

Philadelphia Infant Toddler Early Intervention

GOOD FAITH EFFORT POLICY AND PROCEDURES

SERVICE(S) DELAY

(Loss of family contact before early Intervention service(s) are initiated)

Introduction:

It is the policy of Philadelphia Early Intervention Services that children and families receive the service(s) and supports specified on their Individualized Family Support Plan.

The purpose of the good faith effort process is to:

- Enable early intervention service(s) to begin quickly
- Ensure that all Early Intervention providers use consistent, complete and documented efforts to establish contact with families
- Use the resources in the community and within the Early Intervention system to support a family who is having difficulty accessing Early Intervention service(s) for their child.
- Enable the release of resources in Early Intervention once it has been ascertained that a family cannot be contacted.

Service(s) Delay

NOTE: The process outlined below also applies when service(s) coordinators experience a delay in starting service(s) with families. In those situations, the service(s) coordinator must follow the process as “the service(s) provider”. The GFE letters for service(s) coordinators will be slightly different. (see sample DS-5).

Process:

Each service(s) provider must ensure that every family to whom they will be providing service(s) receives a Family Welcome Letter (see Family Welcome Letter Guidelines and Sample D-1). The letter serves as both an introduction to the service provider(s)/provider agency and as written documentation of key contact persons within the agency and at ChildLink. The letter also requests that the family contact the provider agency or assigned service provider to schedule an *appointment* (See Family Welcome Letter Guidelines for the required contents of the Welcome Letter. Please make certain that Philadelphia Infant Toddler Early Intervention reviews and approves the letter before it is used.)

1. If the service(s) provider makes face-to-face contact with the family within the first 3 working days of receiving authorization to provide service(s), then he/she must take the Welcome Letter to the first meeting with the family.
2. If the service provider is unable to establish contact with the family within 3 working days or receiving authorization to provide service(s), then the service provider must mail the family the Welcome Letter.

3. Once contact is established with a family, the Family/Service Provider Agreement must be discussed and signed at the first meeting. The Agreement should be used to clarify for all participants, the expectations for open and frequent communication in order to receive uninterrupted service(s). These key areas on the Agreement must be reviewed and affirmed/reaffirmed when the Agreement is signed:
 - The responsibilities of family/caregiver and service provider to communicate in advance about appointments that need to be cancelled and rescheduled
 - The provider agency/service(s) provider's commitment to provide uninterrupted service(s) through careful planning and anticipation of need whenever possible
 - Alternative ways that the family can communicate with a service provider(s)/provider agency when appointments are unable to be kept
4. If the service provider has been unable to contact the family to schedule the start of service(s), he/she must inform the ChildLink service(s) coordinator of this fact. The service coordinator and the service provider must then both begin simultaneous attempts to contact the family to discuss the importance of scheduling the start of service(s).
5. If the family does not contact the service provider within 5 working days of the date that the Welcome Letter is mailed, then the service provider must send the **1st Good Faith Letter** (sample DP-2) indicating that he/she has been unable to contact the family to schedule the start of service(s). The letter must indicate the name and telephone number of the service provider(s) and a contact at the provider agency. *SEE NOTE page 3.
6. Both the service provider and service coordinator must continue attempts to contact the family by telephone. Each must follow up with a minimum of three (3) phone calls within the next 5 working days in an effort to establish contact with the family. Each telephone call attempt must be documented in the child's file.
7. If another service provider has begun providing service(s) to the family, the service coordinator and both service providers must work together with the family to schedule the start of the 'un-started' service(s). The service provider who has not yet started service(s) might actually accompany the service provider who has started service(s) on their next visit. The purpose of such collaboration would be to gain access to the family and to schedule an appointment, not to stay for the full visit to simultaneously serve the child.

8. If contact at any point is established, the service(s) coordinator and service(s) provider must discuss with the family the reason(s) why there was a delay in contacting the service(s) provider to schedule the start of service(s). When scheduling the next appointment to start the service(s), the service(s) coordinator and service(s) provider must remind the family to call at least 24 hours in advance to cancel a prescheduled appointment if it cannot be kept. They must also verify that the family has received the contact information for the provider and that the family knows where they can find it.
9. If the family has not contacted the service provider or service coordinator within 5 working days of the date of the **1st Good Faith Letter**, the provider must send **the 2nd Good Faith Letter** (see sample DP-3) to the family. *SEE NOTE.
10. The service provider and service coordinator must also continue attempts, which need to be documented, to contact the family with follow up phone calls and communication with emergency contacts to ascertain the family's whereabouts and discuss the family's intention to start service(s).
11. If the family does not contact the service provider or service coordinator by the date indicated in the **2nd Good Faith Letter**, the service provider must notify the service coordinator of the continued delay. The service(s) coordinator will immediately send a **Letter of Discharge to the family** (see sample DS-6), affecting a discharge from Early Intervention Service(s) (see #'s 12 and 13 for conditions of this termination). The service provider must also send a **Good Faith Provider Discharge Letter** (see sample DP-4) discharging the service from their agency (see sample provider discharge letter attached)
12. If there is more than one service provider involved but the service delay exists only with a specific service provider, the child WILL NOT be discharged from Early Intervention. However, continued efforts must be made to start the delayed service through joint visits, telephone calls and unannounced home visits (by the service coordinator) until contact is established to start this particular service. If after continuous attempts (as defined above in #10) by the provider to communicate with the family fail, then the service will be terminated.

