

**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)		
Service Coordinator: (Last, First)		
SC Agency Name:	Tel. #	Fax #

**Complete sections as applicable. Changes are not official until approved by the EIOD.**

<b>SECTION I: CHANGE IN SERVICE PROVIDER AGENCY – Parent Signature not required</b>	
FROM:	TO:
Provider Name:	
State Provider ID:	
NYEIS Service Authorization (SA) Reference Number (Ref # of the SA being requested for amendment):	
Anticipated Date: ____/____/____	
Parent was notified of this change on (date): ____/____/____ SC signature: _____	

<b>SECTION II: INITIAL SERVICE COORDINATOR (ISC) – Parent Signature not required</b>	
FROM:	TO:
ISC Agency Name:	
ISC Name:	
ISC NPI#:	ISC NPI#:
NYEIS SA Reference Number (Ref # of the SA being requested for amendment):	
Anticipated Date: ____/____/____	
Parent was notified of this change on (date): ____/____/____ SC signature: _____	

<b>SECTION III: ONGOING SERVICE COORDINATOR (OSC) – Parent signature required</b>	
FROM:	TO:
OSC Agency Name:	
State Provider ID:	
OSC Name:	
SC NPI#:	
NYEIS SA Reference Number (Ref # of the SA being requested for amendment):	
Anticipated Date: ____/____/____	
Parent Consent: I have been consulted about the changes to my Ongoing Service Coordinator and consent to the assignment of the OSC indicated above.	
Parent/Guardian Signature: _____ Date: ____/____/____	

<b>SECTION IV: CHANGE IN SERVICES – Parent Signature required</b>	
A separate form for each service must be completed when the following requests are made:	
<ul style="list-style-type: none"> <li>• Changes to a service type currently on the IFSP (Method, Location, and Frequency can be requested on a single form)</li> <li>• Adding Ongoing Service Coordination units</li> <li>• Adding a service type to an IFSP</li> <li>• Terminating a service type currently on an IFSP</li> </ul>	
Service Type:	
<input type="checkbox"/> Add Service Type <input type="checkbox"/> Method <input type="checkbox"/> Location <input type="checkbox"/> Termination of Service <input type="checkbox"/> Frequency/Duration (Mins./Days/Weeks)	
<input type="checkbox"/> Add Ongoing Service Coordination Units - Number of Units being requested: _____	
NYEIS Service Authorization Reference Number (Ref # of the SA being requested for amendment):	
Anticipated Date: ____/____/____	
Parent Consent: I have been consulted about the change in services and have reviewed the justification for those changes. I consent to the addition of and/or changes to the service type indicated above.	
Parent/Guardian Signature: _____ Date: ____/____/____	