



**New York City Early Intervention Program Closure Form**

Child's Name (Last, First):	DOB:	EI#
<b>Effective Date of Closure:</b>	<b>Submission Date:</b>	
SC Name (Last, First):	SC Agency:	
Telephone #:	Fax#:	

***I. Early Intervention Program Closure***

Early Intervention Case Closure Reason (select only one):

\*If this form is handwritten, the reason for closure must be limited to those in **Appendix A: Closure Reasons and Definitions of Categories**

\*If the EI case is being closed after an IFSP has been developed, the *Transition panels in the "Transition" tab in the EI-Hub* must be completed or updated and relevant Transition forms attached by the service coordinator before the Closure Form is submitted to the EI Systems Unit. See **Transition Chapter**.

**Parent's Signature:** \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

Parent is unavailable for signature. Explain below:

**Note:** If parent is unavailable for signature, send SC notes, certified letter (if applicable) and certified label (if applicable) to the Regional Office or EI Systems Unit documenting unsuccessful contact attempts and availability issues. Do not obtain parent signature in cases of child death. Refer to the **Closure Policy**.

***II. Transfer to At-Risk (Developmental Monitoring)***

**Parent was informed of Developmental Monitoring Services (At-Risk):**  Transfer to At-Risk  Parent objects to referral to Developmental Monitoring

**If the case is being transferred to At-Risk/ Developmental Monitoring, select all the Risk Indicators that apply:**

<input type="checkbox"/> Gestational age less than 33 weeks	<input type="checkbox"/> NICU stay of ten (10) days or more	<input type="checkbox"/> CNS insult/abnormality	<input type="checkbox"/> Asphyxia (Apgar <=3 at 5 minutes)
<input type="checkbox"/> Abnormalities in muscle tone	<input type="checkbox"/> Growth deficiency/nutrition problems	<input type="checkbox"/> Presence of Inborn Metabolic Disorder	<input type="checkbox"/> Maternal prenatal alcohol abuse
<input type="checkbox"/> Congenital malformations	<input type="checkbox"/> Hypoglycemia	<input type="checkbox"/> Birthweight <1501 grams	<input type="checkbox"/> Hyperbilirubinemia
<input type="checkbox"/> Risk of hearing impairment	<input type="checkbox"/> Perinatally or congenitally transmitted infection (HIV, hepatitis B, e.g.)	<input type="checkbox"/> Maternal prenatal abuse of illicit substances	<input type="checkbox"/> Prenatal exposure to therapeutic drugs with developmental implications
<input type="checkbox"/> Parental developmental disability or mental illness	<input type="checkbox"/> Risk of vision impairment	<input type="checkbox"/> No prenatal care	<input type="checkbox"/> Parental substance abuse
<input type="checkbox"/> Parental or caregiver concern about developmental status	<input type="checkbox"/> Foster care placement	<input type="checkbox"/> Serious illness/traumatic injury with CNS implications/PICU >=10 days	<input type="checkbox"/> Child abuse or maltreatment
<input type="checkbox"/> Chronic Serous Otitis Media continuous for 3 months+	<input type="checkbox"/> Absence of Primary Health Care (by six months of age) or delayed immunizations	<input type="checkbox"/> Elevated Venous lead level (at or above 5 mcg/dl)	<input type="checkbox"/> Maternal PKU
<input type="checkbox"/> Presence of genetic syndrome conferring risk for developmental delay (Specify):			

## New York City Early Intervention Program CLOSURE FORM INSTRUCTIONS FOR COMPLETION

The **Closure Form** may be completed by the Initial (ISC) or Ongoing Service Coordinator (OSC) under the circumstances described below (See Appendix A).

**This form should not be completed if:**

1. **The child will be leaving one EI provider but will continue to receive any services through another EI provider within the five boroughs of New York City;**
2. **An active case is transferred from one borough to another borough; or**
3. **An active case is transferred to another New York State municipality.**

The ISC/OSC will:

1. Complete the identifying information.
2. Complete *Effective Date of Closure* (if applicable) - Effective Date of Closure should only be indicated in those scenarios described in the **Case Closure Policy**.
3. Complete *Date of Submission* – The date of submission must be the date that the **Closure Form** is sent to the Regional Office or the Early Intervention Systems Unit via **HCS Secure File Transfer**.
4. Complete the SC information.
5. Provide the SC telephone and fax numbers.

When the **Closure Form** is completed and submitted by the ISC/OSC along with the other required documents via **HCS Secure File Transfer**, the appropriate staff in the Regional Office or the Early Intervention Systems Unit will review the form and supporting documentation.

