

## New York City Early Intervention Program Parent Consent for Public Transportation, Mileage Reimbursement or Car Service Form

**Instructions:** This form must be completed when the Individualized Family Service Plan (IFSP) team with the parent and Early Intervention Official Designee determine that Public Transportation, Mileage Reimbursement, or Car Service is appropriate as a means of transportation to an Early Intervention center-based program. This form must also be completed by Ongoing Service Coordinators when requesting transportation amendments.

Child's Name:(Last)	(First)	Date of Birth (DOB):
EI #:	IFSP Period: Start:                      End:	Service Authorization Number:

I am aware of the options available to transport my child. I have selected:  Public Transportation  Mileage Reimbursement  Car Service

**Public Transportation:** The parent/surrogate must initial each item below to indicate consent.

\_\_\_\_\_ I have received \_\_\_\_\_ (number) of monthly prepaid MTA Metro Cards to cover the IFSP period above.

\_\_\_\_\_ I understand that the NYC Early Intervention Program will not replace lost or stolen Metro Cards.

I agree to the provision of public transportation (MTA) services to and from my child's Early Intervention provider.

Parent/Surrogate Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mileage Reimbursement:** The parent/surrogate must initial each item below to indicate consent.

\_\_\_\_\_ I must complete the Mileage Reimbursement Form with the Transportation Coordinator at the Early Intervention provider to get reimbursed for mileage.

\_\_\_\_\_ I must submit receipts with the Mileage Reimbursement Form to get reimbursement for tolls and parking.

\_\_\_\_\_ I will receive a maximum of \$100.00 per day for all mileage, toll, and parking costs associated with services authorized on my child's IFSP.

\_\_\_\_\_ I assume all risk associated with the use of my motor vehicle to transport my child to and from my child's Early Intervention provider.

I agree to have my child transported to and from my child's Early Intervention provider using a personal car.

Parent/Surrogate Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Car Service:** The parent/surrogate must initial each item below to indicate consent.

My Car Service Vendor:  Bronx: New Elegante Car Service (Tel: 917-688-1548 or 1649)  Staten Island: JJS Transportation (Tel: 718-667-2022)

Brooklyn & Manhattan: Corporate Transportation Group (Tel: 718-643-3900)  Queens: AMN Management (Tel: 631-918-2233)

\_\_\_\_\_ My child **must** be accompanied by a responsible caregiver.

\_\_\_\_\_ The accompanying caregiver is responsible for bringing the car seat, and correctly installing the car seat.

\_\_\_\_\_ Car service transportation will only pick up and drop off my child at the locations specified in the IFSP.

\_\_\_\_\_ If my child will not need car service transportation for any reason, I will give the car service vendor at least 2 hours' notice.

\_\_\_\_\_ I will call the car service vendor and my Service Coordinator to restart car service transportation after any absence.

Family does not own a car seat, and no means of transportation except car service is appropriate, based on the needs of the child and family.

\_\_\_\_\_ I received a bank gift card with a value of \$200.00.

\_\_\_\_\_ I will only use this gift card to purchase a car seat that is appropriate for my child.

\_\_\_\_\_ I will purchase a car seat by (date) \_\_\_\_\_ (two (2) weeks after the IFSP meeting), in order for services to begin on time.

\_\_\_\_\_ If more than \$25.00 is left on the gift card after I buy the car seat, I agree to send a personal check or money order for the remaining balance, and the receipt for the car seat, to: Early Intervention Fiscal Management, 42-09 28th Street, CN- 48 Long Island City, NY 11101

I agree to the provision of car service transportation services to and from my child's Early Intervention provider by a vendor that is in contract with the New York City Department of Health and Mental Hygiene.

Parent/Surrogate Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_





### New York City Early Intervention Program Justification for Transportation Method

**Instructions:** The Ongoing Service Coordinator (OSC) must complete this form as part of an amendment request. Refer to the NYC EIP Transportation Policy. This form must be completed when a change to an authorized transportation method is requested, or a request to add or change a service authorization to a group or facility-based setting is being requested, and transportation is needed. Incomplete submissions will be returned.

When a particular type of transportation is requested, the OSC must explain why other forms of transportation are not appropriate:

*If car service is requested, complete 1, 2, 3, 4, and 4a (if applicable) • If DOE School Bus is requested, complete 1, 2, 3, and 3a (if applicable).*

*If Family Car is requested, complete 1, 2, and 2a • If Public Transportation is requested, complete 1, and 1a.*

Child's Name:(Last)		(First)	Date of Birth (DOB):
EI #:	IFSP Period: Start:	End:	Transportation SA Number (if applicable):
Currently authorized method of transportation: <input type="checkbox"/> Public Transportation <input type="checkbox"/> Family Car <input type="checkbox"/> DOE bus <input type="checkbox"/> Car Service <input type="checkbox"/> No transportation on IFSP			
Requested change to: <input type="checkbox"/> Public Transportation w/ Metro Card <input type="checkbox"/> Family Car w/ reimbursement <input type="checkbox"/> DOE bus <input type="checkbox"/> Car Service <input type="checkbox"/> No transportation			
Location of service (name and address):			
1. Public Transportation: Indicate why this mode of transportation is or is not appropriate for the child & family based on family situation, medical status etc. 1a: (Metro card request only): Describe the hardship that would be created if Metro Cards are not provided by the EIP:			
2. Family car: Indicate why this mode of transportation is or is not appropriate for the child and family based on the family situation, medical status etc. 2a: (Mileage reimbursement only): Describe the hardship that would be created if mileage reimbursement was not provided by the EIP:			
3. DOE School Bus: Indicate why this mode of transportation is or is not appropriate for the child and family based on the family situation, medical status, etc. 3a: Companions (Maximum 2): Provide a justification for each companion requested:			
4. Car Service: Indicate why this mode of transportation is appropriate for the child and family based on the family situation, medical status etc., etc. 4a: If a Gift Card is requested, describe the hardship that would be created if a Gift Card for the purpose of purchasing a car seat was not provided by the EIP:			

Service Coordinator Name: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_