Child's Name: (Last) _____ (First) _____

EI #:_____ DOB: ____/ _____/ _____

Today's Date: _____/ _____/ _____

Transportation

Transportation services are authorized to enable an eligible child and the child's family to receive Early Intervention services. As per New York State Early Intervention Program Regulations at 10NYCRR, Sec 69-4.19 (b). "…consideration shall first be given to provision of transportation by a parent of a child…" **Transportation options are evaluated in the following order.**

☐ No transportation needed.

☐ Caregiver will transport child either by: ☐ Public Transportation ☐ Private car **Is reimbursement being requested?** ☐ Yes ☐ No

☐ If the Caregiver is unable to transport the child state the reason:_____

The Early Intervention Program will provide transportation by:

☐ School bus

☐ Car Service. If requesting this mode please state reasons why other forms of transportation are not appropriate:
_____

Are there any other needs (e.g., nurse on bus)? _____

Assistive Technology Device Needs:

Names/categories of AT equipment:_____

Reason AT device needed to achieve functional outcome._____

☐ Form attached ☐ Form to be completed ☐ Continued assessment needed ☐ Child currently has AT equipment ☐ Not applicable

Respite Services

Respite is short term, temporary care provided by a trained respite worker or nurse. It is intended to provide support to parents and caregivers who may otherwise be overwhelmed by the intensity and constancy of caregiving responsibilities for their child with special needs. Respite is not a substitute for daycare and the need for childcare is not sufficient alone to justify respite services. *The New York City Early Intervention Program determines the need for respite services based upon the individual needs of the child and family with consideration given to New York State Public Health Laws*.

Does the family express the need for respite services? ☐ Not at this time ☐ Yes ☐ Application attached ☐ Application to be submitted

Has the family applied for other sources of respite? ☐ Not eligible ☐ No *Explain why not.*_____

☐ Yes Give *source, date of application and current status.*_____