

**NYC EARLY INTERVENTION PROGRAM  
CLOSURE FORM**

Child's Name:	DOB:
EI #:	
Effective Date of Closure: / /	Date of Submission: / /
Prepared by SC/DM/RO: _____ (circle one) Name	SC ID #:
Telephone #:	Fax #:

- Case is being closed in Early Intervention (complete section I)  
 Case is being closed in Developmental Monitoring (complete section II)

<b>I. Early Intervention Closure DISPOSITION [Check only one]</b>		
<table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 50%;"> <p><b>Any Stage:</b></p> <p><input type="checkbox"/> ]C: Can't locate family</p> <p><input type="checkbox"/> ]G: Family moved out of NYC</p> <p><input type="checkbox"/> ]H: Family moved out of state</p> <p><input type="checkbox"/> ]I: Child died</p> <p><b>Before IFSP:</b></p> <p><input type="checkbox"/> ]E: Evaluation found child ineligible</p> <p><input type="checkbox"/> ]K: Refused - contact family in 2 months</p> <p><input type="checkbox"/> ]Z: Duplicate child in system</p> <p><b>During/ After IFSP:</b></p> <p><input type="checkbox"/> ]A: Delay condition resolved</p> <p><input type="checkbox"/> ]B: Family refused EI services</p> </td> <td style="vertical-align: top; width: 50%;"> <p><b>Transition:</b></p> <p><input type="checkbox"/> ]D: Transition to CPSE</p> <p><input type="checkbox"/> ]L: Aged out, not eligible for CPSE/ no referral</p> <p><input type="checkbox"/> ]M: Aged out, not eligible for CPSE/ referred to other programs</p> <p><input type="checkbox"/> ]N: Aged out, unknown eligibility for CPSE: Process incomplete or Parent refused</p> </td> </tr> </table> <p>Parent's Signature: _____ Date: ___ / ___ / ___</p> <p><input type="checkbox"/> ] Parent is unavailable for signature.</p> <p><b>Note:</b> If the parent is unavailable for signature, attach the SC notes, certified letter (if applicable) and certified label (if applicable) documenting unsuccessful contact attempts and parent availability issues. Parent's signature is not necessary in cases of child death. For more information refer to the Closure Policy.</p> <p><b>Parent was informed of Developmental Monitoring Services option</b></p> <p><input type="checkbox"/> ] J: Transferred to Developmental Monitoring Unit. Risk Factor: <u>  7  </u></p> <p><input type="checkbox"/> ] Parent objects to referral to Developmental Monitoring</p> <p><b>Note:</b> Service Coordinator must send a copy of this Closure Form to all service providers including Transportation and Respite Provider(s) when applicable.</p>	<p><b>Any Stage:</b></p> <p><input type="checkbox"/> ]C: Can't locate family</p> <p><input type="checkbox"/> ]G: Family moved out of NYC</p> <p><input type="checkbox"/> ]H: Family moved out of state</p> <p><input type="checkbox"/> ]I: Child died</p> <p><b>Before IFSP:</b></p> <p><input type="checkbox"/> ]E: Evaluation found child ineligible</p> <p><input type="checkbox"/> ]K: Refused - contact family in 2 months</p> <p><input type="checkbox"/> ]Z: Duplicate child in system</p> <p><b>During/ After IFSP:</b></p> <p><input type="checkbox"/> ]A: Delay condition resolved</p> <p><input type="checkbox"/> ]B: Family refused EI services</p>	<p><b>Transition:</b></p> <p><input type="checkbox"/> ]D: Transition to CPSE</p> <p><input type="checkbox"/> ]L: Aged out, not eligible for CPSE/ no referral</p> <p><input type="checkbox"/> ]M: Aged out, not eligible for CPSE/ referred to other programs</p> <p><input type="checkbox"/> ]N: Aged out, unknown eligibility for CPSE: Process incomplete or Parent refused</p>
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<b>II. Developmental Monitoring Closure DISPOSITION [Check only one]</b>		
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<p><b>COMMENTS:</b></p>  <p>Parent Signature: _____ Date: ___ / ___ / ___</p> <p><input type="checkbox"/> ] Parent was unavailable for signature. Explain above.</p>		
<b>III. Early Intervention Official Designee/ Developmental Monitoring Specialist Approval</b>		
<p>Reviewed by EIOD/ DM Specialist: _____ Date: ___ / ___ / ___</p> <p>EIP Data Entry: _____ Date: ___ / ___ / ___</p>		