



NYC EARLY INTERVENTION PROGRAM CAR SERVICE INFORMATION FORM – Staten Island

New York City Department of Health and Mental Hygiene Early Intervention Staten Island Car Service Vendor:
JJS Transportation Co. Inc. D/B/A Grant City Car Service • General Number: 718-979-6200 • Contact Number: 718-667-2022
Contact: April Bates • Email: nctaxis@aol.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

Form with fields: 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

Form with fields: Agency Name:, Address:, Transportation Coordinator Name:, Phone:, Fax:, Transportation Coordinator HIN ID:

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

Table with columns: Day(s) that child will attend group, Session Start Time (AM/PM), Session End Time (AM/PM). Includes rows for Monday through Friday. Also includes fields for Transportation SA Number, Authorization Period (From: Date, To: Date), and Comments.

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

This form serves to advise JJS Transportation Co. Inc. D/B/A Grant City Car Service 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: _____