

**INDIVIDUALIZED FAMILY SERVICE PLAN
SERVICE COORDINATION ACTIVITIES (Page 7)**

Child's Name: (Last) _____ (First) _____
 EI #: _____ DOB: ____/____/____
 Today's Date: / /

SC Primary Roles:

- Coordinate and monitor the delivery of all services.
- Assist families in obtaining EI and non-EI services.
- Facilitate reviews of IFSP every 6 months.
- Inform caregivers of their rights and procedural safeguards under the Early Intervention Program.
- Obtain and update insurance information and explain to parents how information will be used by EI.
- Discuss transition from EI when the child is 24 or more months old.

I have been given the option of choosing an ongoing service coordinator (OSC) and I have selected:

Name of OSC _____ **SC ID #** _____

Tel. No. _____ **Ext.** _____ **Email** _____

Provider Agency _____ **Provider #** _____

Parent's signature _____

Ongoing SC should:

Assist family in identifying and applying for Public Programs (e.g., Child Health Plus, Medicaid, Medicaid Waiver, WIC, Lead Program, housing). **List the programs:**

Assist family in identifying and applying for other non-EI services needed by child/family (e.g., child care, counseling, recreation services). **List the services:**

Coordinate **co-visits**; reschedule if necessary.

Locate **bilingual services**. If unavailable, contact EIOD to discuss alternatives.

Assist family with **transition**; complete pages 7A and 7B if child is 2 years or older.

Primary Health Care Provider: _____ Name of Medical Center/Facility _____

Address: _____ Phone #: (____) _____ Fax #: (____) _____

I give permission for my service coordinator to send a copy of the IFSP and evaluation reports to my child's primary health care provider

I do not give permission.

Signed: _____ **Date:** ____/____/____

If Parent/Guardian/Surrogate chooses to send the IFSP to others working with their child, such as Early Head Start, or Child Care Providers, complete "Parental Consent to Obtain/Release Information" form.

Additional Concerns: Describe below any concerns (from any members of the IFSP team) that may need follow-up.

Any further evaluations needed? Yes No **Specify what type and why:**