At the next team meeting with the family, the un-started service will be exited from the IFSP if the family has not started or is unwilling to set up an appointment for that service to begin during that meeting. If the family schedules the appointment they will be informed at that time if they miss the appointment (barring a family emergency – SEE NOTE* on page 3) and do not call the service provider or provider agency to cancel in advance and reschedule the service will be exited from their child's IFSP.

13. If the family contacts the service provider, provider agency, and/or service coordinator by telephone prior to the actual discharge and requests an appointment, it may be scheduled. The importance of confirming and committing to this scheduled time must be discussed with the family at the time of contact. **The family must be clearly informed that if this appointment is missed [without a prior call to cancel and reschedule], Early Intervention discharge would become effective the day of the appointment.** An exception to this is a family emergency as defined in **See Note.

If the visit is scheduled 5 working days or more from the telephone conversation, a confirmation letter must be sent (* SEE NOTE) which must state this discharge policy [exception to this, please refer to #12 above].

Because the service coordinator is involved with the GFE process from step #4, a separate GFE process for service(s) coordination is not necessary.

If the family makes contact but misses the appointment without a call to cancel/reschedule, a **Letter of Discharge from Early Intervention** is sent out immediately. If the family does call to cancel and reschedule this appointment, this will be the final time that the appointment will be rescheduled.

Note: ***Family Emergency is defined as an unexpected event that threatens the health and safety of an individual in the immediate family or compromises the family member's basic human needs and prohibits the individual from contacting the service(s) provider in advance of the appointment to cancel and/or reschedule. [Example: a fire, someone needing emergency care, etc.]*

***Correspondence** *A copy of all GFE correspondence to the family must be copied to the service(s) coordinator, and service(s) provider agency (if sent by the service(s) coordinator).*

FAMILY WELCOME LETTER GUIDELINES

(This welcome letter does not substitute for the letter sent by the Service Coordinator identifying the Agency providing services and the services to be delivered. The purpose of this letter is to make contact with the family (if the provider has been able to establish telephone contact) and to give the agencies providing the service the opportunity to introduce themselves and present the individuals from their agencies who will actually deliver the services and their contact information.)

Mail this letter

- If you are unable to establish contact with the family within 5 working days of service authorization, And/or
- If after the first telephone call there is no appointment scheduled within ten days of the service authorization

Hand deliver this letter

- If you are able to reach the family within the above-described period and see them following your service authorization, the letter can be hand delivered by the service provider on the first scheduled visit.

The Family Welcome Letter must include the following items:

1. Identifying information regarding the child being served.
2. Something about your agency.
3. Name of service provider(s), supervisor (of service provider(s)) and EIP Director from the provider agency and contact numbers.
4. Your hours of operation and how to make contact after hours.
5. Service coordinator name and number.

NOTE: A sample letter is attached. Each agency may tailor this letter to fit your agency service(s) and descriptions, however, it must include all of the above. Agencies must submit a draft for county approval.

D-1

SAMPLE FAMILY WELCOME LETTER Agency Letterhead

RE: Child's Name and ChildLink #

Date:

Dear _____

Welcome to Early Intervention!

Our agency has been authorized to work with you on your child's IFSP outcomes. We have enclosed a brochure about our agency for your review.

If we have not already begun service(s), please call the service(s) provider(s) listed below as soon as possible to schedule an appointment.

_____	_____	_____
Name of Service Provider	Service(s)	Telephone Number
_____	_____	_____
Name of Service Provider	Service(s)	Telephone Number

If you have begun your service(s), use this information above to contact your service(s) providers if you are unable to keep a scheduled appointment. We ask that you use these numbers to cancel and reschedule your appointment at least 24 hours in advance.

If you are unable to reach your service(s) provider or if you have any questions about the delivery of service(s) to your family, the person to call is: [*Other contact persons, at agency, their name and phone #* _____]. Our office hours are: _____, however you may leave messages after office hours at any of the numbers listed, by following the telephone directions.

Your Child Link service coordinator is also available to you if you have questions about your service or other issues you would like to discuss.

_____	_____
Name of Service Coordinator	Telephone Number

We look forward to working with you to enhance the development of your child.

