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***Notice of Gap in Service***

All service providers must notify Los Ninos of any interruption of services of 3 consecutive sessions within 48 hours. Cancellation Session Notes are required along with this form. Form will be forwarded to all participating agencies.

## Child Information

Child Name: DOB: / /

First Name Last Name

Reference Number:

Service Coordinator: Contact Number:

## Therapist Information

Therapist Name: Service Type:

## Gap In Service Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dates of Absence**: From: |  |  | To: |  |

**Type of Absence and Reason (please check off all that apply below)**:

|  |
| --- |
| * Family Driven     Child Illness  Family Vacation  Family emergency  Other (explain below)   * Therapist Driven   Therapist Illness  Therapist Vacation  Therapist emergency  Other (explain below)   * Circumstances Beyond Providers Control   Hazardous weather  Civil Emergency  Other (explain below)  Comments:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## Important Dates

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|  |  | **Date Services Resumed/Expected:**  **Date Service Coordinator Informed:**  **Date Parent Informed of Clinician Absence:**  **Not Applicable**  ***Note: Vacations or Extended absences on behalf of Therapist must be informed at least 5 days prior to start.*** |
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