

# EI Forms

July 2019 Implementation





*Helping children and families wherever they choose to live, play, and spend their day.*

[ohioearlyintervention.org](http://ohioearlyintervention.org)

[Dashboard](#) | [Lori Myers](#) | [Logout](#)



[About](#)

[Families](#)

[Providers](#)

[Data and Monitoring](#)

[Advisory Council](#)

Early Intervention  
Regional Rule Trainings  
◀ ▶  
**In-Person Trainings Available**

# Why are we doing these webinars?



<b>Form Number</b>	<b>Form Name</b>
<b>EI-01</b>	<b>PWN and Consent for Developmental Screening</b>
<b>EI-02</b>	<b>PWN and Consent for Child Evaluation and Assessment</b>
<b>EI-03</b>	<b>PWN and Consent for Family-Directed Assessment</b>
<b>EI-05</b>	<b>Consent to Use Insurance</b>
<b>EI-06</b>	<b>Consent for Release of Records and Exchange of Information</b>
<b>EI-07</b>	<b>Consents for Transition</b>
<b>EI-08</b>	<b>Consent to Refer Child to LEA and SEA</b>
<b>EI-10</b>	<b>PWN of Exiting</b>
<b>EI-11</b>	<b>PWN of Proposed Change to IFSP</b>
<b>EI-12</b>	<b>Documentation of Diagnosed Condition</b>
<b>EI-13</b>	<b>IFSP Meeting Notice</b>
<b>EI-14</b>	<b>Professional Referral Follow-up</b>
<b>EI-15</b>	<b>Determination of Parent Ability to Pay for EI Services</b>
<b>EI-16</b>	<b>Payment for EI Services</b>
<b>EI-17</b>	<b>Extraordinary Medical Expenses Worksheet</b>
<b>EI-18</b>	<b>Family Out-of-Pocket Medical Expenses Tracking Sheet</b>

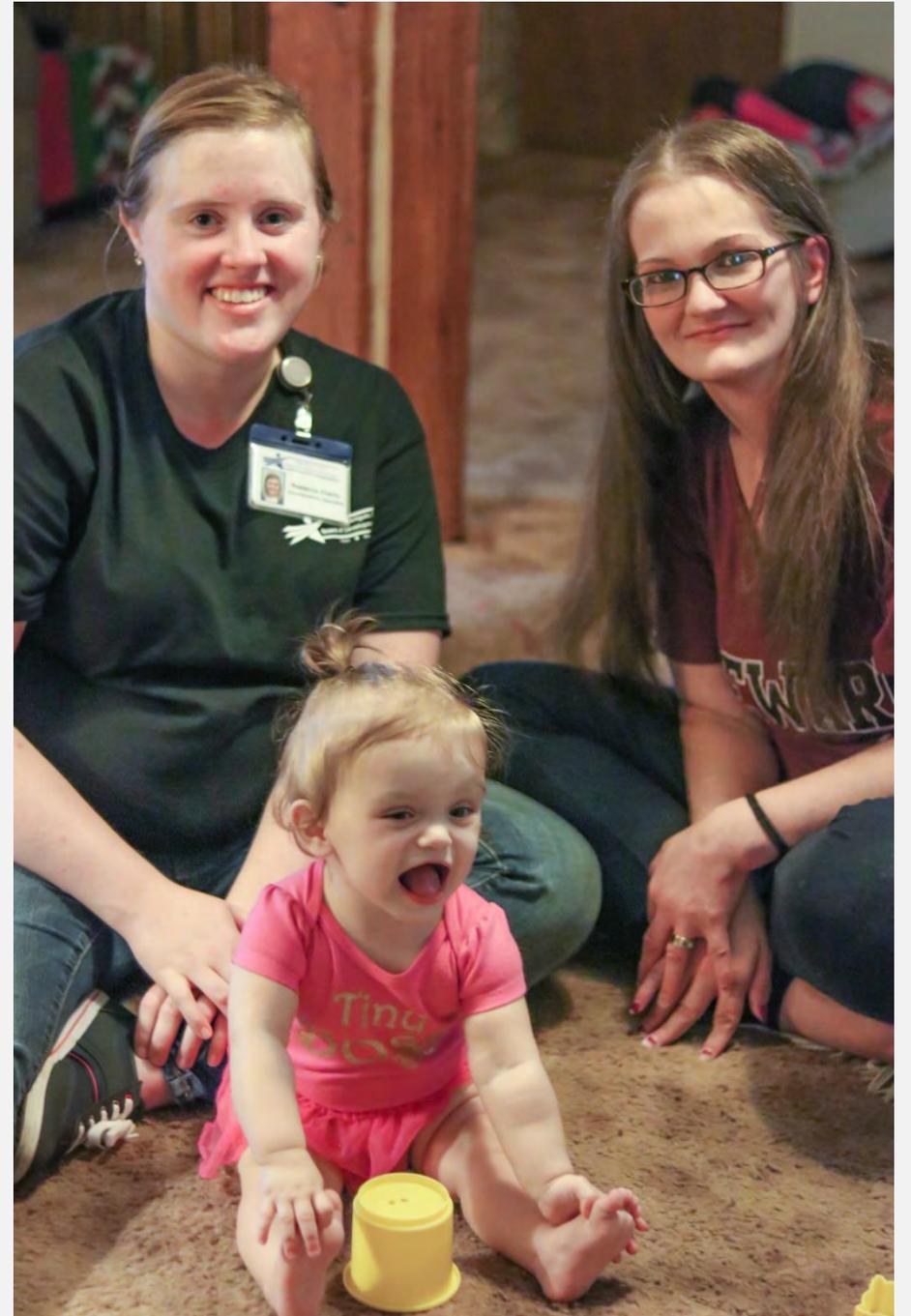
**New Forms  
(not  
including  
EI-04 and  
EI-09)  
Effective July  
1, 2019**

# Agenda

Required forms EI-01 through EI-18  
except IFSP (EI-04) and PWN of  
Determination of Ineligibility (EI-09)

Form Review

Questions related to each form



## Form EI-01

Today's date \_\_\_\_\_ Child's name \_\_\_\_\_ Child's DOB \_\_\_\_\_  
Parent name(s) \_\_\_\_\_ EIDS number \_\_\_\_\_

**Service coordinator use only**  
On \_\_\_\_\_ (date), a copy of this notice  
and consent was provided to the parent(s)  
 in-person  via mail  via email

### Prior Written Notice and Consent for Developmental Screening

The developmental screening is used to determine if your child is suspected of having a developmental delay. The screening includes gathering information from you, the parent, and other(s) that you choose, observing the child, and using a screening instrument that covers all areas of development. You may request a developmental evaluation at any time regardless of the result of the screening. Written notice must be provided to you at least 10 calendar days before the screening.

My service coordinator has informed me of all information related to the developmental screening and explained my parent rights, including giving consent. I have a copy of the Ohio Early Intervention (EI) Parent Rights brochure. I understand I have dispute resolution options if I have an EI complaint. I understand and consent to the developmental screening of my child.

Parent name(s) \_\_\_\_\_ Signature of parent(s) \_\_\_\_\_ Date \_\_\_\_\_

#### Waiver of Timeline (optional)

I understand and agree to waive my right to receive written notice 10 calendar days prior to the proposed activity.

Initials of parent(s) \_\_\_\_\_ Date \_\_\_\_\_

# EI-01 Prior Written Notice and Consent for Developmental Screening

Rule: 5123-10-01 *Procedural Safeguards: (C) Parent consent and withdrawal of consent; (D) Prior written notice.*

Rule 5123-10-02 *Eligibility and Services: (E) Developmental screening procedures*

Only required when a developmental screening is proposed.

Developmental screenings are only conducted when there is no suspected delay or disability **and** the parent has not requested an evaluation.

Includes both prior written notice and consent.