Sincerely,

Copy: Service Coordinator

DP-2

PROVIDER FIRST GOOD FAITH LETTER (Service Delay)

Agency Letterhead

Today's Date

RE: Child's Name ChildLink #

Dear (Family, Caregiver):

We are writing to request that you contact us by _____ (5 working days from this letter's date) to discuss your child's early intervention service(s).

We have made several attempts to reach you to schedule the initial appointment. The dates we tried to reach you are:

(List dates of attempts to contact family: i.e.: Welcome Letter, phone calls...)

Please contact the service provider(s) listed below so that they can schedule an appointment with you to provide the service(s) listed on your child's IFSP.

Agency Name

Service Provider

Telephone number

Service(s) for the child

If you do not contact the service provider by _____ (insert the date indicated above), your child may be discharged. Additionally, we are willing to work with you to resolve any problems you may be experiencing regarding scheduling an appointment for your child to begin service(s). If there are other family issues keeping you from communicating with us, please let us know how we can assist you so your child does not miss the opportunity to receive Early Intervention service(s).

Your service coordinator is also available to you if you have questions about your service(s) or other issues you would like to discuss [Service coordinator name and telephone #]. If there is a problem and you cannot continue the service(s) now, please be aware that you can always come back and restart early intervention service(s) by calling Infant Toddler Early Intervention Intake at 215-685-4646 or emailing Birthto3EI@phila.gov

Please contact us as soon as possible to start your service(s).

Sincerely,

Copy: Service(s) Coordinator

DP-3

PROVIDER SECOND GOOD FAITH LETTER (Service(s) Delay)

Agency Letterhead

Today's Date

RE: Child's Name ChildLink #

Dear (Family, Caregiver):

We are writing this second letter to request that you contact us by _____ (5 working days from the date of the letter). Please contact:

Agency Name

Service(s) Provider from Agency

Telephone number

Service(s) for the child

We have made several attempts to reach you to schedule an appointment:

(List dates of attempts to contact family: i.e.: Welcome Letter, phone calls and date of First Good Faith Letter...)

EXAMPLE: On 4/1/04, we left a telephone message on your voice mail...

We want to inform you that your child may be discharged by the County from Early Intervention service(s) if we do not hear from you by _____ (insert date indicated at the top of the letter).

If you are facing any challenges that prevent you from arranging an appointment to begin service(s) please let us know so that we can assist you. Please note, in the event that you are unable to continue service(s) for your child at the present time, you can always restart Early Intervention service(s) by calling Philadelphia Infant Toddler Early Intervention Intake at 215-685-4646 or emailing Birthto3EI@phila.gov

Sincerely,

COPY: Service Coordinator

DP-4
PROVIDER DISCHARGE LETTER
(Service(s) Delay)

Agency Letterhead

Today's Date

RE: Child's Name ChildLink #

Dear (Family, Caregiver):

After numerous attempts we have been unable to contact you to schedule an appointment for the start of service(s). Effective_____, we have discharged your referral for service(s) from our agency. This means that even if you make contact with your service coordinator within the next few days, we will most likely not be your service provider, and we will not initiate any further attempts to make contact with you.

We strongly urge you to contact your service coordinator _____ (SC name) immediately at _____ (SC Phone Number). Without immediate contact from you, your service coordinator will be forced to discharge your family from Early Intervention.

Sincerely,

COPY: service coordinator

DS-5

SERVICE COORDINATOR FIRST AND SECOND GOOD FAITH LETTER (Service(s) Delay)

ChildLink Letterhead

Today's Date

RE: Child's Name ChildLink #

Dear (Family, Caregiver):

I am writing to request that you contact me by _____ (5 working days from this letter's date), to discuss your child's early intervention service(s).

I have made several attempts to reach you to schedule an appointment without success.

(List dates of attempts to contact family: i.e.: Welcome Letter, phone calls...)

Please contact me at the number below to arrange an appointment so that you can access the early intervention service(s) that your child may need. If I am not in when you call, you may call my supervisor whose number is also listed below.

Supervisor's Name:

Supervisor's Number:

I want to inform you that your child may be discharged from Early Intervention if we cannot contact you to begin service(s) .If you are facing any challenges that prevent you from arranging an appointment to begin service(s), please let me know, so that I can assist you and your child does not miss the opportunity to receive Early Intervention service(s).

Sincerely,

Service Coordinator

Service Coordinator Telephone Number

[procedural safeguards attached]

DS-6

SERVICECOORDINATOR DISCHARGE LETTER (Service(s) Delay)

ChildLink Letterhead

Today's Date

RE: Child's Name ChildLink #

Dear (Family, Caregiver):

I am writing to inform you that I have discharged your child from Early Intervention service(s) because we were unable to contact you to schedule an appointment for the start of service(s). This discharge is effective_____.

