



**NEW YORK CITY (NYC) EARLY INTERVENTION (EI) PROGRAM  
 CONSENT TO INITIATE OR RESUME IN-PERSON SERVICES DURING COVID-19**

Child's Name:	EI#:	DOB: / /
Address:	Apt #:	
City/Town:	State: New York	ZIP Code:
Services Type to Be Delivered In-Person:	NYEIS Service Authorization (SA) #:	
Name of Therapist/Teacher:	Phone #:	
Service Provider Agency:	Phone #:	
Service Coordinator:	Phone #:	
Service Coordinator Agency:	Phone #:	

**Instructions:** This consent must be completed before initiating or resuming ongoing or one-time in-person EI service sessions. A separate consent is required for each authorized service type including evaluation(s). An updated form must be completed whenever the SA number changes as a result of individualized family service plan (IFSP) reviews and amendments. Service Coordinators are required to obtain parent or guardian signature on the [Consent for the Use of Telehealth During the Declared State of Emergency for COVID-19](#) to allow for flexibility in service delivery approach as needed. This consent can be returned by email if the parent or guardian also signs and returns the [Parental Consent to Use E-mail to Exchange Personally Identifiable Information form](#). This consent must be attached to the child's integrated case in the New York Early Intervention System (NYEIS).

I, (Parent/Guardian's Full Name) \_\_\_\_\_, consent to have my child's (enter service type) \_\_\_\_\_ service delivered in person in my home or at (community-based location): \_\_\_\_\_ . I understand that teletherapy continues to be the recommended method of service delivery during the COVID-19 declared state of emergency. I agree to the conditions below so that my child's Early Intervention (EI) services can be delivered in the safest way possible.

1. Everyone who will be part of the session and is over the age of 2 years will wear a face covering.
2. My child who is receiving EI services is not required to wear a face covering during sessions.
3. Everyone who is in the home or location where the EI services are being delivered but not directly involved in the session will remain at least 6 feet away from where the session is taking place.
4. Everyone who will be participating in the session will wash their hands with soap and water or use an alcohol-based hand sanitizer immediately before the session begins and immediately after it ends.
5. I will provide the therapist or teacher access to a sink, soap and paper towels to wash and dry their hands after arriving, immediately before beginning the session and after the session ends.
6. I will monitor the health of myself, my child and others in my home for the following symptoms before each visit to make sure that the session does not need to be re-scheduled for at least 14 days later or delivered via teletherapy if I have signed consent for teletherapy:
  - a. COVID-19 symptoms, such as fever, cough, shortness of breath, chills, muscle pain, sore throat, new loss of taste or smell, etc.
  - b. Having tested positive for COVID-19 in the past 14 days
  - c. Being told by a doctor or the NYC Test & Trace team to remain home due to COVID-19
7. I will notify my Service Coordinator and my therapist/teacher if anyone in my household is sick in advance of the session or when I am asked by the therapist/teacher before the session.
8. If an in-person session must be cancelled and replaced with a teletherapy session, the teletherapy session is instead of and not in addition to the in-person session.
9. The therapist will not bring toys or materials into the home to use during the session other than paper.

I have received a copy of "**Your Family Rights in the Early Intervention Program.**"

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Parent/Guardian Name (Print) \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**NYS EARLY INTERVENTION PROGRAM  
 CONSENT FOR THE USE OF TELEHEALTH DURING DECLARED STATE OF EMERGENCY  
 FOR COVID-19**

Child's Name:	EI#:	DOB:    /    /
Address:		Apt #:
City/Town:	State: New York	Zip Code:
Services Type to Be Delivered Using Telehealth:	NYEIS Service Authorization #:	
Name of Therapist/Teacher:	Phone #:	
Service Provider Agency:	Phone #:	
Service Coordinator	Phone #:	
Service Coordinator Agency	Phone #:	

**Instructions:** A consent form, such as this sample for the use of telehealth as an early intervention service delivery method, must be completed for each service type authorized for the child including evaluation services before telehealth services can be initiated. Telehealth as an early intervention service delivery method is only available *during the declared state of emergency* for COVID-19.

