

**New York City Early Intervention Program
CHILD INFORMATION CHANGE FORM**

Please Print

CHILD'S NAME (Last, First and Middle): _____

EI # _____ DOB: ____/____/____ Date Information Changed: ____/____/____

Service Coordinator: _____ SC ID #: _____

SC Provider Agency: _____ Agency EI#: _____

CHANGES OF CHILD AND/OR FAMILY INFORMATION

A. CHANGE OF TELEPHONE NUMBER – Indicate Home or Work number: Home Work

From: (_____) _____

To: (_____) _____

B. CHANGE OF NAME (OR SPELLING OF NAME)

From: _____
Last, First & Middle

To: _____
Last, First & Middle

Documentation is requested, see instructions. If not available, attach letter explaining reason.

C. CHANGE OF ADDRESS FOR CHILD

From: _____ Apt. # _____

To: _____ Apt. # _____

D. CHANGE OF CAREGIVER/PARENT

From: _____ Relationship: _____

To: _____ Relationship: _____

Attach any available legal documentation.

E. CHANGE DATE OF BIRTH – Documentation requested, see instructions

From: ____/____/____ To: ____/____/____

EIP Data Entry: _____ Date: _____