If for any reason you are not comfortable with this decision you may:

- Request a meeting with the Philadelphia Office of Behavioral Health and Intellectual disAbility Services for a further exploration of your concerns and answers to your questions. Please contact Sharon Burke, Program Manager for Early Intervention Services at 215-685-5941.
- To file a complaint, parents can contact the Office of Child Development and Early Learning (OCDEL), Bureau of Early Intervention Services:
Office of Child Development and Early Learning
Bureau of Early Intervention Services
333 Market Street, 6th Floor
Harrisburg, PA 17126-0333
Phone: 717 346 9320
Fax: 717 346 9330
Email: ra-ocdintervention@state.pa.us
- Requests for facilitation, mediation and due process hearings can be made to the Pennsylvania Office for Dispute Resolution 1-800-222-3353.

If you decide that you would like to resume Early Intervention service(s) for your child and you are ready to make a commitment to be available for the scheduled visits by the service(s) provider(s), you may restart Early Intervention service(s) by calling Philadelphia Infant Toddler Early Intervention Intake at 215-685-4646 or emailing Birthto3EI@phila.gov

Sincerely,

Service Coordinator

Service Coordinator Telephone Number:

Philadelphia Infant Toddler Early Intervention

GOOD FAITH POLICY AND PROCEDURES SERVICE(S) INTERRUPTION

(Loss of Family Contact after Early Intervention Service(s) are Initiated)

Introduction

It is the policy of Philadelphia Infant Toddler Early Intervention that children and families receive the service(s) and supports as indicated on their Individualized Family Support Plan.

The purpose of the good faith effort process is to:

- Enable Early Intervention service(s) to restart quickly
- Insure that all early intervention providers use consistent, complete and documented efforts to reestablish contact with families
- Use the resources in the community and within the early intervention system to support a family who is having difficulty sustaining early intervention service(s) for their child.
- Enable the release of resources in early intervention once it has been ascertained that family contact cannot be resumed.

The Family/Service(s) Provider Agreement is a tool that can be used throughout service(s) provision to review the expectations for open and frequent communication between the family and service(s) provider. This Agreement supports the good faith effort process because it:

- Articulates the responsibility of family/caregiver and provider to be available for service(s)
- Affirms and reaffirms provider's commitment to provide uninterrupted service(s) through careful planning and anticipation of absences and needs
- Serves as a vehicle for discussion and specifies how the family and service(s) provider should communicate when appointments are unable to be kept

Interruption of Service(s)

NOTE: The process outlined below also applies when service(s) coordinators experience an interruption in service(s) with families. In those situations the service(s) coordinator must follow the process as "the service(s) provider". The GFE letters for service(s) coordinators will be slightly different and samples are attached. The purpose of the GFE process for the service(s) coordinator is to document efforts to contact the family in a clear and concise manner. If another agency is involved with and actively seeing the family, the family cannot be discharged from early intervention service(s) by the service(s) coordinator even when they have exhausted the GFE process. In those situations, the service(s) coordinator must repeat steps # 6 and 7 below until

contact has been reestablished with the family. If the child's other service(s) are also interrupted due to a lack of family contact or service(s) coordination is the only service(s) on the IFSP, then the service(s) coordinator may discharge the child from EI after the GFE process has been followed and documented.

Process:

If a family is unavailable for ongoing service(s) (and has not cancelled in advance) when the service(s) provider arrives at the service(s) location for a prescheduled (*See Note for definition) appointment the following steps must be taken:

1. The service(s) provider leaves a contact note at the family's home indicating that the family missed their prescheduled appointment (i.e. 1st missed visit). The contact note includes the next proposed appointment date and time as well as the name and phone number of the service(s) provider. The note also requests family contact.
2. The service(s) provider calls the service(s) coordinator (or sends copy of the contact note) informing them that the family missed their prescheduled appointment.
3. If the service(s) provider does not hear from the family within 2 working days after the first missed visit, he/she attempts to reach the family by telephone. If the visit that was proposed via the contact note is at least 5 working days away, a confirmation letter must be sent to the family for this 2nd appointment with a copy to the service(s) coordinator.
4. The service(s) provider attempts to contact the family by telephone to confirm (**see note) the 2nd proposed appointment.
5. If the family is unavailable for the 2nd proposed appointment (i.e. 2nd missed visit) and has not contacted the service(s) provider to cancel the appointment, the service(s) provider must leave a contact note requesting family contact. The service(s) provider should not plan a third visit to the family if there is no contact by the family and must inform the service(s) coordinator of this 2nd missed visit. The service(s) provider must also send the family/caregiver the **1st Good Faith Letter** (see sample IP-1).

*NOTE: * "Prescheduled" indicates that there was a conversation and agreement with the family/caregiver within 10 working days prior to the visit in order to establish the agreed upon date and time for the visit.*

*** Calling ahead to confirm an appointment is an appropriate step but does not substitute for actually going to a family's home at the time of the scheduled appointment, and is not considered a 'missed home visit.'*

6. Once the service(s) coordinator receives a copy of the **1st GFE Letter** indicating that the second proposed visit was missed, the service(s) coordinator must call other providers involved with the family to determine if there are any other service(s) providers who are successful with this family regarding the provision of service(s).