**Optional waiver of timeline**

## Form EI-01

Today's date \_\_\_\_\_ Child's name \_\_\_\_\_ Child's DOB \_\_\_\_\_  
Parent name(s) \_\_\_\_\_ EIDS number \_\_\_\_\_

### Service coordinator use only

On \_\_\_\_\_ (date), a copy of this notice and consent was provided to the parent(s)  
 in-person  via mail  via email

### Prior Written Notice and Consent for Developmental Screening

The developmental screening is used to determine if your child is suspected of having a developmental delay. The screening includes gathering information from you, the parent, and other(s) that you choose, observing the child, and using a screening instrument that covers all areas of development. You may request a developmental evaluation at any time regardless of the result of the screening. Written notice must be provided to you at least 10 calendar days before the screening.

My service coordinator has informed me of all information related to the developmental screening and explained my parent rights, including giving consent. I have a copy of the Ohio Early Intervention (EI) Parent Rights brochure. I understand I have dispute resolution options if I have an EI complaint. I understand and consent to the developmental screening of my child.

Parent name(s) \_\_\_\_\_ Signature of parent(s) \_\_\_\_\_ Date \_\_\_\_\_

### Waiver of Timeline (optional)

I understand and agree to waive my right to receive written notice 10 calendar days prior to the proposed activity.

Initials of parent(s) \_\_\_\_\_ Date \_\_\_\_\_

# EI-01 Prior Written Notice and Consent for Developmental Screening

Question: Should a PWN/Consent be sent ahead of time? For example, if I speak to a parent on 7/1/19 and schedule a welcome visit on 7/5/19, should I send a PWN/Consent for Screening on 7/1/19? Should I wait for the visit? If the form is sent ahead and a waiver of timeline would not be necessary, but the parent does not sign or return until the welcome visit, is the waiver of timeline now necessary?

## Form EI-02

Today's date \_\_\_\_\_ Child's name \_\_\_\_\_ Child's DOB \_\_\_\_\_

Parent name(s) \_\_\_\_\_ EIDS number \_\_\_\_\_

### Service coordinator use only

On \_\_\_\_\_ (date), a copy of this notice and consent was provided to the parent(s)

in-person  via mail  via email

## Prior Written Notice and Consent for Developmental Evaluation and Assessment

Early Intervention (EI) eligibility may be determined through an evaluation. The developmental evaluation is conducted by an EI team — one or more professionals — to determine your child's eligibility. The assessment, usually conducted at the same time, is meant to understand your child's participation within your family's daily routines and activities. The evaluation and assessment include:

- A review of relevant records, including medical records that you agree to release;
- Observation of your child;
- Input from you about your child's development; and
- Use of evaluation and assessment tool(s) which provides information about your child's development in communication, adaptive/self-care, social/emotional, cognitive/thinking/problem solving, motor/movement, vision, and hearing.

This information, along with the information you provide about your family's resources, priorities, and concerns, sets the stage for developing the Individualized Family Service Plan and determining what EI services are needed to support you and your child. Written notice must be provided to you at least 10 calendar days before the evaluation and assessment.

We propose to (check all that apply):

Identify your child's eligibility for EI by conducting a developmental evaluation.

Identify your child's strengths and needs through a developmental assessment.

My service coordinator has informed me of all information related to evaluation and/or assessment and explained my parent rights, including giving consent. I have a copy of the Ohio Early Intervention Parent Rights brochure. I understand I have dispute resolution options if I have an EI complaint.

I consent to the  evaluation  assessment of my child (check one or both, as applicable).

Parent name(s) \_\_\_\_\_ Parent signature(s) \_\_\_\_\_ Date \_\_\_\_\_

### Waiver of Timeline (optional)

I understand and agree to waive my right to receive written notice 10 calendar days prior to the proposed activity.

Initials of parent(s) \_\_\_\_\_ Date \_\_\_\_\_

# EI-02 Prior Written Notice and Consent for Developmental Evaluation and Assessment

Rules: *01 Procedural Safeguards: (C) Parent consent and withdrawal of consent; (D) Prior written notice. 02 Eligibility and Services: (F) Evaluation of a child and assessment of a child and family*

Optional waiver of timeline

## Form EI-02

Today's date \_\_\_\_\_ Child's name \_\_\_\_\_ Child's DOB \_\_\_\_\_

Parent name(s) \_\_\_\_\_ EIDS number \_\_\_\_\_

### Service coordinator use only

On \_\_\_\_\_ (date), a copy of this notice and consent was provided to the parent(s)

in-person  via mail  via email

## Prior Written Notice and Consent for Developmental Evaluation and Assessment

Early Intervention (EI) eligibility may be determined through an evaluation. The developmental evaluation is conducted by an EI team — one or more professionals — to determine your child's eligibility. The assessment, usually conducted at the same time, is meant to understand your child's participation within your family's daily routines and activities. The evaluation and assessment include:

- A review of relevant records, including medical records that you agree to release;
- Observation of your child;
- Input from you about your child's development; and
- Use of evaluation and assessment tool(s) which provides information about your child's development in communication, adaptive/self-care, social/emotional, cognitive/thinking/problem solving, motor/movement, vision, and hearing.

This information, along with the information you provide about your family's resources, priorities, and concerns, sets the stage for developing the Individualized Family Service Plan and determining what EI services are needed to support you and your child. Written notice must be provided to you at least 10 calendar days before the evaluation and assessment.

We propose to (check all that apply):

Identify your child's eligibility for EI by conducting a developmental evaluation.

Identify your child's strengths and needs through a developmental assessment.

My service coordinator has informed me of all information related to evaluation and/or assessment and explained my parent rights, including giving consent. I have a copy of the Ohio Early Intervention Parent Rights brochure. I understand I have dispute resolution options if I have an EI complaint.

I consent to the  evaluation  assessment of my child (check one or both, as applicable).

Parent name(s) \_\_\_\_\_ Parent signature(s) \_\_\_\_\_ Date \_\_\_\_\_

### Waiver of Timeline (optional)

I understand and agree to waive my right to receive written notice 10 calendar days prior to the proposed activity.

Initials of parent(s) \_\_\_\_\_ Date \_\_\_\_\_

# EI-02 Prior Written Notice and Consent for Developmental Evaluation and Assessment

Question: Is the waiver of timeline used if signed within 10 days although the parent gave permission earlier (e.g. on a phone call)? Which date is used to determine the 10 days?

Question: If we complete HEA-8018 prior to 7/1/19, but evaluation and/or child assessment does not happen until after 7/1/19, does EI-02 need to be completed?

## Form EI-03

Today's date \_\_\_\_\_ Child's name \_\_\_\_\_ Child's DOB \_\_\_\_\_

Parent name(s) \_\_\_\_\_ EIDS number \_\_\_\_\_

<b>Service coordinator use only</b>		
On _____	(date), a copy of this notice	and consent was provided to the parent(s)
<input type="checkbox"/> in-person	<input type="checkbox"/> via mail	<input type="checkbox"/> via email.
Date FDA offered	_____	

### Prior Written Notice and Consent for the Family-Directed Assessment

Early Intervention (EI) builds upon and provides supports and resources to assist family members and caregivers to enhance the child's development and participation in everyday activities. As a parent, you know your child better than anyone. You know what happens daily that brings delight or offers unique challenges for you and your family.

The family-directed assessment is your opportunity to tell your EI team in more detail about your concerns and priorities for including your child successfully in all your daily activities and the potential resources to assist you. The family-directed assessment is voluntary, and only family members who wish to participate will be included.

You have the right to share as much or as little about your family as you like. Written notice must be provided to you at least 10 calendar days before the family-directed assessment.

My service coordinator has informed me of all information related to family-directed assessment and explained my parent rights, including giving consent. I have a copy of the Ohio EI Parent Rights brochure. I understand I have dispute resolution options if I have an EI complaint.

- I consent to the family-directed assessment.
- I do not consent to the family-directed assessment.

