

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