

**Infant and Toddler Connection of _____
Initial Early Intervention Service Coordination Plan**

Child's Name: _____ Date of Birth: _____

Medicaid #: _____ ITOTS # _____ Local System #: _____

Service Coordinator: _____ Telephone: _____

Start Date: _____ Projected End Date:** _____

SERVICE COORDINATION GOAL: To determine if _____ is eligible for Part C Early Intervention Services.	
Service Coordination Objectives	ACTIVITIES/ STRATEGIES
1) Complete Intake	<p><i>Meet with child and family member(s)/caregiver to:</i></p> <ul style="list-style-type: none"> • Explain the early intervention process • Discuss concerns regarding child's health and development • Explain rights and procedural safeguards, including those related to eligibility determination • Complete notice and consent form(s) • Review/complete financial agreement and provide information on and/or assistance with applying for SSI, Medicaid, or other resources if applicable. <p><i>Secure releases of information and obtain supporting documentation from other sources: medical records, development assessments, custody orders, & etc.</i></p> <p><i>Complete developmental screening (if indicated) and hearing and vision screening. (unless these will be done at assessment for service planning)</i></p>
2) Complete Eligibility Determination <i>(This plan ends here if child is found ineligible for Part C early intervention.)</i>	<p><i>Schedule eligibility determination team meeting.</i></p> <p><i>Facilitate and participate in completion of eligibility determination process and form.</i></p> <p><i>Inform family whether child is eligible for Part C early intervention.</i></p>
Service Coordination Goal: To prepare for development of the Individualized Family Service Plan (IFSP).	
3) Facilitate assessment for service planning and scheduling of the IFSP meeting	<p><i>Review rights and procedural safeguards related to assessment for service planning and IFSP development and complete notice and consent form if not already done.</i></p> <p><i>Schedule and assure completion of Assessment for Service Planning, including child assessment and determination of family resources, concerns and priorities.</i></p> <p><i>Schedule the IFSP meeting and secure interpreter, if needed.</i></p> <p><i>Provide prior notice of IFSP meeting to family and confirmation of meeting date/time and location to family and other participants.</i></p>
Service Coordination Goal:	

I understand and agree with this Early Intervention Service Coordination Plan:

Parent/Guardian (printed name)

Signature of Parent/ Guardian

Date

Signature of Service Coordinator

Date

** End date cannot exceed 90 calendar days; billing restricted to no more than 3 calendar months.