Parent name(s) \_\_\_\_\_ Parent signature(s) \_\_\_\_\_ Date \_\_\_\_\_

#### Waiver of Timeline (optional)

I understand and agree to waive my right to receive written notice 10 calendar days prior to the proposed activity.

Initials of parent(s) \_\_\_\_\_ Date \_\_\_\_\_

# EI-03 Prior Written Notice and Consent for the Family-Directed Assessment

Rules: *01 Procedural Safeguards: (C) Parent consent and withdrawal of consent. 02 Eligibility and Services: (F) Evaluation of a child and assessment of a child and family*

Optional waiver of timeline

## Form EI-03

Today's date \_\_\_\_\_ Child's name \_\_\_\_\_ Child's DOB \_\_\_\_\_  
Parent name(s) \_\_\_\_\_ EIDS number \_\_\_\_\_

**Service coordinator use only**  
On \_\_\_\_\_ (date), a copy of this notice and consent was provided to the parent(s)  
 in-person  via mail  via email.  
Date FDA offered \_\_\_\_\_

### Prior Written Notice and Consent for the Family-Directed Assessment

Early Intervention (EI) builds upon and provides supports and resources to assist family members and caregivers to enhance the child's development and participation in everyday activities. As a parent, you know your child better than anyone. You know what happens daily that brings delight or offers unique challenges for you and your family.

The family-directed assessment is your opportunity to tell your EI team in more detail about your concerns and priorities for including your child successfully in all your daily activities and the potential resources to assist you. The family-directed assessment is voluntary, and only family members who wish to participate will be included.

You have the right to share as much or as little about your family as you like. Written notice must be provided to you at least 10 calendar days before the family-directed assessment.

My service coordinator has informed me of all information related to family-directed assessment and explained my parent rights, including giving consent. I have a copy of the Ohio EI Parent Rights brochure. I understand I have dispute resolution options if I have an EI complaint.

- I consent to the family-directed assessment.  
 I do not consent to the family-directed assessment.

Parent name(s) \_\_\_\_\_ Parent signature(s) \_\_\_\_\_ Date \_\_\_\_\_

#### Waiver of Timeline (optional)

I understand and agree to waive my right to receive written notice 10 calendar days prior to the proposed activity.

Initials of parent(s) \_\_\_\_\_ Date \_\_\_\_\_

# EI-03 Prior Written Notice and Consent for the Family-Directed Assessment

Question: For both EI-02 and EI-03, do we need to complete these annually?

Question: Does the parent signature on these forms expire? Is one form enough until the child turns three?

Question: Do we need to get a new signature every time we complete an assessment?

## Form EI-10

Today's date \_\_\_\_\_ Child's name \_\_\_\_\_ Child's DOB \_\_\_\_\_

Parent name(s) \_\_\_\_\_ EIDS number \_\_\_\_\_

### Service coordinator use only

On \_\_\_\_\_ (date), a copy of this notice was provided to the parent(s)  
 in-person  via mail  via email

### Prior Written Notice of Exiting

Ohio Early Intervention (EI) is proposing to end EI services for you and your child. Ohio EI will retain a copy of your child's record until your child's ninth birthday. You have the right to review or request your child's record. Ohio Early Intervention is proposing to exit your child from the EI system no sooner than 10 days from the date of this notice for the following reason(s):

- |  |  |
|--|--|
| <input type="checkbox"/> Your child was screened and not suspected of having a developmental delay or disability. You may request an evaluation at any time by contacting your EI service coordinator. | <input type="checkbox"/> Your child's IFSP outcomes were met and your child's IFSP team agreed that no additional IFSP outcomes are needed.        |
| <input type="checkbox"/> You did not provide consent for the evaluation or assessment of your child.   | <input type="checkbox"/> You have ended participation in the EI system.  |
| <input type="checkbox"/> Your child does not meet the eligibility requirements for EI services.  | <input type="checkbox"/> We have not been able to contact you. Please contact your EI service coordinator within ten calendar days of this notice. |
| <input type="checkbox"/> The required re-determination of eligibility was not completed.   | <input type="checkbox"/> Your child moved out of the state of Ohio.  |
| <input type="checkbox"/> The required annual child assessment was not completed.   | <input type="checkbox"/> Your child transitioned to Part B services with an IEP prior to the age of three.   |
| <input type="checkbox"/> You determined that your family has no need for Individualized Family Service Plan (IFSP) outcomes at this time.  |  |

Comments:

As the parent, you have dispute resolution options available. A copy of the EI Parent Rights brochure is enclosed. If you believe the reason for exiting your child is unclear or inaccurate, please contact me.

EI service coordinator name \_\_\_\_\_

EI service coordinator contact information \_\_\_\_\_

**You may re-refer at any time before your child turns three years old by contacting Central Intake at 1-800-755-4769 or by visiting [www.ohioearlyintervention.org](http://www.ohioearlyintervention.org).**

# EI-10 Prior Written Notice of Exiting

Rules: *01 Procedural Safeguards: (D) Prior written notice. 02 Eligibility and Services: (E)(2) Developmental screening procedures; (P) (2) and (3) Exiting and transferring from the early intervention program*

Used when a child is exited except when the child turns 3 years of age or is deceased (see (P)(1))

Must be used for any other exit reason, and corresponds to paragraph (P) of the eligibility and services rule.

The EISC completes this form BEFORE providing it to the parent(s)

## Form EI-10

Today's date \_\_\_\_\_ Child's name \_\_\_\_\_ Child's DOB \_\_\_\_\_

Parent name(s) \_\_\_\_\_ EIDS number \_\_\_\_\_

### Service coordinator use only

On \_\_\_\_\_ (date), a copy of this notice was provided to the parent(s)  
 in-person  via mail  via email

### Prior Written Notice of Exiting

Ohio Early Intervention (EI) is proposing to end EI services for you and your child. Ohio EI will retain a copy of your child's record until your child's ninth birthday. You have the right to review or request your child's record. Ohio Early Intervention is proposing to exit your child from the EI system no sooner than 10 days from the date of this notice for the following reason(s):

- |  |  |
|--|--|
| <input type="checkbox"/> Your child was screened and not suspected of having a developmental delay or disability. You may request an evaluation at any time by contacting your EI service coordinator. | <input type="checkbox"/> Your child's IFSP outcomes were met and your child's IFSP team agreed that no additional IFSP outcomes are needed.        |
| <input type="checkbox"/> You did not provide consent for the evaluation or assessment of your child.   | <input type="checkbox"/> You have ended participation in the EI system.  |
| <input type="checkbox"/> Your child does not meet the eligibility requirements for EI services.  | <input type="checkbox"/> We have not been able to contact you. Please contact your EI service coordinator within ten calendar days of this notice. |
| <input type="checkbox"/> The required re-determination of eligibility was not completed.   | <input type="checkbox"/> Your child moved out of the state of Ohio.  |
| <input type="checkbox"/> The required annual child assessment was not completed.   | <input type="checkbox"/> Your child transitioned to Part B services with an IEP prior to the age of three.   |
| <input type="checkbox"/> You determined that your family has no need for Individualized Family Service Plan (IFSP) outcomes at this time.  |  |

Comments:

As the parent, you have dispute resolution options available. A copy of the EI Parent Rights brochure is enclosed. If you believe the reason for exiting your child is unclear or inaccurate, please contact me.

EI service coordinator name \_\_\_\_\_

EI service coordinator contact information \_\_\_\_\_

**You may re-refer at any time before your child turns three years old by contacting Central Intake at 1-800-755-4769 or by visiting [www.ohioearlyintervention.org](http://www.ohioearlyintervention.org).**

**Ohio** | Department of  
Developmental Disabilities

An Equal Opportunity Employer and Provider of Services  
July 2019



# EI-10 Prior Written Notice of Exiting

Question: If the exit cannot occur until at least ten days prior to the PWN, then it is no longer the date a child found to be ineligible or screened out or a parent declines services, correct? (e.g. a child is screened out 7/1/19. Exit date becomes 7/11/19. A child is found ineligible or not in need of services on 7/1/19. Exit date is 7/11/19. A parent states they no longer want services on 7/1/19. Exit date is 7/11/19.)