A consent form for the use of telehealth can be returned by email if the parent/guardian also signs and returns the Parental Consent to Use E-mail to Exchange Personally Identifiable Information Form, available here: [https://www.health.ny.gov/community/infants\\_children/early\\_intervention/memoranda/docs/early\\_intervention\\_parent\\_consent\\_to\\_use\\_email.pdf](https://www.health.ny.gov/community/infants_children/early_intervention/memoranda/docs/early_intervention_parent_consent_to_use_email.pdf)

The consent form for the use of telehealth must be attached to the child's integrated case in NYEIS.  
 A separate consent form is required for each early intervention service.

I, (Parent/Guardian's Full Name) \_\_\_\_\_, consent to have my child's (enter service type) \_\_\_\_\_ service delivered using telehealth as an early intervention service delivery method. I understand that the telehealth services that my child will be receiving will fulfill the service mandate in my child's Individualized Family Service Plan (IFSP) and are not being delivered in addition to the home/community-based services that my child is authorized to receive.

I understand that telehealth as an early intervention service delivery method is only available during the declared state of emergency for COVID-19 and that my child's services will be delivered using the method authorized in my child's IFSP after the declared state of emergency for COVID-19 ends.

I understand that telehealth means that early intervention services will be delivered using an audio and video at the same time for the duration of the session. Telehealth does not mean having a telephone call with my child's therapist/teacher.

I understand that I will have access to all early intervention information resulting from the sessions conducted via telehealth in the form of Session Notes and Progress Notes if I request them from my child's Service Coordinator.

I have received a copy of "Your Family Rights in the Early Intervention Program".

\_\_\_\_\_  
 Parent Name (Print)

\_\_\_\_\_  
 Parent Signature

\_\_\_\_\_  
 Date

**New York City Bureau of Early Intervention Sample Checklist for Teletherapy Intervention During the Declared State of Emergency for COVID-19 (3/17/2020)**

**Instructions:** The Service Coordinator must complete this checklist to ensure that the parent/guardian understands what teletherapy entails. A single check list can be completed per child.

Child's Name:	EI#:	DOB: / /
Address:		Apt #:
City/Town:	State: New York	Zip Code:
Service Types to Be Delivered Using Telehealth:  OT, PT, SI	NYEIS Service Authorization(s) #:	
Name of Therapist(s)/Teacher(s):	Phone #(s):	

<b>Checklist</b>	
<input checked="" type="checkbox"/>	SC contacts family about the possibility of using telehealth as a service delivery method.
<input checked="" type="checkbox"/>	Parent/Guardian has access to a Wi-Fi Connection.
<input checked="" type="checkbox"/>	Confirm that family has access to a smartphone/tablet/computer with webcam and speakers. <ul style="list-style-type: none"> <li>• Family's phone/tablet/computer is a(n): <ul style="list-style-type: none"> <li>○ Apple</li> <li>○ Android</li> <li>○ Windows</li> </ul> </li> </ul>
<input checked="" type="checkbox"/>	Check bandwidth (at least 1.5 Mbps) at the family's home using <a href="http://www.Bandwidthplace.com">www.Bandwidthplace.com</a> or another online option.
<input checked="" type="checkbox"/>	Parent/Guardian has used video conferencing in the past (this is not required but can help determine the parent/guardian's comfort level).
<input checked="" type="checkbox"/>	Parent/Guardian understands that a responsible caregiver must be present to participate for the entire duration of the sessions and that they will be actively participating throughout the session.
<input checked="" type="checkbox"/>	Parent/Guardian understands that virtual services pursuant to their IFSP will be in place of and not in addition to their IFSP mandate.
<input checked="" type="checkbox"/>	Parent/Guardian understands that Telehealth as an Early Intervention service delivery method is only available during the declared state of emergency for COVID-19 and that their child's services will be delivered using the method authorized in the child's IFSP once a state of emergency is no longer declared for COVID-19.
<input checked="" type="checkbox"/>	Service Coordinator has obtained signed consent from the family to initiate telehealth therapy
<input checked="" type="checkbox"/>	Service Coordinator has uploaded the signed consent into the Child Integrated Case in NYEIS.

**Please note that the NYC and NYS Early Intervention Program is not able to purchase items for families or pay for internet access.**