



**NEW YORK CITY (NYC) EARLY INTERVENTION (EI) PROGRAM  
CONSENT TO INITIATE OR RESUME IN-PERSON SERVICES DURING COVID-19**

Child's Name:	EI#:	DOB:	/	/
Address:			Apt #:	
City/Town:	State: New York	ZIP Code:		
Services Type to Be Delivered In-Person:	NYEIS Service Authorization (SA) #:			
Name of Therapist/Teacher:	Phone #:			
Service Provider Agency:	Phone #:			
Service Coordinator:	Phone #:			
Service Coordinator Agency:	Phone #:			

**Instructions:** This consent must be completed before initiating or resuming ongoing or one-time in-person EI service sessions. A separate consent is required for each authorized service type including evaluation(s). An updated form must be completed whenever the SA number changes as a result of individualized family service plan (IFSP) reviews and amendments. Service Coordinators are required to obtain parent or guardian signature on the Consent for the Use of Telehealth During the Declared State of Emergency for COVID-19 to allow for flexibility in service delivery approach as needed. This consent can be returned by email if the parent or guardian also signs and returns the Parental Consent to Use E-mail to Exchange Personally Identifiable Information form. This consent must be attached to the child's integrated case in the New York Early Intervention System (NYEIS).

I, (Parent/Guardian's Full Name) \_\_\_\_\_, consent to have my child's (enter service type) \_\_\_\_\_ service delivered in person in my home or at (community-based location): \_\_\_\_\_ . I understand that teletherapy continues to be the recommended method of service delivery during the COVID-19 declared state of emergency. I agree to the conditions below so that my child's Early Intervention (EI) services can be delivered in the safest way possible.

1. Everyone who will be part of the session and is over the age of 2 years will wear a face covering.
2. My child who is receiving EI services is not required to wear a face covering during sessions.
3. Everyone who is in the home or location where the EI services are being delivered but not directly involved in the session will remain at least 6 feet away from where the session is taking place.
4. Everyone who will be participating in the session will wash their hands with soap and water or use an alcohol-based hand sanitizer immediately before the session begins and immediately after it ends.
5. I will provide the therapist or teacher access to a sink, soap and paper towels to wash and dry their hands after arriving, immediately before beginning the session and after the session ends.
6. I will monitor the health of myself, my child and others in my home for the following symptoms before each visit to make sure that the session does not need to be re-scheduled for at least 14 days later or delivered via teletherapy if I have signed consent for teletherapy:
  - a. COVID-19 symptoms, such as fever, cough, shortness of breath, chills, muscle pain, sore throat, new loss of taste or smell, etc.
  - b. Having tested positive for COVID-19 in the past 14 days
  - c. Being told by a doctor or the NYC Test & Trace team to remain home due to COVID-19
7. I will notify my Service Coordinator and my therapist/teacher if anyone in my household is sick in advance of the session or when I am asked by the therapist/teacher before the session.
8. If an in-person session must be cancelled and replaced with a teletherapy session, the teletherapy session is instead of and not in addition to the in-person session.
9. The therapist will not bring toys or materials into the home to use during the session other than paper.

I have received a copy of "Your Family Rights in the Early Intervention Program."

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Parent/Guardian Name (Print) \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_