Question: Is this ten days from the date above, or from when the PWN is sent? For example, I am at a periodic review on 7/1/19, and the parent states they no longer want services. This is unanticipated. I cannot send the PWN of exit until 7/3/19 due to scheduling and appointments. Is the exit date 7/13/19 because it is ten days from when the PWN of Exit was sent?

# EI-10 Prior Written Notice of Exiting

## Form EI-10

Today's date \_\_\_\_\_ Child's name \_\_\_\_\_ Child's DOB \_\_\_\_\_

Parent name(s) \_\_\_\_\_ EIDS number \_\_\_\_\_

### Service coordinator use only

On \_\_\_\_\_ (date), a copy of  
this notice was provided to the parent(s)  
 in-person  via mail  via email

### Prior Written Notice of Exiting

Ohio Early Intervention (EI) is proposing to end EI services for you and your child. Ohio EI will retain a copy of your child's record until your child's ninth birthday. You have the right to review or request your child's record. Ohio Early Intervention is proposing to exit your child from the EI system no sooner than 10 days from the date of this notice for the following reason(s):

- |  |  |
|--|--|
| <input type="checkbox"/> Your child was screened and not suspected of having a developmental delay or disability. You may request an evaluation at any time by contacting your EI service coordinator. | <input type="checkbox"/> Your child's IFSP outcomes were met and your child's IFSP team agreed that no additional IFSP outcomes are needed.        |
| <input type="checkbox"/> You did not provide consent for the evaluation or assessment of your child.   | <input type="checkbox"/> You have ended participation in the EI system.  |
| <input type="checkbox"/> Your child does not meet the eligibility requirements for EI services.  | <input type="checkbox"/> We have not been able to contact you. Please contact your EI service coordinator within ten calendar days of this notice. |
| <input type="checkbox"/> The required re-determination of eligibility was not completed.   | <input type="checkbox"/> Your child moved out of the state of Ohio.  |
| <input type="checkbox"/> The required annual child assessment was not completed.   | <input type="checkbox"/> Your child transitioned to Part B services with an IEP prior to the age of three.   |
| <input type="checkbox"/> You determined that your family has no need for Individualized Family Service Plan (IFSP) outcomes at this time.  |  |

Comments:

As the parent, you have dispute resolution options available. A copy of the EI Parent Rights brochure is enclosed. If you believe the reason for exiting your child is unclear or inaccurate, please contact me.

El service coordinator name \_\_\_\_\_

El service coordinator contact information \_\_\_\_\_

**You may re-refer at any time before your child turns three years old by contacting Central Intake at 1-800-755-4769 or by visiting [www.ohioearlyintervention.org](http://www.ohioearlyintervention.org).**

Question: Which box is selected if the child is exiting due to moving to another county in Ohio and needs to be transferred? Clearly there is no option to waive 10 days' notice for this, so is it correct to assume we will let the parent know the transfer will occur after 10 days?

Question: Does the box "your child does not meet the eligibility requirements for EI services" apply for re-determination of eligibility as well?

Question: There is no box for the team determining the child does not have a need for service. Is this because the mandate to determine "need for service" has gone away?

Question: Confirming that EI-09 and EI-10 can be sent together.

## Form EI-11

Today's date    Child's name    Child's DOB

Parent name(s)    EIDS number

### Prior Written Notice of Proposed Change to Services

When any Ohio Early Intervention (EI) service provider recommends or proposes to begin (initiate) or change the EI services that will be provided to your family and child, we must give you prior written notice at least ten calendar days before beginning or changing that EI service.

Ohio Early Intervention is proposing to begin change one or more EI service(s) for your child and your family.

Details about proposed change

Reason for proposed change

Proposed date of change (no fewer than 10 days from today's date)

Please contact me as soon as possible if you have any questions about this action.

EI service provider name

EI service provider contact information

As the parent, you have dispute resolution options available. A copy of your Ohio Early Intervention Parent Rights brochure is enclosed. If you have any questions, please contact your EI service coordinator at:

EI service coordinator name

EI service coordinator contact information

#### Waiver of Timeline (optional)

I understand and agree to waive my right to receive written notice 10 calendar days prior to changing or beginning proposed activity.

Initials of parent(s)    Date

On  (date)

(name/role)  
provided a copy of this notice and consent form to the parent(s)  in-person  via mail  via email.

*If this form is completed by a person other than the EI service coordinator, the EI provider must send a copy to the EI service coordinator within five calendar days of providing notice to the parent.*

# EI-11 Prior Written Notice of Proposed Change to Services

Rules: *01 Procedural Safeguards: (D) Prior written notice (prior written notice). 02 Eligibility and Services: (K)(9) Content of an individualized family service plan; (M) Interim individualized family service plan*

Often completed by EI provider other than the EISC

Must be completed when a service is INITIATED or CHANGED

Must be provided 10 days before services are changed

Optional Waiver of timeline

**Form EI-11**

Today's date      Child's name      Child's DOB

Parent name(s)      EIDS number

**Prior Written Notice of Proposed Change to Services**

When any Ohio Early Intervention (EI) service provider recommends or proposes to begin (initiate) or change the EI services that will be provided to your family and child, we must give you prior written notice at least ten calendar days before beginning or changing that EI service.

Ohio Early Intervention is proposing to begin change one or more EI service(s) for your child and your family.

Details about proposed change

Reason for proposed change

Proposed date of change (no fewer than 10 days from today's date)

Please contact me as soon as possible if you have any questions about this action.

EI service provider name

EI service provider contact information

As the parent, you have dispute resolution options available. A copy of your Ohio Early Intervention Parent Rights brochure is enclosed. If you have any questions, please contact your EI service coordinator at:

EI service coordinator name

EI service coordinator contact information

**Waiver of Timeline (optional)**

I understand and agree to waive my right to receive written notice 10 calendar days prior to changing or beginning proposed activity.

Initials of parent(s)      Date

On  (date)  
 (name/role)  
provided a copy of this notice and consent form to the parent(s)  in-person  via mail  via email.

*If this form is completed by a person other than the EI service coordinator, the EI provider must send a copy to the EI service coordinator within five calendar days of providing notice to the parent.*

# EI-11 Prior Written Notice of Proposed Change to Services

Question: Will EI-11 Prior Written Notice need to be given as part of all IFSP's - Initial, Review, and Annual? What if services and outcome doesn't change during a review? Is it still required then? What if services don't change but the outcome does?

Question: Can any team member fill this out?

Question: Are we required to wait ten days for new/change to services? Is there any way to offer services sooner (higher/lower frequency of visits/adding SLP and the provider has the availability to go out on the next visit)? If there is a way we can offer the change in service sooner than 10 days, please provide an example.

## Form EI-11

Today's date      Child's name      Child's DOB

Parent name(s)      EIDS number

### Prior Written Notice of Proposed Change to Services

When any Ohio Early Intervention (EI) service provider recommends or proposes to begin (initiate) or change the EI services that will be provided to your family and child, we must give you prior written notice at least ten calendar days before beginning or changing that EI service.

Ohio Early Intervention is proposing to begin change one or more EI service(s) for your child and your family.

Details about proposed change

Reason for proposed change

Proposed date of change (no fewer than 10 days from today's date)

Please contact me as soon as possible if you have any questions about this action.

\_\_\_\_\_  
EI service provider name      EI service provider contact information

As the parent, you have dispute resolution options available. A copy of your Ohio Early Intervention Parent Rights brochure is enclosed. If you have any questions, please contact your EI service coordinator at:

\_\_\_\_\_  
EI service coordinator name      EI service coordinator contact information

#### Waiver of Timeline (optional)

I understand and agree to waive my right to receive written notice 10 calendar days prior to changing or beginning proposed activity.

