



Early Intervention Services Application Check List

The **Service Coordinator** submits the following documents to the address below:

- Early Intervention Service Application (All required fields completed, signed by Service Coordinator & Family)
- Parent Consent Form & Request for Early Intervention (EI) Services – signed by family
- Copy of Evaluation & Assessment Report with recommendations

OR

- The following Section from the IFSP
 - Section of Child's present development including screening and assessment information
- Copies of the following Sections from the IFSP
 - Section I, Parent and Child information
 - Health and Medical page
 - Outcomes
 - Services and Supports
 - Signature
- Service Not Available Certification Form (signed by County representative)
- Use of Insurance Inability to Pay Statement (**If Applicable**, signed by family)

The **Family** (or Service Coordinator) submits the following documents to the Ohio Department of Health:

- Combined Programs Application (signed by the family)
- Financial documents:
 - Copy of pay stubs for the previous month or most recent four week period **AND**
 - IRS Federal Tax form 1040 from the most recent year.

All of the above items must be received before the application will be processed.

Send all documentation to:
Ohio Department of Health
Bureau of Children with Medical Handicaps and Early Intervention Services
246 N. High Street, 5th Floor
Columbus, OH 43215
Attn: EI Services Payment Application