



Date:

Dear Parent:

Welcome to the Westchester County Department of Health's Early Intervention Program (EIP).

In response to the referral of your child for Early Intervention services, I have been assigned as your Initial Service Coordinator (ISC), to work with your family during the first phase of your entry into the program, and will assist you in selecting the most appropriate agency to evaluate your child, answer any questions that you have, address your concerns and offer additional information.

I will be scheduling an initial visit within the next few days in order to go over the referral packet and any forms that must be filled out by you and your child's physician. At that time, I will be collecting the following forms and information from you.

- \*Proof of Residency (Con Ed, phone bill, etc.)
- \*Copy of Health Insurance Card (front and back)
- \*Notice of Privacy Practices
- \*Authorization to Release Health Insurance Information
- \*Parent Consent to Release and Receive Information
- \*Parent Selection of Evaluator
- \*WIHD Notice and Consent for Destruction of EI Records
- \*WIHD Parent Consent to Use E-Mail to Exchange Personally Identifiable Information
- \*Medical form to be filled out by your pediatrician's office

***\*\*PLEASE return the completed medical form to the evaluation agency as soon as possible\*\****

If you would like to review these forms in advance you can visit our web page at:  
[www.wihd.org/individuals-families-caregivers/early-intervention-family-connection/](http://www.wihd.org/individuals-families-caregivers/early-intervention-family-connection/)

The forms are located on the right sidebar under Early Intervention Forms and Documents.

I look forward to working with your family.

Yours truly,

Initial Service Coordinator, The Family Connection, WIHD

Tel#: \_\_\_\_\_



Sherlita Amler, M.D.  
Commissioner of Health

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

3. Tell me about your child? What does your child enjoy?

*PROMPT:* What are the typical activities and routines of the day for you and your child?

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4. Tell me about your family? (siblings, extended family, caregivers)

*PROMPT:* Who is involved with your child and who can you call on for support for you and your family? \_\_\_\_\_

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5. Are you looking for information or resources outside of the Early Intervention Program?

*PROMPT:* Does your family need help finding community services? \_\_\_\_\_

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6. Do you have insurance? What type of coverage do you have?

*PROMPT:* Do you have Medicaid, SSI, Child Health Plus, Commercial Insurance?

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7. Does your child have a Pediatrician, Neighborhood Health Center?

Physician's name and telephone number: \_\_\_\_\_

Neighborhood Health Center Physician's name and telephone number: \_\_\_\_\_

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8. In order for me to assist you in selecting an evaluator, does your child have an existing medical condition or special needs? \_\_\_\_\_

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Sherlita Amler, M.D.  
Commissioner of Health

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

9. Discuss EI process, refer to the Parent Guide to Early Intervention.

- timeline, 45 day, eligibility
- selection of evaluator, multidisciplinary evaluation
- IFSP meeting, role of EIOD
- selection of the Ongoing Service Coordinator
- due process rights

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10. Discussion on family responsibilities and participation in the Early Intervention Program.

*PROMPT:* If child is eligible, discuss with parent what their role is in the intervention process. i.e. Family Centered Intervention. \_\_\_\_\_

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**WESTCHESTER COUNTY DEPARTMENT OF HEALTH**  
**EARLY INTERVENTION PROGRAM**  
**PARENTAL CONSENT TO INITIATE SERVICE COORDINATION**

Child's Name: \_\_\_\_\_  
Last First

Child's DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

I have been informed by the Early Intervention Initial Service Coordinator (ISC) of the various programs and services the Early Intervention Program (EIP) can provide to my child. I have also been informed that in order to provide such services it will be necessary for the Program to coordinate and exchange information with appropriate service providers.

☐ I consent to the planning and coordination of services for my child.

\_\_\_\_\_  
Signature of Parent/Guardian Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Signature of Initial Service Coordinator Date \_\_\_\_/\_\_\_\_/\_\_\_\_

***Service Coordinator Must Complete:***

Date ISC agency received assignment from WCDOH: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date ISC provided parent(s) the EIP Parent's Guide: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date ISC reviewed "Your Parent's Rights in the EI Program": \_\_\_\_/\_\_\_\_/\_\_\_\_

Date ISC reviewed list of evaluation sites and discussed choice of evaluation site with parent: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of evaluation site selected by parent: \_\_\_\_\_

Date referral made to evaluation site: \_\_\_\_/\_\_\_\_/\_\_\_\_

**WESTCHESTER COUNTY DEPARTMENT OF HEALTH**  
**EARLY INTERVENTION PROGRAM**  
**PARENT SELECTION OF EVALUATION AGENCY**

Child's Name: \_\_\_\_\_  
Last First MI

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Referral: \_\_\_\_/\_\_\_\_/\_\_\_\_

My initial service coordinator has reviewed all options for evaluations and provided me with a list of NYSDOH approved evaluation agencies in Westchester County.

