123 Child's DOB: 03 / 16 / 89

Child's Name: John Doe
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.

_____ Date: _____/_____/_____
Signature of Parent/Guardian

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

_____
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 <u>Must</u> 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.**

NYC EARLY INTERVENTION PROGRAM
CONSENT TO RELEASE/OBTAIN INFORMATION

Child's Name: John Doe EI #: 123-123-123 DOB: 03/16/89
Address: 224 Neptune Avenue Apt #: 2
City/Town: Brooklyn State: New York Zip Code: 11230

I, (Parent/Guardian's Full Name)_____, seek services for my child from the NYC Early Intervention Program. I understand that the providers (including evaluators, service providers and service coordinators) offering Early Intervention (EI) services to my child and family may need to exchange information to develop and carry out the Individualized Family Service Plan (IFSP).

(Check one)

☐ I authorize for the information below to be released ☐ I authorize for the information below to be obtained

Specific information to be released/obtained:

☐ *EI Medical Form* ☐ *Multidisciplinary Evaluation* ☐ *Supplemental Evaluation(s) Specify:* _____
_____ ☐ *Individualized Family Service Plan* ☐ *Provider Progress Notes*
☐ *Session Notes* ☐ *Other:*_____

I authorize for the information to be (**check/complete either A, B, or C**):

A. ☐ Released to all EI providers providing evaluation, service coordination, or services to my child and family

B. Released to the Individual/Agency below:

_____ _____
(Name/ Organization) (Street Address, Borough/City, Zip Code)

(____)_____ (____)_____
(Telephone Number) (Fax Number)

C. Obtained from the Individual/Agency below:

_____ _____
(Name/ Organization) (Street Address, Borough/City, Zip Code)

(____)_____ (____)_____
(Telephone Number) (Fax Number)

The information will be sent to:

_____ _____
(Name/ Organization) (Street Address, Borough/City, Zip Code)

(____)_____ (____)_____
(Telephone Number) (Fax Number)

D. The purpose of the requested information is to: (check all that apply)

☐ Establish Early Intervention eligibility
☐ Develop an Individualized Family Service Plan
☐ Start, coordinate and monitor Early Intervention services
☐ Inform the child's physician about my child's services and
☐ Other:_____

I understand that this release can be withdrawn at any time upon written notice to my Service Coordinator.
This release ends on the date of my next scheduled IFSP (or, if sooner, specify date _____/_____/_____).

Signed: _____ Date: ____/____/____
Relationship to Child: _____

NOTE: A reproduced copy of this signed form is deemed to have the same force and effect as the original. A new Consent to Release Information form must be signed at the initial IFSP meeting and at each IFSP review and annual meeting. Blank consent forms should never be signed by the parent.

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