One option that must be considered is for the service(s) provider for the interrupted service(s) to accompany the other service(s) provider(s) on their next visit in order to make face-to-face contact with the family. The goal of this joint visit is for the service(s) provider

to gain access to the family and schedule their next appointment, and not to stay for the full visit to simultaneously serve the child.

7. The service(s) coordinator must also attempt to reach the family or, if they are unavailable, their emergency contact person, to ask them to have the family call the service(s) provider to schedule an appointment for service(s) as soon as possible.
8. If the service(s) provider or service(s) coordinator is in the neighborhood where the family resides, they must attempt an unannounced visit at the family's home to confirm the date and time for the next appointment. As this is an unplanned visit, neither service(s) providers nor the service(s) coordinator should plan to enter the home unless invited by the family, but rather should ask the family/caregivers to come to the door to arrange a time for a home visit. If the family is not home, a contact note must be left in the door identifying the date and time of the next visit.
9. If there is contact with the family after the **1st GFE Letter** is sent, the service(s) coordinator and service(s) provider must discuss with the family the importance of keeping appointments or calling in advance to cancel them. The 3rd appointment is scheduled and confirmed in writing.
10. If there is no contact within 5 working days of the **1st GFE Letter**, then the service(s) provider must send the **2nd GFE (see sample IP-2)**. If there is no response to this **2nd GFE Letter** by the time frame indicated, then the service(s) will be closed with the provider agency. The provider must send the "Provider Discharge Letter" (see sample IP-3) to the family. (*See Note)
11. If the family calls after receiving the provider's **2nd GFE Letter** and an appointment is scheduled but missed by the family without a call to cancel/reschedule (i.e. 3rd missed visit), the service(s) will be discharged that day. Only a family emergency (**See Note) is considered an exception to this policy. The provider must send the "PROVIDER DISCHARGE LETTER" to the family.

NOTE: **All Provider Good Faith Effort/Intent to Discharge Letters must be copied to the ChildLink service(s) coordinator. This is critical so that the service(s) coordinator's GFE period is not prolonged and follows the documented steps of the provider agency.*

***Family Emergency is defined as an unexpected event that threatens the health and safety of an individual in the immediate family or compromises the family member's basic human needs and prohibits the individual from contacting the service(s) provider in advance of the appointment to cancel and/or reschedule. [Example: a fire, someone needing emergency care, etc.]*

Concurrent Service(s) Coordination Good Faith Effort Process

12. The service(s) coordinator must also begin the Good Faith Effort process once he/she receives a copy of the service(s) provider's **1st GFE letter**. Although the **Service(s) Coordinator's** first GFE letter is the start of the process for service(s) coordination, the letter does not restart the **provider** process. Once the service(s) coordinator has documentation that the provider has indeed made 2 unsuccessful attempts to see the family, they must continue the Good Faith Effort process concurrently with the provider with the Service(s) Coordinator letter additionally emphasizing that:

- There may be a potential change in provider;
- There may be a discharge from the Early Intervention System, if no contact is initiated by family within the given time frame; and

13. If the family does not contact the service(s) coordinator by the date indicated in the **Service(s) Coordinator 1st Good Faith Letter (see sample IS-4)**, then the service(s) coordinator must again attempt to make contact with the family by taking the following steps:

- Call the emergency contact person
- Attempt an unannounced visit (see parameters for unannounced visits in #8 above)
- Ascertain if other service(s) providers are delivering service(s) and join them for a visit for the purpose of gaining access to the family and scheduling an appointment

14. If there is contact from the family within 5 working days of the **Service(s) Coordinator's 1st Good Faith Letter**, the service(s) coordinator must discuss with the family the importance of keeping this appointment or calling in advance to cancel the appointment. The appointment is scheduled and then confirmed in writing to the family. (*See Note)

15. If the family does not contact the service(s) coordinator by the date indicated in the **Service(s) Coordinator's 1st Good Faith Effort Letter**, then the service(s) coordinator must send a **2nd GFE letter** (see sample IS-4) with another date by which the family must make contact. The Service(s) Coordinator must first make contact with the provider to insure that the family has not made contact with them.

16. If the family does not make contact by the date indicated in the **Service(s) Coordinator's 2nd GFE letter**, then The SC must first make contact with the provider to insure that the family has not made contact with them. Only then is the child discharged from early intervention. The Service(s) Coordinator must send a **Letter of Discharge (see sample IS-5)** to the family. Only a family emergency (**See Note) is considered an exception to this policy.

17. If the family makes contact but misses the appointment without a call to cancel/reschedule, a **Letter of Discharge from Early Intervention** is sent out immediately. If the family does call to cancel and reschedule this appointment, this will be the final time that the appointment will be rescheduled.