I have been informed that I will be involved in my child's evaluation, I will receive the results of all evaluations, and that a copy of all evaluations will be forwarded to \_\_\_\_\_, my assigned Early Intervention Official Designee (EIOD). If my child is eligible for the Early Intervention Program, the evaluations will assist in developing my child's Individualized Family Service Plan (IFSP).

I choose \_\_\_\_\_ as the evaluation agency that will determine my child's eligibility for the Early Intervention Program. In the event that this evaluation agency does not have availability I choose \_\_\_\_\_, \_\_\_\_\_.  
(Evaluation Agency 2<sup>nd</sup> choice) (Evaluation Agency 3<sup>rd</sup> Choice)

\_\_\_\_\_  
Signature of Parent/ Surrogate Parent

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## **Westchester County Department of Health Children with Special Needs**

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### **Patient Bill of Rights/Notice of Privacy Practices**

I have been provided the opportunity to review the Westchester County Department of Health's Notice of Privacy Practices and Patient Bill of Rights prior to signing this document. The Notice of Privacy Practices for the Westchester County Department of Health is also provided on the Westchester County Department of Health's website at <http://health.westchestergov.com/>.

### **Record Retention Policy**

In accordance with the State Archives and Records Administration, Early Intervention records are maintained by Westchester County until the child turns 21 years old, at which time the record will be destroyed. The county may however maintain a permanent record of the child and family's name and address, and the types and dates of services received without time limitation.

I acknowledge that Westchester County's Notice of Privacy Practices and Record Retention Policy have been reviewed with me.

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Signature of Parent/Guardian

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Relationship to Child

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Date

**Westchester County Department of Health**  
**Early Intervention Program Medical Form**

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Immunization History:**

	<b>Birth – 2 Months</b>	<b>4 Months</b>	<b>6 Months</b>	<b>12-18 Months</b>	<b>18-24 Months</b>	<b>24-30 Months</b>	<b>30-36 Months</b>
(DtaP) Diphtheria, Tetanus, Pertussis							
(IPV) Polio							
(Hib) Haemophilus Influenzae type b							
(Hep B) Hepatitis B							
(MMR) Measles, Mumps, Rubella							
(PCV) Pneumococcal Conjugate							
Chickenpox (Varicella )							

**Testing: Lead:** \_\_\_\_\_ **Results:** \_\_\_\_\_ **TB:** \_\_\_\_\_ **Results:** \_\_\_\_\_

**Date of Last Physical Exam:** \_\_\_\_\_ (Ht.) \_\_\_\_\_ inches \_\_\_\_\_ % (Wt.) \_\_\_\_\_ lbs. \_\_\_\_\_ %

**Ophthalmology:** \_\_\_\_\_ **Results:** \_\_\_\_\_

**Audiology:** \_\_\_\_\_ **Results:** \_\_\_\_\_

**Referrals to other physicians:** \_\_\_\_\_

Please describe below or attach description of child's medical history that has an identified or potential impact upon his developmental growth: Birth defects, prematurity, addiction, respiratory/cardiac compromise, seizure activity, feeding difficulties, other pre-natal or neo-natal difficulties or history of accidents, injuries, hospitalization, etc.

Please describe child's current medications, medical needs or concerns including allergies, if any:

Please describe any emotional, social or behavioral problems of which you are aware:

I hereby recommend that this child receive services from Early Intervention that may include occupational therapy, physical therapy, speech, social work, and/or assistive technology services; if found eligible as per EI NY State Regs. and as per the IFSP.

**Physician's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





**Westchester Institute for Human Development**  
**Notice and Consent for Destruction of Early Intervention Records**

Early Intervention (EI) records are considered educational and are governed by the following regulations related to the retention and destruction of records containing personally identifiable information.

