



**NEW YORK CITY EARLY INTERVENTION PROGRAM
REQUEST FOR MEDIATION AND PARENTAL CONSENT
TO RELEASE INFORMATION**

Instructions: Please complete this form and send it to the NYC Early Intervention Program via:

1. Fax, attn: EI Office of Consumer Affairs at 347-396-8977, or
2. Email, if parent has provided [consent to email](#), to: EIConsumerAffairs@health.nyc.gov

Child's EI ID#: _____ Child's Date of Birth: _____

Child's Name: _____

Last

First

Address: _____ Apt. No.: _____

City or Borough

State

Zip Code

Home Phone : _____ Work/Cell Phone: _____

Service Coordinator: _____ SC Agency: _____

SC Work Phone : _____ SC Cell Phone: _____

Early Intervention Official Designee (EIOD): _____

I, _____, give the Early Intervention Program permission to release information concerning my mediation request to the mediator. This information shall include, but not be limited to, my name, my address and telephone number, and the nature of my complaint concerning the program.

Signed: _____ Date: ____/____/____
Parent/Surrogate Parent

I will need someone to translate for me at the mediation meeting. (Please specify the language):

I am complaining about the following issue that I want to have resolved:

Services that I wanted for my child were not included in the IFSP. These services are as follows: _____

Services that were in my IFSP are not being properly provided to my child.

Explain: _____

There is a problem with the evaluation of my child; explain: _____

Other; explain: _____