\_\_\_\_\_  
Initials of parent(s)      Date

On  (date)  
 (name/role)  
provided a copy of this notice and consent form to the parent(s)  in-person  via mail  via email.

*If this form is completed by a person other than the EI service coordinator, the EI provider must send a copy to the EI service coordinator within five calendar days of providing notice to the parent.*

# EI-11 Prior Written Notice of Proposed Change to Services

Question: Can we see an example of how we should fill this out?

Question: Please clarify when we need to use this form.

**Form EI-06**

Today's date  Child's name  Child's DOB

Parent name(s)  EIDS number

<b>Service coordinator use only</b>
Date received from other EI qualified personnel, if applicable <input type="text"/>

**Consent for Release of Records and Consent for Release and/or Exchange of Information**

As a parent, you have the right to give permission or not give permission for the release of your child's Early Intervention (EI) records to other persons or agencies who are not part of the EI system. A copy of this form will be released to the agencies or persons when you give permission to release records. If you do not want these agencies or persons to be aware of your permissions for other agencies, please request the use of multiple release of record forms. As a parent, you have access to any part of your child's EI record. An EI record means all records regarding your child that are collected, maintained, or used under the federal law, Part C of the Individuals with Disabilities Education Act.

**Consent for Release of Records**

I give consent for the following EI records to be released

- Individualized Family Service Plan (IFSP)
- Progress notes
- Results of evaluation/assessments
- Other (specify)

To the following agencies or persons

Purpose of the release of records

This consent is valid

- Until my child's third birthday on
- For one year. Specify end date
- From  to

My service coordinator or EI provider has informed me of all information related to release of records and explained my parent rights, including giving consent. I have a copy of the Ohio Early Intervention (EI) Parent Rights brochure. I understand I have dispute resolution options if I have an EI complaint. I understand and agree to the release of my child's records.

Parent name(s)  Parent signature(s)  Date

# EI-06 Consent for Release of Records and Consent for Release and/or Exchange of Information (Page 1)

Rules: *01 Procedural Safeguards: (C) Parent's consent and withdrawal of consent; (F) Confidentiality of personally identifiable information in early intervention records. 02 Eligibility and Services: (K) (10) Content of an individualized family service plan*

Form has two pages

The first page is solely for **release of records**

**Consent for Release and/or Exchange of Information**

I give consent for the release and/or exchange of the following information orally, in writing, or electronically

Between Early Intervention and the following agencies or persons

Purpose of the release or exchange of information

This consent is valid

Until my child's third birthday on

For one year. Specify end date

From  to

---

I have been fully informed of all information related the release and/or exchange of information about my child or my child's Early Intervention records. I have a copy of the Ohio Early Intervention Parent Rights brochure and understand my rights for giving consent. I understand that I have dispute resolution options if I have an Early Intervention complaint.

\_\_\_\_\_  
Parent name(s)                      Parent signature(s)                      Date

# EI-06 Consent for Release of Records and Consent for Release and/or Exchange of Information (Page 2)

The second page is for exchange of information.

**Consent for Release and/or Exchange of Information**

I give consent for the release and/or exchange of the following information orally, in writing, or electronically

Between Early Intervention and the following agencies or persons

Purpose of the release or exchange of information

This consent is valid

Until my child's third birthday on

For one year. Specify end date

From  to

I have been fully informed of all information related the release and/or exchange of information about my child or my child's Early Intervention records. I have a copy of the Ohio Early Intervention Parent Rights brochure and understand my rights for giving consent. I understand that I have dispute resolution options if I have an Early Intervention complaint.

\_\_\_\_\_  
Parent name(s)                      Parent signature(s)                      Date

# EI-06 Consent for Release of Records and Consent for Release and/or Exchange of Information

Question: Please explain the difference between pages one and two. Must both be filled out? Typically, how many ROIs might a child have? Is one ROI with multiple agencies/people sufficient if parent is in agreement?

Question: The box on the top right corner, "Service Coordinator Use only;" when is this box completed? What is the purpose?

Question: On page 2 in the first box regarding consent for release/exchange of information orally, in writing or electronically, what are some examples of what would be filled in to answer the question of "the following information?"

**Consent for Release and/or Exchange of Information**

I give consent for the release and/or exchange of the following information orally, in writing, or electronically

Between Early Intervention and the following agencies or persons

Purpose of the release or exchange of information

This consent is valid

Until my child's third birthday on

For one year. Specify end date

From  to

---

I have been fully informed of all information related the release and/or exchange of information about my child or my child's Early Intervention records. I have a copy of the Ohio Early Intervention Parent Rights brochure and understand my rights for giving consent. I understand that I have dispute resolution options if I have an Early Intervention complaint.

\_\_\_\_\_  
Parent name(s)                      Parent signature(s)                      Date

# EI-06 Consent for Release of Records and Consent for Release and/or Exchange of Information

Question: Please define “case notes” and “assessments” (is an ASQ for example considered an assessment or screening?)

Question: If we are only using one page (just wanting to send another provider an email update, but not the IFSP or any assessments), do we cross out the boxes on the first page or write N/A?

## Form EI-07

Today's date      Child's name      Child's DOB  
Parent name(s)      EIDS number

<b>Service coordinator use only</b>					
On	<input type="text"/>	(date), a copy of this consent was provided to the parent(s)			
<input type="checkbox"/>	in-person	<input type="checkbox"/>	via mail	<input type="checkbox"/>	via email

### Consents for Transition

**School District and Ohio Department of Education (ODE) Notification:** Ohio Early Intervention (EI) seeks your consent to share your child's name and your contact information with the Ohio school district responsible for your child's education and with the ODE. This information helps school districts plan for preschool special education programs for the upcoming year.

My service coordinator has informed me of all information related to sharing my child's name and date of birth and my contact information with the school district and ODE and explained my parent rights, including giving consent. I have a copy of the Ohio Early Intervention (EI) Parent Rights brochure. I understand I have dispute resolution options if I have an EI complaint.

- I understand and consent to sharing my child's name and date of birth and my contact information with the school district and ODE.
- I do not consent to sharing my child's name and date of birth and my contact information with the school district and ODE.

Parent name(s)      Parent signature(s)      Date

**Transition Planning Conference (TPC):** If your child may be eligible for preschool services under part B of IDEA, Ohio Early Intervention (EI) seeks your consent to schedule a transition planning conference with a representative from your school district who will explain the process for determining part B preschool eligibility. This conference must occur at least 90 days, but no sooner than 9 months before your child's 3rd birthday.

If your child is determined not to be potentially eligible for preschool services under part B of IDEA, EI seeks your consent to schedule a transition planning conference with other community service providers you and your team have identified.

My service coordinator has informed me of all information related to the transition planning conference (TPC) and explained my parent rights, including giving consent. I have a copy of the Ohio Early Intervention (EI) Parent Rights brochure. I understand I have dispute resolution options if I have an EI complaint.

- I understand and give consent to scheduling a TPC.
- I do not give consent to a TPC.

Parent name(s)      Parent signature(s)      Date

# EI-07 Consents for Transition

Rules: *01 Procedural Safeguards: (C) Parent's consent and withdrawal of consent; (F) Confidentiality of personally identifiable information in early intervention records. 02 Eligibility and Services: (L)(1) (a, b, and c) and (2) (b and c) Transition to preschool and other programs*

The school district and ODE notification consent (top section), must be completed “at the IFSP meeting closest to the child’s second birthday or whenever a child is determined eligible at or after 24 months of age”

# EI-07 Consents for Transition

## Form EI-07

Today's date      Child's name      Child's DOB  
Parent name(s)      EIDS number

**Service coordinator use only**  
On \_\_\_\_\_ (date), a copy of this consent was provided to the parent(s)  
 in-person     via mail     via email

### Consents for Transition

**School District and Ohio Department of Education (ODE) Notification:** Ohio Early Intervention (EI) seeks your consent to share your child's name and your contact information with the Ohio school district responsible for your child's education and with the ODE. This information helps school districts plan for preschool special education programs for the upcoming year.