### **Initial Service Coordinators – Closures before the child has an Initial IFSP Meeting:**

1. Complete **Section I** of the **Closure Form** when any of the conditions listed under “Closure Reason” occurs (see Appendix A: Closure Reason and Definition of Categories).
2. Obtain parent signature on the **Closure Form**
3. If a child is found not eligible for EI services or does not want to continue with the EI process for any reason, the SC should discuss referral to Developmental Monitoring (At-Risk) with the parents.
  - a. Indicate if parent agrees with a transfer to DM in Section II of the **Closure Form**.
  - b. Select the risk indicators associated with the transfer to DM.
  - c. Select any other risk criteria as applicable to the DM transfer.
4. Keep a completed copy of the **Closure Form** in the child’s Service Coordination Case Record.
5. Send the completed **Closure Form** and related documentation (see below) within 5 calendar days of receiving parent signature or completing required follow-up activities to the Regional Office in the child’s borough of residence via HCS **Secure File Transfer** (SFT). Indicate “Case closure requested for Child ID: XXXXX.” Use the below Regional Office HIN ID:
  - Brooklyn RO HIN ID: BKRO
  - Bronx RO HIN ID: BXRO
  - Queens RO HIN ID: QRO
  - Manhattan RO HIN ID: MRO
  - Staten Island RO HIN ID: SIRO
6. If the parent is unavailable for signature, attach the SC notes, certified letter (if applicable) and certified label (if applicable) documenting unsuccessful contact attempts and parent availability issues. For more information, refer to the **Case Closure Policy**.
7. Parent signature and supporting documentation is **NOT** required in cases of child death.
6. Fax copies of the closure to the evaluation site (if closure occurs before evaluation is completed) and transportation and respite providers, if authorized.

**Ongoing Service Coordinators - Closures after a child has had an Initial IFSP Meeting:**

7. Complete **Section I** of the **Closure Form** when any of the conditions listed under “Closure Reason” occurs (see Appendix A: Closure Reason and Definition of Categories).
8. Obtain parent signature on the **Closure Form**.
9. If the parent wants to stop the delivery of EI services or if a child is determined to no longer need EI services as a result of evaluation procedures but the child is younger than three years of age, the SC should discuss referral to Developmental Monitoring (At-Risk) with the parents if the child meets one of the at-risk conditions established under EI regulations.
  - a. Indicate if parent agrees with a transfer to DM in Section II of the **Closure Form**.
  - b. Select the risk indicators associated with the transfer to DM.
  - c. Select any other risk criteria as applicable to the DM transfer.
10. Keep a completed copy of the **Closure Form** in the child’s Service Coordination Case Record.
11. Complete or update the *Transition panels in the “Transition” tab in the EI-Hub* and upload the relevant Transition forms to the Transition panels. Refer to the **EI-Hub Transition Crosswalk**.
12. Send the completed **Closure Form** and related documentation (see below) within 5 calendar days of receiving parent signature or completing required follow-up activities to the Regional Office in the child’s borough of residence via **HCS Secure File Transfer** (SFT). Indicate “Case closure requested for Child ID: XXXXX.” Use the below Regional Office HIN ID:
  - Brooklyn RO HIN ID: BKRO
  - Bronx RO HIN ID: BXRO
  - Queens RO HIN ID: QRO
  - Manhattan RO HIN ID: MRO
  - Staten Island RO HIN ID: SIRO
13. If the parent is unavailable for signature, attach the SC notes, certified letter (if applicable) and certified label (if applicable) documenting unsuccessful contact attempts and parent availability issues. For more information, refer to the **Case Closure Policy**.
14. Parent signature and supporting documentation is **NOT** required in cases of child death.
  2. Fax copies of the closure to transportation and respite providers, if authorized.

**Regional Office Staff/EI Systems Unit:**

1. Review the **Closure Form** and any supporting documentation submitted via HCS.
2. Send Prior Written Notice (if applicable).
3. Close the child’s EI case in the EI-Hub.
4. If appropriate, open the case in Developmental Monitoring upon transfer.

<b>Appendix A: EI-Hub Closure Reasons and Definitions of Categories</b>	
Attempts to contact unsuccessful	The condition for which the child was receiving EI services has been resolved and the child no longer requires services.
Child deceased	Case is closed due to child's death. The date of the child's death must be entered in the EI-Hub.
Duplicate record for this child	Child is already active in the EI-Hub with another ID number
EI Evaluation found child not eligible	Child had an MDE and was determined to be not eligible for EI services. Child never had an IFSP.
Moved out of state	The family moved out of NYS.
No longer eligible for Part C prior to reaching age three	In order to select this category, child has had an Initial IFSP and receives EI services. This is typically selected when the condition for which the child was receiving EI services has been resolved and the child no longer requires services.
Not eligible for Part B, exited with no referrals	Child has been determined to be not eligible for services by the CPSE and ages out of EI with no referrals to other programs.
Not eligible for Part B, exited with referrals	Child has been determined to be not eligible for services by the CPSE and ages out of EI with referrals to other programs such as: preschool learning center, HeadStart, child care center, health and nutrition services, 3K.
Part B eligibility not determined	Child has aged out of EI but eligibility for services by the CPSE is unknown or the process is incomplete. This category also includes a child for whom parents did not consent to transition planning or to referral to CPSE.
Part B eligible, exited Part C	Child has been determined to be eligible for services by the Committee on Preschool Special Education (CPSE).
Record Modification	Case is being closed as an administrative record modification. Do not use unless instructed by NYC BEI
Withdrawal by parent (guardian)	Parent (or guardian) withdraws from the Program at any time in the EI process.