

NASSAU COUNTY DEPARTMENT OF HEALTH
EARLY INTERVENTION
60 CHARLES LINDBERGH BLVD, SUITE 100
UNIONDALE, NY 11553-3683
(516) 227-8661

FAX

To: (EIOD)

From:

EIOD Fax:

Pages: (including cover sheet)

Agency Phone:

Date:

Agency Fax:

Re:

Here is the ABA schedule for the above-mentioned child. Please be advised of the following:

- Initial/first schedule
- New IFSP period
- Amended schedule
- Change of therapist/team leader
- No new authorizations required
- No schedule changes
- Authorizations required for the following services:

1 _____	6 _____
2 _____	7 _____
3 _____	8 _____
4 _____	9 _____
5 _____	10 _____

- Discontinuation of the following services/authorization numbers:

1 _____	Auth # _____	4 _____	Auth # _____
2 _____	Auth # _____	5 _____	Auth # _____
3 _____	Auth # _____	6 _____	Auth # _____

Comments: _____

Thank you for your assistance in this matter. If you have any questions, please call.

This transmission (including any attachments) may contain confidential and privileged material (including material protected by the attorney-client or other applicable privileges), or constitute non-public information. Any use of this information by anyone other than the intended recipient is prohibited. If you have received this transmission in error, please immediately reply to the sender and delete this information from your system. Use, dissemination, distribution, or reproduction of this transmission by unintended recipients is not authorized and may be unlawful.