

Nassau County Office of Children with Special Needs- Early Intervention Program

Confirmation of Early Intervention Services

Confirmation of Ongoing Service Coordinator

FAX NUMBER: 516.227.8663

Child Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Family Contact Phone Number: \_\_\_\_\_

Name of EIOD: \_\_\_\_\_

Current IFSP From: \_\_\_\_\_ To: \_\_\_\_\_

Type of Service (s)	Provider Agency	Freq/Duration	Location	Therapist's Name (if known)	Effective Date (DOH use)

Ongoing Service Coordinator Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Agency: \_\_\_\_\_

If services are not in place within 30 days, state reason (s):

\_\_\_\_\_

\_\_\_\_\_

Signature of Agency/OSC making confirmation: \_\_\_\_\_ Date: \_\_\_\_\_