- Federal family Educational Rights and Privacy Act (FERPA)
- Title II-A of Article 25 of Public Health Law
- Intervention Program regulations in 10 NYCRR 69-4.17 (c)
- Title 34 of the code of Federal Regulations (CFR)

**Personally Identifiable Information (PII)**, as used in information security, refers to information that can be used to uniquely identify, contact, or locate a single person or can be used with other sources to uniquely identify a single individual.

The Federal Government defines PII as *“Information which can be used to distinguish or trace an individual's identity, such as their name, social security number, biometric records, etc. alone or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name”*

The records created for your child throughout the Early Intervention process will be retained by WIHD until they reach the age of 21 at which time they will be destroyed by us in a manner consistent with all Federal, state and local regulations and laws in effect at that time.

The process used for destruction of these records may include the use of an outside record disposal company that Westchester Institute for Human Development contracts with specifically for this purpose. The company provides us with a certificate of destruction which is kept on file at WIHD. Companies who contract to provide this service will be in full compliance with all Federal, state and local regulations in effect at the time the records are destroyed.

**You** may request that the documents be destroyed earlier by submitting a request in writing to:

Westchester Institute for Human Development  
Early Intervention Program  
Cedarwood Hall  
Valhalla, New York 10595  
[EarlyIntervention@WIHD.org](mailto:EarlyIntervention@WIHD.org)

Please be aware that you or your child may need the Early Intervention records for future purposes including determination of Social Security Benefits.

By signing this document, I acknowledge that the Policy of WIHD for retention and destruction of Early Intervention records has been explained to me and I consent to the destruction of these records including the use of an outside record destruction company who will be fully compliant with all federal, state and local regulations regarding destruction of personally identifiable information.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Date of Birth

\_\_\_\_\_  
Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Date

## Parental Consent to Use E-mail to Exchange Personally Identifiable Information

Parent's Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

At your request, you have chosen to communicate personally identifiable information concerning your child's early intervention treatment by e-mail without the use of encryption. Sending personally identifiable information by e-mail has a number of risks that you should be aware of prior to giving your permission. These risks include, but are not limited to, the following:

- E-mail can be forwarded and stored in electronic and paper format easily without prior knowledge of the parent.
- E-mail senders can misaddress an e-mail and personally identifiable information can be sent to incorrect recipients by mistake.
- E-mail sent over the Internet without encryption is not secure and can be intercepted by unknown third parties.
- E-mail content can be changed without the knowledge of the sender or receiver.
- Backup copies of e-mail may still exist even after the sender and receiver have deleted the messages.
- Employers and online service providers have a right to check e-mail sent through their systems.
- E-mail can contain harmful viruses and other programs.

### Parental Acknowledgement and Agreement

I acknowledge that I have read and understand the items above which describe the inherent risks of using e-mail to communicate personally identifiable information. Nevertheless, I, \_\_\_\_\_, authorize \_\_\_\_\_ whose e-mail address is \_\_\_\_\_ to communicate with me at my e-mail address, \_\_\_\_\_, concerning my child's, \_\_\_\_\_, participation in the Early Intervention Program (EIP), including but not limited to communication regarding service delivery, his/her progress in the EIP and any other related matters. I understand that use of e-mail without encryption presents the risks noted above and may result in an unintended disclosure of such information.

(Optional) In addition, I give permission for members of my child's treatment team to communicate personally identifiable information concerning my child with each other using unencrypted e-mail. Early intervention team members who I give permission to use unencrypted e-mail to communicate with each other about my child include:

- (1) \_\_\_\_\_ with the e-mail address \_\_\_\_\_
- (2) \_\_\_\_\_ with the e-mail address \_\_\_\_\_
- (3) \_\_\_\_\_ with the e-mail address \_\_\_\_\_
- (4) \_\_\_\_\_ with the e-mail address \_\_\_\_\_
- (5) \_\_\_\_\_ with the e-mail address \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

The goal of the Early Intervention Program is to help families help their children learn and develop.

If your child is eligible for the program, we will assign a team to your child that will include teachers, therapists, a service coordinator, and an Early Intervention Official Designee.

Together, your team will develop a plan and identify services based on your concerns, priorities, and resources. They will work with you to meet your child's and your family's goals.

## What is Telehealth?

Telehealth is when **evaluations** and **therapies** are provided online, through a live video session. It is like receiving an in-person evaluation or therapy session. You can see, hear, and talk to the teacher/therapist/evaluator about your child.

