

## NEW YORK CITY (NYC) EARLY INTERVENTION (EI) PROGRAM

ealth	CONSENT TO INITIA	TE OR RESU	ME IN-PERSON	SERVICE	S DURIN	G COVID	-19
Ch	ild's Name:	EI#:		DO	OB:	/	/
Ad	dress:			•	Apt #:		
Cit	ry/Town:	State: Nev	New York ZIF		ode:		
Se	rvices Type to Be Delivered In-Person:		NYEIS Service	Authoriz	ation (SA	A) #:	
Na	ne of Therapist/Teacher:		Ph	none #:			
Se	rice Provider Agency:			Phone #:			
Se	rvice Coordinator:			Phone #:			
Se	rvice Coordinator Agency:		Ph	Phone #:			
be of ame	cructions: This consent must be completed sions. A separate consent is required for eacompleted whenever the SA number changendments. Service Coordinators are required the alth During the Declared State of Emergaded. This consent can be returned by emain E-mail to Exchange Personally Identifiable in the New York Early Intervention System	ch authorize ges as a resulted to obtain gency for CON Il if the paren Information	d service type i t of individualiz parent or guard <u>VID-19</u> to allow It or guardian a	including ed family dian signa for flexib lso signs	evaluation service put ture on to the service put ture on the service put to the service	on(s). An olan (IFSI he <u>Conse</u> crvice del ons the <u>P</u>	updated form must P) reviews and ent for the Use of livery approach as arental Consent to
1. 2. 3. 4. 5. 6.	very during the COVID-19 declared state of ervention (EI) services can be delivered in the Everyone who will be part of the session. My child who is receiving EI services is not Everyone who is in the home or location is session will remain at least 6 feet away from Everyone who will be participating in the hand sanitizer immediately before the sell will provide the therapist or teacher accurativing, immediately before beginning the I will monitor the health of myself, my changes sure that the session does not need if I have signed consent for teletherapy:  a. COVID-19 symptoms, such as fever taste or smell, etc.  b. Having tested positive for COVID-19 c. Being told by a doctor or the NYC TI will notify my Service Coordinator and massion or when I am asked by the therapil I an in-person session must be cancelled of and not in addition to the in-person session.	f emergency. he safest way and is over the trequired to where the El om where the session will w ssion begins ess to a sink, he session an ild and other d to be re-sch , cough, shor est & Trace to y therapist/ bist/teacher & and replaced	I agree to the of possible. The age of 2 years wear a face conservices are bestee session is take wash their hand and immediate soap and paped after the session in my home for at least these of breath 14 days team to remain teacher if anyone fore the session in the session is taken as the s	rs will we overing during delivering placeds with some the following placeds with some the following the following in my ion.	ar a face uring sess ered but bap and v ends. to wash a lowing sy ays later nuscle pa	covering sions. not direct vater or the sort delive in, sore the sort direct (ID-19) Id is sick	ny child's Early  ctly involved in the  use an alcohol-based heir hands after s before each visit to red via teletherapy hroat, new loss of  in advance of the
	The therapist will not bring toys or mater ve received a copy of "Your Family Rights is				sessi0[] 0	mer mar	і рарег.
	, <b>,</b> ,	•		-			
Pare	ent/Guardian Name (Print)	Parent	t/Guardian Sign	nature			Date