



**New York City Early Intervention Program: Status of Start Date of Services Form**

Child's Name (Last, First)		EI#:
OSC Name:		Date of Completion:
OSC Agency:	OSC Tel:	OSC Fax:
IFSP Type:		IFSP Date:

For Services Not Started  
Within Two Weeks of the IFSP:

Service Type	IFSP Service Start Date"	Authorized EI Agency	Services Started?	Actual Service Start Date	If New Provider is needed, date SC informed RO & TA*
			Y <input type="checkbox"/> N <input type="checkbox"/>		
			Y <input type="checkbox"/> N <input type="checkbox"/>		
			Y <input type="checkbox"/> N <input type="checkbox"/>		
			Y <input type="checkbox"/> N <input type="checkbox"/>		
			Y <input type="checkbox"/> N <input type="checkbox"/>		
			Y <input type="checkbox"/> N <input type="checkbox"/>		
			Y <input type="checkbox"/> N <input type="checkbox"/>		
			Y <input type="checkbox"/> N <input type="checkbox"/>		
			Y <input type="checkbox"/> N <input type="checkbox"/>		
			Y <input type="checkbox"/> N <input type="checkbox"/>		
			Y <input type="checkbox"/> N <input type="checkbox"/>		

\* For any service that has not started within two (2) weeks of the IFSP, due to difficulty in identifying a service provider agency, notify the NYC EIP Technical Assistance Unit (TA) and Regional Office (RO) via the Health Commerce System (HCS) with documentation reflecting all attempts made to secure a new provider. Include the service type, start date, reason for delay in start of service, all agencies contacted, contact name and date of contact, of all agencies contacted to secure a new service provider. Refer to the Start Date of Services Policy.