

Form EI-16

Service coordinator use only

On (date/within 30 days of signed IFSP), this form submitted to DODD with forms EI-04 EI-05 EI-15

Today's date _____ Child's name _____

EIDS number _____ Child's DOB _____

Payment for Early Intervention Services

Parent name			Parent name		
Address			Address		
City	State	ZIP	City	State	ZIP
Social security number			Social security number		
Home phone	Work phone		Home phone	Work phone	
Email			Email		
Child's address				County	
City	State	ZIP	Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female

Recommended IFSP Early Intervention Services (add additional pages if necessary)

Category of service	Name and address of provider	Frequency	Source of payments

Service coordinator's signature		Date	Service coordinator's email		
Service coordinator's name		Agency name		Telephone number	
Address		City		State	ZIP

I hereby authorize the service coordinator listed above to submit this application to the Ohio Department of Developmental Disabilities for payment of services for the child named on this application.

Parent name(s) _____ Parent signature(s) _____ Date _____

For DODD Use Only

Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Initial 55 Units <input type="checkbox"/> Yes <input type="checkbox"/> No	Additional services request <input type="checkbox"/> Yes <input type="checkbox"/> No	Met extraordinary medical <input type="checkbox"/> Yes <input type="checkbox"/> No	Effective date	Expiration date
DODD Staff _____				Date _____	