NYC EARLY INTERVENTION PROGRAM

ASSIGNMENT AND CHANGE OF SERVICE(S)/SERVICE PROVIDER/SERVICE COORDINATOR

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| Child’s EI ID Number: | Child’s DOB: | |
| Child’s Name: (Last, First) | | |
| Service Coordinator: | SC NPI#: | |
| SC Agency Name: | Tel. # | Fax # |

Complete sections as applicable. Changes are not official until approved by the EIOD.

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|  |  | **SECTION I: PROVIDER OF SERVICE ASSIGNMENT (Pended IFSP SA)** | | | |
| Provider Name: | | | | State Provider ID: | |
| IFSP Type: | | | IFSP Start Date | | IFSP End Date |
| Service Type: | | | | Intensity: | |
| Anticipated Date: | | | | | |
| Parent was notified of this change on (date): SC signature: | | | | | |

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|  |  | **SECTION II: CHANGE IN SERVICE PROVIDER AGENCY** | |
| **FROM:** | | | **TO:** |
| Provider Name: | | |  |
| State Provider ID: | | |  |
| EI-Hub Service Authorization (SA) Number (Ref # of the SA being requested for amendment): | | | |
| Anticipated Date: | | | |
| Parent was notified of this change on (date): SC signature: | | | |

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|  |  | **SECTION III: ONGOING SERVICE COORDINATOR (OSC)** | |
| **FROM:** | | | **TO:** |
| OSC Agency Name: | | |  |
| State Provider ID: | | |  |
| OSC Name: | | |  |
| SC NPI#: | | |  |
| EI-Hub SA Number (Ref # of the SA being requested for amendment): | | | |
| Anticipated Date: | | | |
| Parent Consent: I have been consulted about the changes to my Ongoing Service Coordinator and consent to the assignment of the OSC indicated above.  Parent/Guardian Signature: Date: / / | | | |

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|  |  | **SECTION IV: CHANGE IN SERVICES** |
| A separate form for each service must be completed when the following requests are made:  Changes to a service type currently on the IFSP (Method, Location, and Frequency can be requested on a single form)  Adding Ongoing Service Coordination units Adding a service type to an IFSP  Terminating a service type currently on an IFSP | | |
| Service Type: | | |
| Add Service Type Method Location Termination of Service Frequency/Duration (Mins./Days/Weeks)  Add Ongoing Service Coordination Units - Number of Units being requested: | | |
| EI-Hub Service Authorization Reference Number (Ref # of the SA being requested for amendment): | | |
| Anticipated Date: | | |
| Parent Consent: I have been consulted about the change in services and have reviewed the justification for those changes. I consent to the addition of and/or changes to the service type indicated above.  Parent/Guardian Signature: Date: / / | | |

Changes in Services/Service Provider/Service Coordinator Form 1  /24

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