NOTE: *All Service(s) Coordination Good Faith and Discharge Letters are copied to the provider agency.

***Family Emergency is defined as an unexpected event that threatens the health and safety of an individual in the immediate family or compromises the family member's basic human needs and prohibits the individual from contacting the service(s) provider in advance of the appointment to cancel and/or reschedule. [Example: a fire, someone needing emergency care, etc.]*

IP-1
PROVIDER FIRST GOOD FAITH LETTER
(Interruption)

Agency Letterhead

Today's Date

RE: Child's Name ChildLink #

Dear (Family, Caregiver):

We are writing to request that you contact us by _____ (within 5 working days).

Please make contact with:

Service(s) Provider name:

Telephone # of service(s) provider:

Service(s) type:

There have been several attempts to contact you since _____. (Date of first missed.) Our attempts to reach you were:

(List dates of attempts to provide service(s) and to contact them: Example: On 4/1/12 we came to your house as agreed to provide special instruction, no one was home. A note was left for you rescheduling the appointment and requested contact....

On 4/1/12, we left a telephone message on your voice mail requesting you to contact)

It is very important for us to discuss your child's Early Intervention service(s). If you do not make contact with us or your ChildLink service(s) coordinator,

- Your child will be considered for discharge from Early Intervention Service(s), or
- You may experience a change in provider.

We want to assure you that we are willing to work with you in resolving any problems you may be experiencing regarding the appointments and the service(s) for your child. If there are other family issues prohibiting you from communicating with us, please know that we can help so your child does not miss the opportunity to receive Early Intervention service(s).

Sincerely,

COPY: ChildLink Service(s) Coordinator

IP-2

PROVIDER SECOND GOOD FAITH EFFORTS LETTER (Interruption)

Agency Letterhead

Today's Date

RE: Child's Name ChildLink #

Dear (Family, Caregiver):

We are writing to request that you contact us by _____. Please make contact with:

Service(s) Provider name:

Telephone # of service(s) provider:

Service(s) type:

There have been several attempts to contact you since _____. (Date of first missed.) Our attempts to reach you were:

(List dates of attempts to provide service(s) and to contact them: Example: On 4/1/12 we came to your house as agreed to provide special instruction, no one was home. A note was left for you rescheduling the appointment and requesting contact....;

On 4/1/12, we left a telephone message on your voice mail requesting you to contact)

It is very important that you contact me if you wish to continue receiving service(s) with this agency. Without contact from you by the date indicated above,

- Your child will be discharged from the service(s) and could be discharged from Early Intervention service(s).

Again, I encourage you to contact me by _____ (use date @ top of letter) concerning any problems or challenges you are facing that might be an obstacle in your child receiving appropriate service(s). If there is a problem and you cannot continue the service(s) now, please be aware that you can always come back and restart service(s) with us in the future.

Sincerely,

COPY: ChildLink service(s) coordinator

IS-5

SERVICE(S) COORDINATOR DISCHARGE LETTER (Interruption)

ChildLink Letterhead

Today's Date

RE: Child's Name ChildLink #

Dear (Family, Caregiver):

We have been unable to make contact with you to provide early intervention service(s) to your child despite the numerous letters and visits that have been made. Therefore, we regret to inform you that your child is being discharged from Early Intervention service(s).

If you wish to continue with the service(s), and can make a commitment to be available for visits, please contact me. If you would like to restart Early Intervention service(s) at a later time, you may call Philadelphia Infant Toddler Early Intervention Intake at 215-685-4646 or email Birthto3EI@phila.gov when you are ready.

Sincerely,

Service(s) Coordinator

Service(s) Coordinator Telephone Number

COPY: service(s) provider

IP-3

PROVIDER DISCHARGE LETTER (Interruption)

Agency Letterhead

Today's Date

RE: Child's Name

Dear (Family, Caregiver):

We have been unable to make contact with you to provide our service(s) to your child despite the numerous letters and visits that have been made. Therefore, we regret to inform you that your child is being discharged from the service(s) of our agency.

If you wish to continue with this service(s), and can make a commitment to be available for visits, please contact your service(s) coordinator _____ (SC name and number). They will identify another agency that can provide this service(s) for your child.

If you would like to restart this service(s) at a later time, let your service(s) coordinator know this when you call them and they will arrange for another provider to work with you to schedule a visit.

