



## New York City Early Intervention Program Parent Consent for Public Transportation or Mileage Reimbursement

**Instructions:** This form must be completed when the Individualized Family Service Plan (IFSP) team with the parent and Early Intervention Official Designee determine that Public Transportation, or Mileage Reimbursement is appropriate as a means of transportation to an Early Intervention center-based program. This form must also be completed by Ongoing Service Coordinators when requesting transportation amendments.

Child's Name: (Last) _____ (First) _____		Date of Birth (DOB): _____
EI #: _____	IFSP Period: Start: _____ End: _____	Service Authorization Number: _____

I am aware of the options available to transport my child. I have selected:

**Public Transportation**  **Mileage Reimbursement**

**Public Transportation:** The parent/surrogate must initial each item below to indicate consent.

\_\_\_\_\_ I have received \_\_\_\_\_ (number) of monthly prepaid MTA Metro Cards to cover the IFSP period above.

\_\_\_\_\_ I understand that the NYC Early Intervention Program will not replace lost or stolen Metro Cards.

I agree to the provision of public transportation (MTA) services to and from my child's Early Intervention provider.

Parent/Surrogate Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mileage Reimbursement:** The parent/surrogate must initial each item below to indicate consent. I agree to have my child transported to and from my child's Early Intervention provider using a personal car.

\_\_\_\_\_ I must complete the **Mileage Reimbursement Form** with the Transportation Coordinator at the Early Intervention provider to be reimbursed for mileage.

\_\_\_\_\_ I must submit receipts with the **Mileage Reimbursement Form** to get reimbursement for tolls and parking.

\_\_\_\_\_ I will receive a maximum of \$100.00 per day for all mileage, toll, and parking costs associated with services authorized on my child's IFSP.

\_\_\_\_\_ I assume all risk associated with the use of my motor vehicle to transport my child to and from my child's Early Intervention provider.

Parent/Surrogate Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I agree that if I choose to pay out of pocket for any transportation service, New York City will not reimburse me.**

Parent/Surrogate Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_