- You will need a smartphone or a laptop/computer and the internet.
- All Early Intervention services are confidential and live telehealth video sessions must meet privacy rules.
- Research shows that telehealth can be as helpful as in-person services for children with different types of developmental delays.

## Telehealth In The Early Intervention Program



### Do Not Wait!

#### Consider Telehealth Evaluations or Services:

- ✓ It will give you greater scheduling flexibility.
- ✓ It is as effective as in-person therapy and has been used in other States for many years.
- ✓ It increases positive child outcomes.
- ✓ It increases parent involvement, a feeling of competence, and empowerment.

#### What to Expect:

- Telehealth and EI supports the parents in a child's life.
- The teacher and therapist will coach you working to support your family during daily routines.
- Babies and toddlers need lots of practice and, when parents receive coaching, their children get more practice and learning with their family in between therapy sessions.

- The teacher or therapist pays close attention to the family's learning style and cultural beliefs to help support your family.
- More frequent and quality back-and-forth interactions between children and their parents help lay the foundation for learning and health, for now and in the future.

### Have Questions or Want More Information?

Please contact the Westchester County Department of Health Early Intervention Program at 914 -813-5090

To make a referral to the Early Intervention Program, please call 914 813-5094- English/Spanish

For information regarding Child-Find at Risk Program, please call 914-813-5328

For information regarding community resources, please call Children and Youth with Special health Care needs- CYSHCN- 914-813- 5076

Westchester  
County

George Latimer, County Executive  
Sherlita Amler, MD, Commissioner  
Department of Health

# Questions And Answers For Families About Telehealth In Early Intervention



## **Q: What is telehealth?**

**A:** Telehealth (or teletherapy) is the way for your child to get Early Intervention (EI) evaluations or services without an evaluator or therapist coming in person to your home, and it works. Research shows it can be as helpful as in-person services for children with different types of developmental delays.

## **Q: What do I need in order to receive EI services by telehealth?**

**A:** You and the evaluator or therapist will each use a tablet, smartphone, or laptop computer so that you can see and hear each other. You will each need a reliable Internet connection.

## **Q: Does telehealth work?**

**A:** Both telehealth and in-person are ways that work well to provide services or evaluate your child. Some states have been offering telehealth as a way to get Early Intervention services for many years. Research shows that telehealth offers more flexibility with scheduling and increases

parent engagement in their child's therapy or evaluation session. Parents say that they feel re empowered to help their child make progress when their child gets teletherapy sessions.

## **Q: I'm not a therapist. How am I supposed to do the therapy activities with my child?**

**A:** Early Intervention has always had a family-centered approach that uses embedded coaching, where the Early Intervention evaluator/therapist coaches *you* in ways to work with your child. When receiving services by telehealth, you only use toys and other items you have at home.

## **Q: My child is young. How are they going to pay attention to the therapist on the screen?**

**A:** You're the one who will see on the screen what the therapist/teacher is explaining. Then you try it with your child and the therapist/teacher sees what you're doing. This way, the therapist/teacher can see what typically occurs during your family's routine activities, the skills your child uses to carry out those routine activities with your help, and how your child interacts with others including you!

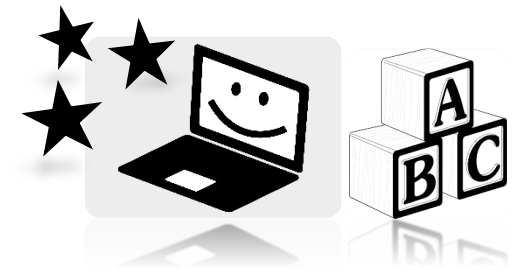
## **Q: What if I want in-person but there are no available service providers?**

**A:** Give telehealth a try. If you've told your IFSP team that you prefer in-person services, they'll keep looking for an in-person service provider while you accept telehealth for the time being. It's much better for your child to receive some of their

services by telehealth than to not receive those services at all while you're waiting for in-person services to be found.

## **Q: I accepted telehealth and we did a few sessions, but I don't feel my child is making progress. What should I do?**

**A:** Give it a little more time. You can also ask your therapist to schedule a few in-person sessions so you can look together for new ways to address a functional outcome without the limits of a screen. This way, the therapist can see your child in-person in their natural environment and may have some new ideas about how to make telehealth work better for you and your child.



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