



Infant & Toddler Connection of Virginia

LICC/Provider Label (w/ Phone Number)

TO: Family
 Address
 City, State & Zip

RE: Child's Name
 ID Number

Declining Early Intervention Services ITCV-PS-6(R) 9/02

Declining One or More Early Intervention Services Recommended by the IFSP Team

I understand that my child and/or ward is eligible to receive all of the services listed on the Individualized Family Service Plan (IFSP) which was developed on _____ (date). I do not, however, wish for my child or family to receive the following service(s):

I am fully aware of the nature of the service(s) being offered for my child and/or ward and that I must give written consent in order to receive this service(s). I do not choose to receive the above listed service(s) from Infant & Toddler Connection of Virginia at this time. I understand that I may change my mind and, if so, will call my service coordinator at the number provided on this form. I also understand that declining this service(s) does not jeopardize any other early intervention service(s) my child or family receives through the Infant & Toddler Connection of Virginia System.

Signature of Parent(s) Date

Signature of Service Coordinator Date

Declining Participation in Infant & Toddler Connection of Virginia

I understand that my child may receive an evaluation to determine eligibility for Infant & Toddler Connection of Virginia services.
-and/or-

I understand that an Individualized Family Service Plan (IFSP) can be developed for my child/family if my child is eligible for Part C.
-and/or--

My child is eligible for Infant & Toddler Connection of Virginia and has a right to obtain the early intervention services outlined in an Individualized Family Service Plan (IFSP). I am fully aware of the nature of services being offered and that my child and/or ward will not be able to receive services from Infant & Toddler Connection of Virginia unless I give my consent.

I do not choose to have my child or family receive an evaluation/IFSP/ services through the Infant & Toddler Connection of Virginia System at this time. I understand that I may change my mind and, if so, will call my service coordinator at the number provided on this form.

Signature of Parent(s) Date

Signature of Service Coordinator Date

N I give permission for someone to contact me in _____ months to check on my child's progress. _____
Initials of Parent(s)

Attachment: Notice of Child and Family Safeguards in the Infant & Toddler Connection of Virginia Part C Early Intervention System

Note: Parents are to receive a copy of this form.

DMH 888E 1050 R12/02