Sincerely,

Copy: service(s) coordinator

IS-4

SERVICE(S) COORDINATOR FIRST and SECOND GOOD FAITH LETTER (Interruption)

ChildLink Letterhead

Today's Date

RE: Child's Name ChildLink #

Dear (Family, Caregiver):

I am writing to request that you contact me by _____ (within 5 working days). If I am not here when you call, please ask for my supervisor at the number below:

Supervisor's name:

Telephone #:

There have been several attempts to contact you since _____. (*Date of first missed.*) Our attempts to reach you were:

(List dates of attempts to provide service(s) and to contact them: *Example: On 4/1/12 we came to your house as agreed to provide special instruction but no one was home. A note was left for you rescheduling the appointment and requesting contact....;*

On 4/1/12, we left a telephone message on your voice mail requesting you to contact)

It is very important for us to discuss your child's early intervention service(s). If you do not make contact with me by _____ (use date identified above):

- There may be a potential change in provider;
- There may be discharge from the Early Intervention System, if no contact is initiated by family within the given time frame; and

We are willing to work with you in resolving any problems you may be experiencing regarding the appointments and the service(s) for your child. If there are other family issues that prevent you from communicating with us, please let us know so we can help and your child does not miss the opportunity to receive Early Intervention service(s).

Sincerely,

Service(s) Coordinator

Service(s) Coordinator Telephone Number

Copy: service(s) provider

SERVICE AGREEMENT

Between

Name of Parent/Caregiver

And

Service Coordinator

Regarding _____ ChildLink # _____
Child's Name

ChildLink serves young children with developmental needs and their families. We do this by first talking with you regarding concerns you have about your child's development. We then bring together a team of Early Intervention specialists to evaluate your child's development and physical health. If these specialists find your child eligible for Early Intervention services, the team writes the Individualized Family Service Plan (IFSP) that describes the steps that will lead to the changes that you would like to see happen for your child and family. Your service coordinator tells you about services in your community and works to make sure that you receive these services in a smooth and timely way. Because you know your child best and are truly his/her best teacher, it is very important that you work closely with the Early Intervention and ChildLink staff.

This agreement and its provisions relative to missed visits will clarify for all participants the expectations for open and frequent communication. The Agreement:

- Outlines the responsibilities of the family/caregiver and provider
- Establishes the ChildLink's commitment to provide careful planning of uninterrupted services and anticipation of need whenever possible
- Is a tool for open discussion regarding your ability to keep scheduled appointments

I. We want to make sure that each family understands that:

1. Services will be delivered in the natural environment and in most situations this will likely be in your home.

2. There will be no make-up for visits missed when parents/caregivers do not inform service coordinator in advance of cancellation or unavailability.
3. In the case of three consecutive visits missed (with the service coordinator and/or service provider), without advance notice, your child may be discharged from the specific service missed, or from Early Intervention services overall (in cases where visits are missed for all services provided).
4. If you are unhappy with a specific provider offering services to your child, you have the right to request a change of providers or a change in your service coordinator.

II. You, parent/family member/caregiver of _____, agree to:

1. Keep scheduled appointments and actively participate in them.
2. Call me at (service coordinator #) if you are not able to keep a scheduled appointment. Please call as soon as you know this. You have the responsibility to inform us about your availability. We understand that emergencies come up, and we are glad to be as flexible as possible to meet your needs. Remember that you can leave a message 24 hours a day for your service coordinator or their supervisor (supervisor's name) at 215-731-2100.
3. Promptly tell your ChildLink service coordinator of any changes in phone number or address.
4. Provide ChildLink with health reports, the "Child Health Appraisal", and other forms (such as prescriptions) that are necessary to receive services in a timely manner.

III. ChildLink and the Service Coordinator agree to:

1. Work closely with you to make sure that, if your child is found eligible for early intervention services, the IFSP is completed within 45 days of intake and services are obtained in a timely manner after the IFSP.
2. Keep all information about your child and family confidential. We will give no such information to others without your permission, and you can take back your permission at any time by telling your service coordinator.
3. Set up appointments with you for home visits, evaluations and service planning (IFSP) meetings. The appointment dates and times will be worked out with you to best meet your schedule.
4. Work with you to make other arrangements so you will know ahead of time that your service coordinator or other ChildLink staff is not going to be able to keep an appointment or is going to be away for a while.

5. If we are unable to establish contact after the first and second visits are missed, we will:
 - A. Contact you through phone calls, letters, and other means in order to talk with you about your interest in continuing Early Intervention Services.
 - B. If we do not hear from you within 5 working days from the date of our first letter and phone calls, or 5 working days from the date of the second letter (with no contact in between), we will discharge your child from the service provided (or Early Intervention Services if all services are affected). We will notify you in writing of the discharge.
 - C. Your service coordinator will contact you separately to determine if, perhaps, you are interested in changing service providers, or whether or not you are interested in receiving early intervention services at all at this time. You and your child may want to participate in EI services in the future.

I understand that all ChildLink staff and EI service providers are mandated reporters of child abuse and neglect according to the Child Protective Services Law (23 Pa.C.S. Chapter 63) and regulations in Chapter 3490 (relating to protective services). If at any time, the Service Coordinator or early intervention service provider suspects that child abuse or neglect has, or is occurring, or that my child is at imminent risk for abuse and/or neglect, they are required by law to report this suspicion. In every situation, the service providers will share their suspicion or concern in advance with me, and the necessity to report. My initials below indicate that this has been discussed with me.

