Infant & Toddler Connection of Virginia

TO: Family

Address

City, State & Zip

RE: Child's Name

ID Number

Declining Early Intervention Services ITCV-PS-6(R) 7/10(1)

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

I understand that my child 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 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 eligibility determination may be conducted to determine if my child is eligible to receive services through the Infant & Toddler Connection of Virginia. I do not choose to have my child or family receive an eligibility determination at this time.

–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. I do not choose to have an IFSP developed for my child or family through the Infant & Toddler Connection of Virginia System at this time.

–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 will not be able to receive services unless I give my consent. I do not choose to have my child or family receive services 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

If you have concerns in the future call _____
(phone number).

Attachment: *Notice of Child and Family Rights and 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 R7/10