

**NYC EARLY INTERVENTION PROGRAM  
CHANGE IN SERVICE(S)/SERVICE PROVIDER/SERVICE COORDINATOR**

Child's EI ID Number: \_\_\_\_\_ Child's DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Child's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_  
 Service Coordinator: \_\_\_\_\_ SC ID #: \_\_\_\_\_  
 SC Agency Name: \_\_\_\_\_ Tel. # \_\_\_\_\_ Fax # \_\_\_\_\_

**"X" ALL BOXES THAT APPLY - COMPLETE SECTIONS ACCORDINGLY**

**\*SECTION I: SERVICE PROVIDER (See Note for documentation requirements)**

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Provider Name: \_\_\_\_\_  
 Provider EI No: \_\_\_\_\_  
 Anticipated Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*SECTION II: SERVICE COORDINATOR (See Note for documentation requirements)**

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Name: \_\_\_\_\_  
 SC ID #: \_\_\_\_\_  
 Provider #: \_\_\_\_\_  
 Anticipated Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Check one:  Initial  Ongoing

**\*SECTION III: CHANGE IN SERVICES**

A separate form for each service must be completed when:

- A request is being submitted to change a service type currently on the IFSP (Method, Location, Frequency can all be requested on one form for the same service type.)
- A request to add Ongoing Service Coordination units is being made.
- A request to add a service type is being made.
- A request to terminate a service type is being made

Add Service Type Method Location Termination of Service Frequency/Duration (Mins./Days/Weeks) Add Ongoing Service Coordination Units

Anticipated Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Service Type: \_\_\_\_\_

I have been consulted about the above changes and approve of those changes

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\* Note: *The service coordinator must do the following:*

1. Providers who are requesting a termination of a service/ increase in frequency or intensity/change of method must complete the *Justification for Change in Frequency, Duration, or Method of Services form*.
2. Attach new IFSP Service Authorization form reflecting only the amended Service Type(s).
3. If the ongoing service coordination/service provider agency will change, attach a new IFSP Services Authorization form.
4. Send the above forms to the EIOD. Changes are not official until approved and signed by the EIOD.
5. All proposed changes, except a change in initial service coordination and a change in provider of services already on an IFSP, must have written parental consent.

The EIOD will send a copy of the approved form to the current service coordinator (and newly assigned service coordinator, if applicable).

*EIOD Section (For Office Use Only): Status of Request*

SC agency:  Approved  Denied (Prior Written Notice Attached) Effective Date of Change (if approved): \_\_\_\_/\_\_\_\_/\_\_\_\_  
Service Provider:  Approved  Denied (Prior Written Notice Attached) Effective Date of Change (if approved): \_\_\_\_/\_\_\_\_/\_\_\_\_  
Add Service Type:  Approved  Denied (Prior Written Notice Attached) Effective Date of Change (if approved): \_\_\_\_/\_\_\_\_/\_\_\_\_  
Method:  Approved  Denied (Prior Written Notice Attached) Effective Date of Change (if approved): \_\_\_\_/\_\_\_\_/\_\_\_\_  
Location:  Approved  Denied (Prior Written Notice Attached) Effective Date of Change (if approved): \_\_\_\_/\_\_\_\_/\_\_\_\_  
Terminate Service Type:  Approved  Denied (Prior Written Notice Attached) Effective Date of Change (if approved): \_\_\_\_/\_\_\_\_/\_\_\_\_  
Frequency/Duration  Approved  Approved in Part (Specify): \_\_\_\_\_  Denied (Prior Written Notice Attached)  
 Effective Date of Change (if approved): \_\_\_\_/\_\_\_\_/\_\_\_\_  
Add OSC Units:  Approved  Denied Effective Date of Change (if approved): \_\_\_\_/\_\_\_\_/\_\_\_\_  
 EIOD Name (Print): \_\_\_\_\_ EIOD Signature: \_\_\_\_\_ Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_