My service coordinator has informed me of all information related to sharing my child's name and date of birth and my contact information with the school district and ODE and explained my parent rights, including giving consent. I have a copy of the Ohio Early Intervention (EI) Parent Rights brochure. I understand I have dispute resolution options if I have an EI complaint.

- I understand and consent to sharing my child's name and date of birth and my contact information with the school district and ODE.
- I do not consent to sharing my child's name and date of birth and my contact information with the school district and ODE.

Parent name(s)      Parent signature(s)      Date

**Transition Planning Conference (TPC):** If your child may be eligible for preschool services under part B of IDEA, Ohio Early Intervention (EI) seeks your consent to schedule a transition planning conference with a representative from your school district who will explain the process for determining part B preschool eligibility. This conference must occur at least 90 days, but no sooner than 9 months before your child's 3rd birthday.

If your child is determined not to be potentially eligible for preschool services under part B of IDEA, EI seeks your consent to schedule a transition planning conference with other community service providers you and your team have identified.

My service coordinator has informed me of all information related to the transition planning conference (TPC) and explained my parent rights, including giving consent. I have a copy of the Ohio Early Intervention (EI) Parent Rights brochure. I understand I have dispute resolution options if I have an EI complaint.

- I understand and give consent to scheduling a TPC.
- I do not give consent to a TPC.

Parent name(s)      Parent signature(s)      Date

Question: If a parent checks they do not give consent for a TPC, then the child has no transition planning? Previously, all children were required to have a TPC whether the school district was invited or not.

## Form EI-08

Today's date \_\_\_\_\_ Child's name \_\_\_\_\_ Child's DOB \_\_\_\_\_

Parent name(s) \_\_\_\_\_ EIDS number \_\_\_\_\_

**Service coordinator use only**  
On \_\_\_\_\_ (date), a copy of this consent was provided to the parent(s)  
 in-person  via mail  via email

### Consent to Refer Child to the Local Educational Agency and the Ohio Department of Education (ODE)

Ohio Early Intervention (EI) has recently received a referral for your child. Because EI is a program for children with developmental delays and disabilities from birth until age three, your child is too close to the age of three for EI to determine your child's eligibility. However, if you suspect your child may have a developmental delay or disability, your child may be eligible for preschool special education services under Part B of the Individuals with Disabilities Education Act.

You may contact your school district yourself to make a referral.

If you would like EI to contact your school district to make a referral, we are required to obtain your consent. With your consent, we will give your contact information and your child's name and date of birth to your school district, which is responsible for your child's education, and to the ODE.

I have been fully informed of and understand that my contact information and my child's name will be shared with my local school district and with ODE. I have received a copy of the Ohio Early Intervention Parent Rights brochure with this form. I understand that I have dispute resolution options if I have an EI complaint. I consent to EI giving my child's name and date of birth and my contact information to my school district and ODE.

Parent name(s) \_\_\_\_\_ Parent signature(s) \_\_\_\_\_ Date \_\_\_\_\_

# EI-08 Consent to Refer Child to LEA

*Rules: 01 Procedural Safeguards: (C) Parent's consent and withdrawal of consent. 02 Eligibility and Services: (L)(1) (d) Transition to preschool and other programs*

Use to obtain parent consent to share child and parent information with the LEA and ODE **when** the referral comes into the EI system 45 or fewer days before the child's third birthday **and** the parent wants EI to make the referral to the LEA and ODE.

## Form EI-14

### Professional Referral Follow-up

Service coordinator use only: Date referral

received by local EI SC agency

Only with parent consent, a copy of this form will be provided to the professional who referred the child to Early Intervention (EI).

Today's date

Name of referred child

Child's DOB

Name of professional who referred child

Agency name

Professional or agency contact info

My service coordinator has informed me of all information related to sharing the status of my child's referral to Early Intervention (EI) and explained my parent rights, including giving consent. I have a copy of the Ohio Early Intervention (EI) Parent Rights brochure. I understand I have dispute resolution options if I have an EI complaint. I understand and consent to share information about the status of my child's referral to the professional who made the referral.

Parent name(s)

Parent signature(s)

Date

- Parent did not give consent to share information on the status of the child's referral. Please contact the family for more information.
- Repeated attempts to reach the parent were unsuccessful. Let us know if you have updated contact information for the parent.

#### The parent was contacted and the following occurred:

- Parent declined Early Intervention services
- In process of determining eligibility
- Eligible for Ohio Early Intervention
- Not eligible for Ohio Early Intervention
- The Early Intervention team, including the parent, determined no Early Intervention services were needed at this time

**Ohio Early Intervention appreciates your referral! You may re-refer at any time by contacting Central Intake at 1-800-755-4769 or go to [www.ohioearlyintervention.org](http://www.ohioearlyintervention.org).**

# EI-14 Professional Referral Follow-up

Rules: 02 Eligibility and Services: (N) (13) Service coordination

**Consent is required** for the EI service coordination agency to provide information about the child's status in the EI system to the referral source

At the top of the form, EISC records the date the local EI service coordinator agency received the referral from Central Intake

## Form EI-14

### Professional Referral Follow-up

Service coordinator use only: Date referral

received by local EI SC agency

Only with parent consent, a copy of this form will be provided to the professional who referred the child to Early Intervention (EI).

Today's date

Name of referred child

Child's DOB

Name of professional who referred child

Agency name

Professional or agency contact info

My service coordinator has informed me of all information related to sharing the status of my child's referral to Early Intervention (EI) and explained my parent rights, including giving consent. I have a copy of the Ohio Early Intervention (EI) Parent Rights brochure. I understand I have dispute resolution options if I have an EI complaint. I understand and consent to share information about the status of my child's referral to the professional who made the referral.

Parent name(s)

Parent signature(s)

Date

- Parent did not give consent to share information on the status of the child's referral. Please contact the family for more information.
- Repeated attempts to reach the parent were unsuccessful. Let us know if you have updated contact information for the parent.

#### The parent was contacted and the following occurred:

- Parent declined Early Intervention services
- In process of determining eligibility
- Eligible for Ohio Early Intervention
- Not eligible for Ohio Early Intervention
- The Early Intervention team, including the parent, determined no Early Intervention services were needed at this time

**Ohio Early Intervention appreciates your referral! You may re-refer at any time by contacting Central Intake at 1-800-755-4769 or go to [www.ohioearlyintervention.org](http://www.ohioearlyintervention.org).**

# EI-14 Professional Referral Follow-up

Question: If the professional referring the child to EI is within the EI system, do we still need specific consent to send the referral follow-up?

Form EI-15

Today's date \_\_\_\_\_ Child's name \_\_\_\_\_ Child's DOB \_\_\_\_\_

Parent name(s) \_\_\_\_\_ EIDS number \_\_\_\_\_

**Determination of Parent Ability to Pay for Early Intervention Services**

**Documentation (only one is required)**

(A) Ohio Medicaid Card     (B) Ohio WIC Card     (C) Parent income

Parent income:  weekly (52)    bi-weekly (26)    monthly (12)    bi-monthly (24)   family size: \_\_\_\_\_

Pay stub date(s) \_\_\_\_\_

Gross amount(s) \_\_\_\_\_

Parent income:  weekly (52)    bi-weekly (26)    monthly (12)    bi-monthly (24)   family size: \_\_\_\_\_

Pay stub date(s) \_\_\_\_\_

Gross amount(s) \_\_\_\_\_

Total annual income \_\_\_\_\_

Family income less than or equal to Healthy Start Eligibility for uninsured children? (206% FPL)   Yes    No   
<https://ohioearlyintervention.org/system-of-payments>

I have chosen not to share my financial information and understand that according to OAC 5123:10-03 (D), I will be responsible for paying the cost of early intervention services beyond the first publicly funded 55 units.

