



Service Not Available Certification Form

I/We certify that EI specialized services that are requested on the Early Intervention Services Application are not available in

_____ **County for:** _____
(Child's Name)

Through:

- County MRDD board; and
- Is not covered by MRDD, BCMH, Medicaid, or other third party payer*

Signature and Title of County Representative

_____ **Date** _____

Print Name

Agency _____

*** NOTE:** If the family has insurance coverage, but can demonstrate that the use of their insurance for the EI service will result in a financial loss, such as exhausting their lifetime coverage during the service period, discontinuation of the policy, or increased premiums, the family may be determined unable to pay if they meet the other criteria (Complete - Use of Insurance Inability to Pay Statement).