



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.

<input type="checkbox"/> SECTION I: CHANGE IN SERVICE PROVIDER AGENCY – Parent Signature not required	
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: _____	

<input type="checkbox"/> SECTION II: INITIAL SERVICE COORDINATOR (ISC) – Parent Signature not required	
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: _____	

<input type="checkbox"/> SECTION III: ONGOING SERVICE COORDINATOR (OSC) – Parent signature required	
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: ___/___/___	

<input type="checkbox"/> SECTION IV: CHANGE IN SERVICES – Parent Signature required	
A separate form for each service must be completed when the following requests are made:	
<ul style="list-style-type: none"> • Changes to a service type currently on the IFSP (Method, Location, and Frequency can be requested on a single form) • Adding Ongoing Service Coordination units • Adding a service type to an IFSP • Terminating a service type currently on an IFSP 	
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: ___/___/___	