**Parent initials**

I have seen and reviewed the documentation provided by the parent per OAC 5123:2-10-03 (D) and have determined the parent is  unable    able to pay for Early Intervention services.

EI Service Coordinator name \_\_\_\_\_ Date \_\_\_\_\_

EI Service Coordinator signature \_\_\_\_\_

I have reviewed the information used to complete this form and my service coordinator has explained to me the determination of whether I am able or unable to pay for EI services.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



# EI-15: Determination of Parent Ability to Pay for EI Services

Rules: *02 Eligibility and services: (K) (5)(c)*  
Content of an individualized family service plan. *03: System of payments: (C) (2) (d)* Provision of and payment for early intervention services; (D)  
Determination of a parent's ability to pay for early intervention services

Completed with the parents of all eligible children

Parent ability to pay applicable **only after 55** units of EI have been used (via the IFSP) in an IFSP year

**Form EI-05**

Today's date \_\_\_\_\_ Child's name \_\_\_\_\_ Child's DOB \_\_\_\_\_

Parents name(s) \_\_\_\_\_ EIDS number \_\_\_\_\_

**Consent to Use Insurance for Early Intervention Services**

**Use of Private Insurance**

My service coordinator has explained the "system of payments" rule and any potential costs that I may incur when using my private insurance to pay for Early Intervention services, such as co-payments, deductibles, premiums or long term costs such as the loss of benefits because of annual or lifetime health insurance coverage caps of the insurance policy. I have received written notification of these potential costs and my rights. I understand that when I consent to the use of my private insurance, the state will pay the co-pays and deductibles for the first 55 units of Early Intervention services in an IFSP year if I am determined able to pay. The state will pay co-pays and deductibles for all units of Early Intervention services if I am determined unable to pay.

I give my consent to bill my private insurance for Early Intervention (EI) services  Yes  No  I do not have private insurance

Primary insurance policy number \_\_\_\_\_ Begin date \_\_\_\_\_ End date \_\_\_\_\_

Health insurance company name \_\_\_\_\_ Name of insured \_\_\_\_\_

Secondary insurance policy number \_\_\_\_\_ Begin date \_\_\_\_\_ End date \_\_\_\_\_

Health insurance company name \_\_\_\_\_ Name of insured \_\_\_\_\_

Parent signature(s) \_\_\_\_\_ Date \_\_\_\_\_

**Use of Public Insurance**

My service coordinator has explained the Early Intervention system of payments rule. I have received written notification of my rights and understand that there are no potential costs for using my Medicaid benefits for EI services.

I give my consent to share my child's personally-identifiable information (information used to identify my child) to the Early Intervention service provider on the IFSP and state Medicaid agency for billing purposes

Yes  No  My child does not have Medicaid insurance

Medicaid recipient/billing number \_\_\_\_\_

Parent signature(s) \_\_\_\_\_ Date \_\_\_\_\_

# EI-05 Consent to Use Insurance for EI Services

Rules: Rules: *01 Procedural Safeguards: (C) Parent's consent and withdrawal of consent. 02 Eligibility and Services: (K) (5)(c) Content of an individualized family service plan. 03: System of payments (C) (2) Provision of and payment for early intervention services; (F)(1 and 2) Using the private insurance of a child or parent to pay for early intervention services; (G) (3) Using the public insurance of a child or parent to pay for early intervention services*

**Form EI-05**

Today's date \_\_\_\_\_ Child's name \_\_\_\_\_ Child's DOB \_\_\_\_\_

Parents name(s) \_\_\_\_\_ EIDS number \_\_\_\_\_

**Consent to Use Insurance for Early Intervention Services**

**Use of Private Insurance**

My service coordinator has explained the "system of payments" rule and any potential costs that I may incur when using my private insurance to pay for Early Intervention services, such as co-payments, deductibles, premiums or long term costs such as the loss of benefits because of annual or lifetime health insurance coverage caps of the insurance policy. I have received written notification of these potential costs and my rights. I understand that when I consent to the use of my private insurance, the state will pay the co-pays and deductibles for the first 55 units of Early Intervention services in an IFSP year if I am determined able to pay. The state will pay co-pays and deductibles for all units of Early Intervention services if I am determined unable to pay.

I give my consent to bill my private insurance for Early Intervention (EI) services  Yes  No  I do not have private insurance

Primary insurance policy number \_\_\_\_\_ Begin date \_\_\_\_\_ End date \_\_\_\_\_

Health insurance company name \_\_\_\_\_ Name of insured \_\_\_\_\_

Secondary insurance policy number \_\_\_\_\_ Begin date \_\_\_\_\_ End date \_\_\_\_\_

Health insurance company name \_\_\_\_\_ Name of insured \_\_\_\_\_

Parent signature(s) \_\_\_\_\_ Date \_\_\_\_\_

**Use of Public Insurance**

My service coordinator has explained the Early Intervention system of payments rule. I have received written notification of my rights and understand that there are no potential costs for using my Medicaid benefits for EI services.

I give my consent to share my child's personally-identifiable information (information used to identify my child) to the Early Intervention service provider on the IFSP and state Medicaid agency for billing purposes

Yes  No  My child does not have Medicaid insurance

Medicaid recipient/billing number \_\_\_\_\_

Parent signature(s) \_\_\_\_\_ Date \_\_\_\_\_

# EI-05 Consent to Use Insurance for EI Services

Question: There are two sections. It is assumed a "yes/no/child does not have insurance" would be checked for both sections. Is it necessary for the parent to sign on both sections or can the parent not sign on the section if the box "my child does not have public/private insurance" is checked?

Question: We will always have questions about our church fund families – do we just mark we do not have private insurance and we do not have Medicaid and have families sign both places?

Question: Will there always be two parent signatures on this form? One on each page?

## Form EI-12

### Documentation of Diagnosed Condition

Dear medical professional — Under the state and federal requirements for eligibility under Part C of the Individuals with Disabilities Education Act (IDEA), most medical diagnoses do not result in automatic eligibility for Early Intervention (EI). However, a professional licensed to diagnose and treat mental or physical conditions may determine that a diagnosed condition for the particular child is likely to result in a developmental delay. The eligibility for EI may be established for this child for one year. The EI team will then conduct a comprehensive assessment to determine the child's program needs. **In order for EI eligibility to be determined using this form, all fields must be completed.**

Child's name	Child's DOB	Parent name(s)
--------------	-------------	----------------

Please state the child's specific diagnosis in the box. Do **not** include "global delay," "developmental delay," or developmental concerns, such as "speech concerns."

#### Select one box below

I suspect that this child's medical condition is likely to result in a developmental delay in at least one of the following developmental areas (check all that apply)

- |                                     |   |
|-------------------------------------|---|
| <input type="radio"/> Communication | <input type="radio"/> Social/emotional                |
| <input type="radio"/> Motor         | <input type="radio"/> Adaptive/self-care/independence |
| <input type="radio"/> Vision        | <input type="radio"/> Cognitive/problem solving       |
| <input type="radio"/> Hearing       | <input type="radio"/> Other (specify)                 |

Comments (optional)

I do **not** have a reason to believe that this child's medical condition is likely to result in a developmental delay. However, I understand that the parent and child still have the right to a developmental evaluation to determine eligibility.

