**Notice of Interrupted Service Provision**

**Scheduled absences by the interventionist must be notified the providing agency and family five or more business days prior.**

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| --- | --- |
| OSC: | SC Agency: |
| Phone: | Fax: |
| Child: | EI DI: |
| Service Type: | Mandate: |

**Gap in service of more than three consecutive sessions from \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_ due to:**

|  |  |
| --- | --- |
| **FAMILY DRIVEN REASON** | **OTHER CIRCUMSTANCES** |
| * Illness | * Provider vacation   (Family declined coverage: Y / N) |
| * Vacation | * Provider emergency |
| * Emergency | * Provider unable to schedule full mandate   (Family declined coverage: Y / N) |
| * Parent unresponsive | * Agency had difficult staffing therapist |
| * Inconsistent schedule | * Weather |
| * Other (provide reason): | * Other (provide reason): |

**Service will resume: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date family was notified of interventionist’s scheduled absences: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Completed By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **ECA Personnel** |
| Date received: |
| Date OSC was contacted via phone: |
| Date faxed: |
| Date uploaded in NYEIS: |