



NYC EARLY INTERVENTION PROGRAM
INITIAL SERVICE COORDINATION CONSENTS FORM

Child's EI ID No.: Child's DOB:
Child's Name: (Last) (First)

I. Initial Service Coordination Consent

I have been informed by the Early Intervention Initial Service Coordinator (ISC) of the programs and services the Early Intervention Program (EIP) can provide to my child. I understand that, to provide these services, the Program will need to coordinate and exchange information with other appropriate service providers.

I consent to the planning and coordination of services for my child.

Signature (Parent/Guardian): Date:
Signature (Initial Service Coordinator): Date:
Service Coordinator NPI Number:

II. Consent to Share MD/IFSP with Healthcare Provider (HCP)

I give permission I do not give permission
for my child's service coordinator to send a copy of the following to his/her HCP(s): evaluations
initial IFSP.

Healthcare Provider's Name:
Address:
Phone: Fax:
Signature (Parent/Guardian): Date:

III. Consent for Administrative Updates by Text Message

I give permission I do not give permission
to have my service coordinator send me administrative updates only using text messaging. Administrative updates include confirmation and/or cancellation of appointments; letting me know about scheduling delays due to weather, and requesting a return phone call.

My service coordinator has explained that text messages are not secure because it is possible for text messages to be changed, sent, and stored by other parties. Therefore, texting cannot be used in the EI Program to send or receive personally identifiable information about my child and family (names, addresses) or about my child's participation in the EI Program.

Signature (Parent/Guardian): Date:

Service Coordinator Must 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 (MDE) site selected by parent:
Date MDE SA drafted and submitted to Regional Office:

Note:

- ISC must provide a copy of the Parent's Guide to the family within seven (7) business days of referral.
ISC must discuss the importance of sending copies of the MDE and IFSP to the child's healthcare provider(s). With consent, the ISC must send the MDE and/or IFSP within two (2) business days of receipt.



INSTRUCTIONS FOR COMPLETION INITIATE SERVICE COORDINATION CONSENTS FORM INSTRUCTIONS

All fields on this form must be completed. This form must be signed by the parent when service coordination (SC) first begins. At that time:

- The parent/guardian confirms that s/he gives permission for SC activities.
- The parent/guardian indicates if they give consent for the ISC to send the child's MDE and/or IFSP to the child's healthcare provider.
- The parent/guardian indicates if they consent to receive administrative updates via text message.

For a child is in foster care, the assigned surrogate parent or the biological parent would be the appropriate person to sign this form.

If the SC is not able to meet with the parent, they may obtain this consent via email once the Parental Consent to Use E-mail to Exchange Personally Identifiable Information Form is obtained. Alternatively, this form can be mailed to the parent, preferably with a self-addressed, stamped envelope. **This action should be documented in the service coordination activity notes.**

A copy of this form remains with the ISC and must be placed in the child's service coordination case record. The ISC must submit this form to the EI Regional Office via the EI-Hub as required by the ISC Responsibilities policy.