



Infant & Toddler Connection of Virginia

Temporary Family Cost Share Agreement Form

Child's Name: _____ DOB: _____

Section A: 30 CALENDAR DAY DELAY

To be completed when the family does not complete the Family Cost Share Agreement prior to the completion of the Initial/Annual IFSP

- Opting to Delay Services Until I Complete the Family Cost Share Agreement:** Due to extenuating circumstances, I am not able to provide income information at this time. I wish to delay my child's services, other than those available at no cost, until I am able to complete the Family Cost Share Agreement Form. I will notify my Service Coordinator if I am ready to complete the Agreement Form prior to the 30-day deadline.
- Opting to Begin Services and Make a Decision Within 30 Calendar Days on the Completion of the Family Cost Share Agreement Form:** Due to extenuating circumstances, I am not able to provide income information at this time. I wish to start my child's services under this temporary family cost share agreement, which expires on _____ (date), 30 calendar days from the date I signed my child's Initial/Annual IFSP.
- At the end of the 30-day period, I will have the three options listed in Section B below.
 - I am aware that I will be obligated to pay for any services (other than those that must be available at no cost) delivered while this temporary agreement is in effect.
 - If I sign a Family Cost Share Agreement Form no later than 30 calendar days after the IFSP, then I will pay in accordance with the terms of that agreement. Otherwise, I will be responsible for the full charge for any services (other than those available at no cost) provided during the 30 calendar day period.

Parent or Responsible Party Signature

Date

Staff Signature

Date

Section B: 30 CALENDAR DAY RESOLUTION

I was given 30 calendar days from the date I signed the IFSP to provide income information since I was unable to provide that information prior to IFSP development. That 30-day period has ended and I have been given the option to complete the Family Cost Share Agreement Form; delay further services, other than those available at no cost, until I can provide income information; or decline further services. I am:

- Opting to Complete the Family Cost Share Agreement Form and Continue Services:** I have chosen to complete the Family Cost Share Agreement Form and continue services. (A completed and signed Family Cost Share Agreement Form may be used to document this choice instead of checking and signing here.)
- Opting to Delay Services:** I have chosen to delay further services (other than those available at no cost) until I can provide income information. I will notify my service coordinator when I can provide income information.
- Opting to Decline Services:** I have chosen to decline further services and have/will sign the *Declining Early Intervention Services Form*.

Parent or Responsible Party Signature

Date

Staff Signature

Date