**NYC**

**Health**

**New York City Early Intervention Program**

**Initial Service Coordination Unit, Duration or Assignment Change Form**

**Instructions:** This form must be submitted to the Regional Office in the child's borough of residence to extend a current ISC SA, request additional ISC units or request a change to ISC Agency. Once the new SA is approved, it will need to be accepted by the ISC agency and assigned ISC. Refer to **ISC** **Change Policy.**

|  |  |
| --- | --- |
| Child Name: | Date of Birth: |
| EI ID #: | Refe1rnl Date: |
| Current ISC SA #: | ISC Agency Name: **Important Steps, Inc**.  |
| Assigned ISC: | ISC Phone#: **718-882-2111** ext.  |
| **Section** I. **Request to Add Units or Extend ISC Service Authorization Period** |
| Select all that apply:* I am requesting an extension of the 60-day Authorization Pe1iod. **Current SA has been changed and submitted.**
* I am requesting additional Service Coordination Units. **A draft SA has been created in the EI-Hub.**
 |
| The family needs additional time/units for the following reason(s) (select all that apply):* Delay due to child's foster care status □ Evaluations not completed because family missed appointments
* Family moved to a new borough □ Family missed/cancelled scheduled IFSPs
* Evaluations not completed because of delays at □ Other - specify:

the evaluation site |
| Justification (required): Based on the reason(s) above, provide case specific information about how the delay has led tothe request for the extension/request for additional units. Include dates and details. This information must be consistent with ISC notes. |
| **SECTION** II. **Request to chan2e ISC A2ency Assi2nment** |
| Select all that apply:* Request to change ISC Agency for an individual child. **RO will create Teams assignment and SA upon approval.**
* Request to change ISC Agency for five children or less. **RO will create Teams assignment and SA upon approval.**
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| Justification (required): |
| ISC SAs have been generated m the EI-Hub for the following children (list must be specific to one **(1)** borough):EI Hub ID: DOB: ISC SA#: Proposed End Date: |
| EI Hub ID: | DOB: | ISC SA#: | Proposed End Date: |
| EI Hub ID: | DOB: | ISC SA#: | Proposed End Date: |
| EI Hub ID: | DOB: | ISC SA#: | Proposed End Date: |
| EI Hub ID: | DOB: | ISC SA#: | Proposed End Date: |
| ISC/ SC Supervisor Name: |  | Signature: |  |

NYC BEI ISC Unit, Duration or Assignment Change Form 8/2024