



**New York City Early Intervention Program
Request for County/Borough Transfer Form**

Instructions: The Service Coordinator must complete this form to notify the Regional Office that a child currently living in one borough will be moving to another borough in NYC or to another county in NYS. For transfers between boroughs, the assigned service coordinator is responsible for finding the Service Provider agency(s) for the Transferring To (receiving) county.

The effective date of transfer is very important. That is the date that the Regional Office will enter as the transfer date in the EI-Hub. As of that date, all service authorizations will close and the SC and providers will no longer have access to the case.

Demographic Information

Child's EI ID Number:	Child's DOB:	
Child's Name: (Last, First)		
Current Address:		
City:	State:	Zip code:
Current Phone Number: Home:		Cell:
Service Coordinator:		ISC: <input type="checkbox"/> OSC: <input type="checkbox"/>
SC Agency Name:		
Tel. #:	Fax:	
Transfer Information		
Note: Providers or Service Coordinators should not initiate transfers in the EI-Hub. Any transfers initiated by providers will be rejected by the receiving borough/county.		
<input type="checkbox"/> Transfer outside of NYC: from: _____ to: _____		
New Address:		
City:	State:	Zip code:
Updated Phone Number: Home:		Cell:
Effective Date of Transfer:		
Parent Consent: I am changing my primary residence to the county listed above. I consent to the transfer of my child's case and all related records. I understand that I may be asked for additional information about this move:		
Parent/Guardian Signature: _____		Date: / /
Note: Once this information is received, the Regional Office will follow-up with the receiving county and enter the Transfer request into the EI-Hub. If there is an MDE in process, the Regional Office will initiate transfer after the MDE is submitted, to prevent delays.		
<input type="checkbox"/> Transfer Between NYC Boroughs: From: _____ To: _____		
New Address:		
City:	State:	Zip code:
Updated Phone Number: Home:		Cell:
Effective Date of Transfer:		
Parent Consent: I am changing my primary residence to the county listed above. I consent to the transfer of my child's case and related records. I understand that my child's plan will be reviewed to make sure that services continue.		
Parent/Guardian Signature: _____		Date: / /
Change in ISC Agency Needed?	NO <input type="checkbox"/> YES <input type="checkbox"/>	Attach ISC Change Form to request in HCS
Change in OSC Agency Needed?	NO <input type="checkbox"/> YES <input type="checkbox"/>	Attach Assignment and Change Form to request in HCS
Change in Service Provider Agency?	NO <input type="checkbox"/> YES <input type="checkbox"/>	Attach Assignment and Change Form(s) to request in HCS
Refer to the Case Closure and Transfer Policy .		
Note: If there is an MDE in process, the Regional Office will initiate transfer after the MDE is submitted.		