

COOPER KIDS THERAPY ASSOCIATES

Please fax the form to 516-921-4432

NYCSIP NOTICE OF EXTENDED BREAK IN SERVICE

Date _____

Child Name _____

DOB _____ EI ID # _____

Service Provider Name _____

Service Type _____

As per New York City EIP guidelines, the therapist is required to notify the service coordinator when a child has missed three or more consecutive sessions:

Service Coordinator notified of missed dates: _____
& date services will resume: _____

If a missed session is out of the therapists control: ie; illness, hazardous weather, cancellation by the family, it must be documented on the session note. For any other reason, the family must be notified a week in advance. Date family was notified _____

Following are the dates that the above named child has missed sessions:

Dates:	Reason for Missed Session:
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____

This notification is to help ensure effective monitoring of EI service delivery to all children. Thank you

Therapist signature

Therapist phone #

**Faxed to
Service Coordinator:**

OSC Name