**Notice of Interrupted Service Provision**

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

|  |  |
| --- | --- |
| 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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