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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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