Parent Initials _____ Date: _____

NOTE: The ChildLink representative has carefully reviewed this agreement with the parent/family member/caregiver, and made certain that the person signing the agreement understands all of it. A copy of the signed agreement will be given to the parent/caregiver and a copy will be retained for the ChildLink file.

PARENT//CAREGIVER

DATE

CHILDLINK SERVICE COORDINATOR

DATE

SERVICE AGREEMENT

Between

Name of Parent/Caregiver

And

Service Provider

Regarding _____
Child's Name

ChildLink Number

We at (Name of Provider Agency) serve young children with developmental needs and their families. Through our services, we want to guide and support you so that you can help your child grow and develop in the best ways possible. Teachers (special instructors), therapists, and other Early Intervention personnel will make regular appointments with you to come to your home or the community setting in which your child spends his or her time. Because you know your child best and are truly his/her best teacher, it is very important that you work closely with the Early Intervention service providers and participate in the services your child receives through Early Intervention.

This agreement and its provisions will clarify for all participants the expectations for open and frequent communication. The Agreement:

- Outlines the responsibilities of the family/caregiver and provider
- Establishes the provider's commitment to provide uninterrupted services through careful planning and anticipation of need whenever possible
- Is a tool for open discussion regarding a family's ability to keep scheduled appointments

We want to make sure that each family understands that:

1. Services will be delivered in the natural environment and in most situations this will likely be in your home.
2. There will be no make-up for visits missed when parents/caregivers do not inform service providers in advance of cancellations or unavailability.

3. In the case of three consecutive visits missed (with the service coordinator and/or service provider), without advance notice, your child may be discharged from the specific service missed, or from early intervention services overall (in cases where visits are missed for all services provided).
4. If you are unhappy with a specific provider offering services to your child, you have the right to request a change of providers.

II. You, parent/family member/caregiver of _____ agree to:

1. Keep scheduled appointments and actively participate in them.
2. Call me at _____ if you are not able to keep a scheduled appointment. Please call as soon as you know this. We understand that emergencies come up, and we are glad to be as flexible as possible to meet your needs. Remember that you can leave a message with my supervisor _____ (supervisor's_name) at _____ or at our agency's general number _____ hours a day.
3. Promptly tell the service provider and your ChildLink Service Coordinator of any changes in phone number or address.

III. The ABC Provider agrees to:

1. Set up appointments with you for (relevant EI services) that are on your child's Individualized Family Service Plan (IFSP). The appointment dates and times will be worked out with you to best meet your schedule.
2. Keep regular appointment times with you. We will let you know of any changes as soon as possible, such as a therapist being ill or a teacher taking vacation time.
3. Plan to provide services without any interruptions. If we know ahead of time that a therapist, teacher or other home visitor is not going to be able to keep an appointment or is going to be away for a while, we will work with you to make other arrangements.
4. Help you find other services for your child, when your child's team agrees that this is best for him/her.
5. Work closely with your ChildLink service coordinator.

We very much want to provide support and services to you and your child. We can only do this, however, with your regular participation. We may not be able to continue services if there are two missed appointments that you did not cancel ahead of the appointment time. If this should happen, the following will occur:

- A. We will contact you through phone calls, letters, and other means in order to talk with you about your interest in continuing the specific service(s) noted on your IFSP.

- B. If we do not hear from you within 7 calendar days from the date of our first letter and phone calls, or 7 calendar days from the date of the second letter (with no contact in between), your child may be discharged from the service provided (or early intervention services overall if all services are affected). We will notify you in writing of the discharge.
- C. Your service coordinator will contact you separately to determine if, perhaps, you are interested in changing service providers, or whether or not you are interested in receiving early intervention services at all at this time. You and your child may want to participate in EI services in the future.

I understand that all ChildLink staff and EI service providers are mandated reporters of child abuse and neglect according to the Child Protective Services Law (23 PA.C.S., Chapter 63) and regulations in Chapter 3490 (relating to protective services). If at any time, the Service Coordinator or any early intervention service provider suspects that child abuse or neglect has, or is occurring, or that my child is at imminent risk for abuse and/or neglect, they are required by law to report this suspicion. In every situation, the service providers will share their suspicion or concern with me in advance, and the necessity to report. My initials below indicate that this has been discussed with me.

Parent/Caregiver Initials _____ **Date:** _____

NOTE: The provider representative has carefully reviewed this agreement with the parent/family member/caregiver, and made certain that the person signing the agreement understands all of it. A copy of the signed agreement will be given to the parent/family member/caregiver and a copy will be retained for the provider file.

PARENT/CAREGIVER **DATE** _____

PROVIDER REPRESENTATIVE **DATE** _____