NYC EARLY INTERVENTION PROGRAM CAR SERVICE INFORMATION FORM – Manhattan and Brooklyn

New York City Department of Health and Mental Hygiene Early Intervention Manhattan & Brooklyn Car Service Vendor:
Corporate Transportation Group LTD • General number: 718-643-3900 • Contact Number: 718-643-3900 • Contact: Stephanie Prasker
Email: Stephanie@nyc2way.com

Instructions: Within two (2) business days of receiving a service authorization for car service from the Ongoing Service Coordinator (OSC), the Early Intervention service provider agency Transportation Coordinator (TC) completes the **Car Service Information Form** and faxes it to the NYEIS Administration Transportation Liaison at 347-396-8983. The NYEIS Administration Transportation Liaison returns the approved form to the OSC via Fax. The OSC attaches the approved **Car Service Information Form** to the child's integrated case in NYEIS and faxes a copy to the TC.

Section I: Child and Family Information – Completed by Provider Agency Transportation Coordinator		
Child's Name (Last, First):	**EI ID:**	**DOB:**
Parent Name (Last, First):	**Phone:**	
Name of Caregiver Accompanying Child:	**Name of Alternate Caregiver:**	
Pick-up Address:	**Drop-off Address:**	

Section II: Early Intervention Provider Agency Information - Completed by Provider Agency Transportation Coordinator		
Agency Name:	**Address:**	
Transportation Coordinator Name:	**Phone:**	**Fax:**
Transportation Coordinator HIN ID:		

Section III: Service Authorization Information - Completed by Provider Agency Transportation Coordinator

Schedule

	Day(s) that child will attend group	**Session Start Time (AM/PM)**	**Session End Time (AM/PM)**
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Transportation SA Number:

Authorization Period
From: Date:
To: Date:

Comments:

Car Service Vendor: Notification to Proceed with Car Service (NYC Bureau of Early Intervention Use Only)

This form serves to advise Corporate Transportation Group LTD that car service has been approved and can be initiated to the Early Intervention provider identified in Section II of this document on date:_____

Above please find the Parental Contact and Child Scheduling information. Vendor may contact the family to schedule the pick-up. Contact New York City Bureau of Early Intervention at nycnyeis@health.nyc.gov if you have any questions.

NYC Bureau of Early Intervention Approval Signature: Date: