



**NYC EARLY INTERVENTION PROGRAM
NOTIFICATION TO FOSTER CARE AGENCY OF TRANSITION
OUT OF EARLY INTERVENTION**

Date:	EI #:
Child's Name: <i>Last</i> <i>First</i>	DOB:
Name of Parent/Assigned Surrogate: <i>Last</i> <i>First</i>	Address:
Service Coordinator:	Phone No:
Service Coordination Agency:	Fax No:
Foster Care Case Planner:	Foster Care Agency and Fax No:

The above named child will be transitioning out of the EI Program. His/her first potential eligible date for preschool special education services is _____. Their last day of eligibility for Early Intervention services is the day before his/her third birthday unless found eligible for services through the Department of Education's Committee on Preschool Special Education (CPSE).

The parent/surrogate parent has requested a transition conference. This meeting will be held on: (date) _____, at (location) _____. Please contact the Service Coordinator listed above if you will attend, or if you can't attend in person but would like to participate by conference call.

A transition plan will be developed at the IFSP meeting on: (date) _____ at (location) _____. Please contact the Service Coordinator listed above to advise if you will/will not be able to attend.

The parent/surrogate parent has decided to refer the child to the CPSE.

The parent/surrogate parent has decided not to refer the child to the CPSE.

If you have any questions, do not hesitate to contact me at the above number.

Note: SC must send this form to the child's Foster Care Agency



INSTRUCTIONS FOR COMPLETION
NOTIFICATION TO FOSTER CARE AGENCY OF TRANSITION
OUT OF EARLY INTERVENTION

The service coordinator completes this form and sends a copy to the Foster Care Agency. The original is kept in the child's file at the service coordination agency and submitted in the EI-Hub as required by the Transition Chapter.

Note: This form should not be filled out if the child/family is involved in Preventative Services.

1. **Date** – The date the form is completed.
2. **Child's Name, EI #, DOB** – Write this information as it appears on other forms
3. **Name of Surrogate Parent, Address** – The full name and address of the foster or surrogate parent.
4. **Service Coordinator, Phone No.** – Name and phone number of current SC.
5. **Service Coordination Agency, Fax No.** - Name and fax number of the service coordination agency.
6. **Foster Care Caseworker, Agency, Fax No.** – Name of the FC caseworker, agency name and fax number.
7. **ACS, Fax No.** – This information is preprinted. A copy of this form should be faxed to the name and number provided.
8. Fill in the date the child is first potentially eligible for preschool special education services.
 - If the DOB is between **January 1 and June 30**, first eligible date is **January 2** of the year the child turns 3.
 - If the DOB is between **July 1 and December 31**, first eligible date is **July 1** of the year the child turns 3.
9. Check the box if the foster/surrogate has requested a transition conference and indicate *when and where* the conference will take place.
10. Check the box if the transition plan will be developed at the IFSP meeting and indicate *when and where* the IFSP meeting will take place.
11. Check this box if the foster/surrogate has decided to refer the child to the CPSE.
12. Check this box if the foster/surrogate has decided not to refer the child to the CPSE.

*This form **MUST** be attached to the "Transition Tab" in the EI-Hub in the "Written Notification and OptOut panel".*