Child Name: EIOD:

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_ IFSP Period: \_\_\_\_\_\_\_\_\_\_\_\_\_ OSC/Agency:

**I.**

***Check off and complete or attach justification for any of the following requests:***

□ Supplemental Evaluation Request. Type Agency

□ Discharge from Early Intervention Program: *attach Discharge Note*

□ Discharge from a specific service(s) : *attach Discharge Note*  Type:

□ Change location of service. From: To:

□ Change Agency or Independent provider. From: To:

□ Change Ongoing Service Coordinator to:

To: Agency: Name:

Justification *(Include requested dates and details)*

**II.**

***Answer questions on form # EI 5093 B in full and attach if requesting any of the following IFSP changes:***

□ Change in frequency or duration of service(s). From To

□ Add new service. Type:

Parent Signature: Date:

Therapist/OSC Signature: Date:

**Changes are official once signed and authorized by EIOD**

Child Name: Date of Birth:

Please follow these instructions for requesting the following:

1. A change in frequency or duration of service
2. Adding a new service

**Required Justification Components**: The IFSP review request **will be returned** if all pertinent questions are not answered. Please write N/A if question does not apply.

* When did you begin delivery of service?
* Explain any gaps in service(s), including missed sessions, frequent illness, vacations.
* What are the concerns that prompted this request?
* Have you communicated with other team members regarding this concern?
* Describe child’s progress, or lack of progress, toward IFSP outcomes since initiation of the IFSP.
* What successes or difficulties has the family had in integrating offered suggestions?
* What will the recommended change offer that the present plan does not?
* List any changes in the child’s medical diagnoses or conditions since the last IFSP which may have an impact on the child’s reaction to EI services.

Comments:

Questions completed by: Agency:

Contact phone number:

**IFSP Amendment Request Directions for Outside Ongoing Service Coordinators May 2016**

**Form EI 5093A and Form EI 5093B**

* The forms are attached and should be distributed by Ongoing Service Coordinators (OSC) upon request.
* Therapists and/or parents who are requesting an IFSP amendment should be directed to the OSC on the case to get the forms to complete and submit to DOH.

**Form EI 5093A**

**Section I**

* This section needs to be completed when requesting a supplemental evaluation, discharging from EI, discharging from a single service, changing location, provider or service coordinator
* If discharging from EI or a single service, a discharge note should be attached
* The appropriate box is checked and details/reason completed
* The form is signed at bottom by parent and person making request
* Form is sent to EIOD at DOH

**Section II**

* This section needs to be completed when requesting a change of frequency or duration of a service, or to add a new service
* The appropriate box is checked and form **EI 5093B** is attached, **COMPLETED**
* The form is signed at bottom by parent and person making request
* Form is sent to EIOD at DOH

The EIOD will then make a determination on form **EI 5093C** and upload this form after obtaining parent signature, along with **EI 5093A/B** into NYEIS for OSC to view and send to parents for their records.

**Important Points**

* Forms EI 5093A and EI 5093B are for Ongoing Service Coordinators to distribute
* Form EI 5093C is for DOH, EIOD use ONLY
* DOH will upload all forms into NYEIS and the OSC will distribute to appropriate parties
* OSC’s are responsible for locating a service provider for any added IFSP service and sending form 5400 to the EIOD indicating name of provider/agency
* EIOD will enter any service authorizations needed into NYEIS

EI 5093 A 6.6.16