PARENT REFUSAL TO PROVIDE INSURANCE INFORMATION

INSTRUCTIONS FOR COMPLETION

The Service Coordinator (SC) must complete this form when:
- a parent/caregiver has refused to provide health insurance information to the Early Intervention Program *and*
- the parent/caregiver has not provided documentation that the insurance policy under which their child is covered is <u>not</u> governed under New York State laws and regulations.

A copy of this form will be sent to the NYS Department of Health by the NYC Early Intervention Program to notify them that the parent has refused to provide insurance information.

A. **<u>Identifying Information</u>**

Complete the parent's/caregiver's name, relation to the child (e.g., mother, father, stepfather), address, home and alternate telephone numbers.

B. **<u>Reason for Declining</u>**

Explain in full the parent's/caregiver's reason for not providing the health insurance information.

C. **<u>Service Coordination Information</u>**

Complete the identifying information for the current Service Coordination (either the Initial or Ongoing SC), including name, SC number, name of SC provider agency, provider Early Intervention number, address and telephone number.

D. **<u>Attestation</u>**

The parent/caregiver, SC and Early Intervention Official Designee must sign and date this box indicating that required actions were taken to obtain medical insurance information and that the parent has refused to provide this information. The date of the parent signature will serve as the effective date of refusal.