



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) 6/12

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 Including Facts About Family Cost Share*

Note: *Parents are to receive a copy of this form.*