

New York City Early Intervention Program Parent Consent for Public Transportation, Mileage Reimbursement or Car Service Form

Instructions: This form must be completed when the Individualized Family Service Plan (IFSP) team with the parent and Early Intervention Official Designee determine that Public Transportation, Mileage Reimbursement, or Car Service is appropriate as a means of transportation to an Early Intervention center-based program. This form must also be completed by Ongoing Service Coordinators when requesting transportation amendments.

Child's Name:(Last)	(First)	Date of Birth (DOB):
EI #:	IFSP Period: Start: _____ End: _____	Service Authorization Number: _____

I am aware of the options available to transport my child. I have selected: **Public Transportation** **Mileage Reimbursement** **Car Service**

Public Transportation: The parent/surrogate must initial each item below to indicate consent.

_____ I have received _____ (number) of monthly prepaid MTA Metro Cards to cover the IFSP period above.

_____ I understand that the NYC Early Intervention Program will not replace lost or stolen Metro Cards.

I agree to the provision of public transportation (MTA) services to and from my child's Early Intervention provider.

Parent/Surrogate Name: _____ Signature: _____ Date: _____

Mileage Reimbursement: The parent/surrogate must initial each item below to indicate consent. I agree to have my child transported to and from my child's Early Intervention provider using a personal car.

_____ I must complete the **Mileage Reimbursement Form** with the Transportation Coordinator at the Early Intervention provider to be reimbursed for mileage.

_____ I must submit receipts with the **Mileage Reimbursement Form** to get reimbursement for tolls and parking.

_____ I will receive a maximum of \$100.00 per day for all mileage, toll, and parking costs associated with services authorized on my child's IFSP.

_____ I assume all risk associated with the use of my motor vehicle to transport my child to and from my child's Early Intervention provider.

Parent/Surrogate Name: _____ Signature: _____ Date: _____

Car Service: The parent/surrogate must initial each item below to indicate consent.

My Car Service Vendor: Bronx: New Elegante Car Service (Tel: 917-688-1548 or 1649) Staten Island: JJS Transportation (Tel: 718-667-2022)
 Brooklyn & Manhattan: Corporate Transportation Group (Tel: 718-643-3900) Queens: AMN Management (Tel: 631-918-2233)

_____ My child must be accompanied by a responsible caregiver.

_____ The accompanying caregiver is responsible for bringing the car seat, and correctly installing the car seat.

_____ Car service transportation will only pick up and drop off my child at the locations specified in the IFSP.

_____ If my child will not need car service transportation for any reason, I will give the car service vendor at least 24 hours' notice.

_____ I will call the car service vendor and my Service Coordinator to restart car service transportation after any absence.

Family does not own a car seat, and no means of transportation except car service is appropriate, based on the needs of the child and family.

_____ I received a bank gift card with a value of \$200.00.

_____ I will only use this gift card to purchase a car seat that is appropriate for my child.

_____ I will purchase a car seat by (date) _____ (two (2) weeks after the IFSP meeting), in order for services to begin on time.

_____ If more than \$25.00 is left on the gift card after I buy the car seat, I agree to send a personal check or money order for the remaining balance, and the receipt for the car seat, to: **Early Intervention Fiscal Management, 42-09 28th Street, CN- 48Long Island City, NY 11101. The check must be made payable to: The NYC Department of Health & Mental Hygiene.**

I agree to the provision of car service transportation services to and from my child's Early Intervention provider by a vendor that is in contract with the New York City Department of Health and Mental Hygiene. **I agree that if I choose to pay out of pocket for any transportation service, New York City will not reimburse me.**

Parent/Surrogate Name: _____ Signature: _____ Date: _____