Healthy Connections BABYNET

## PRIOR WRITTEN NOTICE AND MEETING NOTIFICATION

## Date of Notice:

SECTION 1: SERVICE COORDINATOR AND FAMILY INFORMATION	
FROM:	To:
Intake or Service Coordinator Name:	Parent:
intake of bervice Goordinator (value.	
Address:	Address:
City/State/Zip:	City/State/Zip:
Email:	Email:
Phone number:	Child's Name:
SECTION 2: NOTICE OF PROPOSED ACTION	
As required by Federal law, this notice is being sent to you because a change in IDEA/Part C activities has been planned or proposed for your child, or a meeting with you is needed. The planned or proposed action(s) are checked below. Please contact the Intake Coordinator or Service Coordinator listed above within seven days of the date of this notice if you: ✓ Have questions about this notice, or ✓ Do not agree to the action(s) listed below, or ✓ Want to change the date, time, or location of a proposed meeting.	
An appointment is needed for the following activity or	The IDEA/Part C Record will be closed seven days from
activities:	this notice for the following reason:
Orientation and Intake	
□ Screening	$\Box$ We have not been able to contact you to discuss
Initial or annual eligibility evaluation	IDEA/Part C services.
□ Initial or annual family assessment	☐ You were unable to come to one or more appointments
□ Initial or annual child assessment	for the intake, evaluation, or assessment activities to
An Individual Family Service Plan (IFSP) meeting is	determine eligibility for IDEA/Part C services.
needed:	☐ You have chosen to decline an eligibility evaluation after receiving a screening of your child's development.
□ Initial IFSP □ Annual IFSP	□ Your child is not (or is no longer) eligible for IDEA/Part
<ul> <li>Annual IFSP</li> <li>Review or revision of IFSP*</li> </ul>	C services.
	☐ You have notified IDEA/Part C that you are not (or no
	longer) interested in IDEA/Part C services for the child.
□ Other (Please Explain):	$\Box$ Other (please explain)
*The revisions may include changing the source of payment,	
location, frequency, or duration for one or more IFSP	
services, or adding or removing one or more services to the	
current IFSP.	
APPOINTMENT DETAILS:	
Date:	
Time:	
Location:	
Note: The proposed appointment time can be held sooner than 7 days at the request of the parent. The service coordinator	
should document this choice in the child's electronic record.	

THIS FORM MUST BE ACCOMPANIED BY THE PARENT NOTICE OF FAMILY RIGHTS AND SAFEGUARDS