#### Professional licensed to diagnose and treat mental or physical conditions

Name \_\_\_\_\_ License type \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

#### Please return this form to the child's Early Intervention service coordinator

Service coordinator name \_\_\_\_\_ Fax number \_\_\_\_\_ Email \_\_\_\_\_

#### Service coordinator use only

Date form received \_\_\_\_\_ EIDS number \_\_\_\_\_

# EI-12: Documentation of Diagnosed Condition

Rules: *o2 Eligibility and Services: (C)(1) (b)*  
Eligibility for early intervention services; (O)  
Maintaining early intervention records

Used by medical professional to document diagnosed conditions **not** on the automatic eligibility list, when they believe the condition is likely to result in a developmental delay

See Appendix C of rule 5123-10-02

## Form EI-13

Today's date \_\_\_\_\_ Child's name \_\_\_\_\_ Child's DOB \_\_\_\_\_

Parent name(s) \_\_\_\_\_ EIDS number \_\_\_\_\_

**Service coordinator use only**  
On \_\_\_\_\_ (date), a copy of this notice was provided to the parent(s)  in-person  via mail  via email. Notices were sent to others on \_\_\_\_\_ (date).

### Individualized Family Service Plan (IFSP) Meeting Notice

It is time for our meeting to

- Develop an interim IFSP until we can complete the assessment and schedule the "initial" IFSP.
- Review the eligibility and assessment information and develop the first ("initial") IFSP.
- Conduct a periodic review of the IFSP to determine the degree to which progress toward achieving the outcomes identified in the IFSP is being made and whether modification or revision of the outcomes, or Early Intervention services identified in the IFSP, is necessary.
- Review the eligibility and assessment information and develop the annual IFSP.
- This IFSP meeting will include the transition planning conference.

We agreed to schedule the IFSP meeting for

Date \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

You have requested that the following individuals be invited to participate in the IFSP meeting. They will be sent a copy of this notice.

_____ Name, role or relationship	_____ Name, role or relationship
_____ Name, role or relationship	_____ Name, role or relationship

In addition, the following Early Intervention service providers have been invited to the IFSP meeting. They will be sent a copy of this notice.

_____ Name, role or agency	_____ Name, role or agency
_____ Name, role or agency	_____ Name, role or agency

If you have any questions or want to change anything about this meeting, please contact me, your EI service coordinator:

Service coordinator name \_\_\_\_\_ Service coordinator contact information \_\_\_\_\_

# EI-13: IFSP Meeting Notice

Rules: 02 Eligibility and Services: (J) (5)  
Individualized family service plan meetings; (M)  
Interim individualized family service plan

## Four Sections

1. Personally Identifiable Information
2. Meeting Type, Date, Time and Location
3. Names/Relationships of Others Invited
4. ESIC Name and Contact Information

**Form EI-13**

Today's date      Child's name      Child's DOB

Parent name(s)      EIDS number

**Service coordinator use only**

On \_\_\_\_\_ (date), a copy of this notice was provided to the parent(s)  in-person  via mail  via email. Notices were sent to others on \_\_\_\_\_ (date).

**Individualized Family Service Plan (IFSP) Meeting Notice**

It is time for our meeting to

- Develop an interim IFSP until we can complete the assessment and schedule the "initial" IFSP.
- Review the eligibility and assessment information and develop the first ("initial") IFSP.
- Conduct a periodic review of the IFSP to determine the degree to which progress toward achieving the outcomes identified in the IFSP is being made and whether modification or revision of the outcomes, or Early Intervention services identified in the IFSP, is necessary.
- Review the eligibility and assessment information and develop the annual IFSP.
- This IFSP meeting will include the transition planning conference.

We agreed to schedule the IFSP meeting for

\_\_\_\_\_ Date      \_\_\_\_\_ Time      \_\_\_\_\_ Location

You have requested that the following individuals be invited to participate in the IFSP meeting. They will be sent a copy of this notice.

_____ Name, role or relationship	_____ Name, role or relationship
_____ Name, role or relationship	_____ Name, role or relationship

In addition, the following Early Intervention service providers have been invited to the IFSP meeting. They will be sent a copy of this notice.

_____ Name, role or agency	_____ Name, role or agency
_____ Name, role or agency	_____ Name, role or agency

If you have any questions or want to change anything about this meeting, please contact me, your EI service coordinator:

Service coordinator name      Service coordinator contact information



# EI-13: IFSP Meeting Notice

## Question: Can you clarify how this works with transition?

# General Forms Question

Question: Can the forms be made available in Word documents? If not, can all forms be combined into one large PDF so all forms can be saved at one time rather than needing to download and save each form separately?

# PWN and Consent Crosswalk

## When Are Prior Written Notice (PWN) and Parent Consent Needed?

### Service Delivery

#### Before you do this....

Add an EI service (Initial, Periodic, or Annual IFSP)



Change an EI service  
(anything on the grid other than dates)



Move an EI service from not yet coordinated to grid



End an EI service



#### Make sure this is complete...

PWN of Proposed Change to Services (EI-11)

### Annual Review/Redetermination

#### Before you do this....

Evaluation (if needed)



Child Assessment



Family-Directed Assessment



IFSP



Start, end, or makes changes to an EI service



#### Make sure this is complete...

PWN & Consent for Developmental E&A (EI-02)

PWN & Consent for Developmental E&A (EI-02)

PWN & Consent for FDA (EI-03)

IFSP Meeting Notice (EI-13)

PWN of Proposed Change to Services (EI-11)

# PWN and Consent Crosswalk

## When Are Prior Written Notice (PWN) and Parent Consent Needed?

### 45-Day Process

#### Before you do this....

Developmental screening (if applicable)



Evaluation and Child Assessment



Family-Directed Assessment



IFSP



Start a new EI service



Share information outside EI system



Follow up with professional referral source



#### Make sure this is complete...

PWN & Consent for Developmental (EI-01)

PWN & Consent for Developmental E&A (EI-02)

PWN & Consent for FDA (EI-03)

IFSP Meeting Notice (EI-13)

PWN of Proposed Change to Services (EI-11)

Consent for Release and/or Exchange Info (EI-06)

Professional Referral Follow-up (EI-14)

### System of Payment (SOP)

#### Before you do this....

Tell provider to bill family's insurance



Request POLR payment for services



#### Make sure this is complete...

Consent to Use Insurance for EIS (EI-05)

Payment for EI Services (EI-16) parent authorization

# PWN and Consent Crosswalk

## When Are Prior Written Notice (PWN) and Parent Consent Needed?

	Transition	
<b>Before you do this....</b>		<b>Make sure this is complete...</b>
Share child's contact info with LEA	➔	Consent for Transition: School District & LEA Notification (EI-07)
Invite participants to a TPC	➔	IFSP Meeting Notice (EI-13)
Conduct a TPC	➔	Consents for Transition: TPC (EI-07)
Change an EI service (anything on the grid other than dates)	➔	PWN of Proposed Change to Services (EI-11)
Share information outside EI system	➔	Consent for Release and/or Exchange Info (EI-06)
Refer a child to the LEA & ODE <45 days from 3 <sup>rd</sup> BD	➔	Consent to Refer Child to LEA & ODE (EI-08)

	Exit a Child	
<b>Before you do this....</b>		<b>Make sure this is complete...</b>
Determine a child ineligible & exit	➔	PWN of Determination of Ineligibility (EI-09) and PWN of Exiting (EI-10)
End an EI service	➔	PWN of Proposed Change to Services (EI-11)
Exit a child (unless deceased or reached age 3)	➔	PWN of Exiting (EI-10)

# Forms Training

MyLearning

([dodd.ohio.gov](http://dodd.ohio.gov))

Early Intervention

*Early Intervention New  
Forms Overview*



# Thank you!

These forms, as well as the referenced rules, are available on the Ohio Early Intervention website:  
[ohioearlyintervention.org](http://ohioearlyintervention.org)

**Next up:  
System of Payments**

(5123-10-02-03)

SOP Part 1, Jun 11

SOP Part 2, Jun 13

8:30-10 a.m.

Registration:

[ohioearlyintervention.org](http://ohioearlyintervention.org)

Providers-EI Rules 2019

