EI-15	
	EI-15

oday's date	Child's name		Child's DOB	ETID number
Determin	ation of Par	ent Ability to Pa	ay for Early Inter	vention Service
Documentatio	on (only one is requ	ired)		
(A) Ohio Med	licaid card	(B) Ohio WIC card	(C) Parent income	
Parent initials and	eligible for other inco d understand that acco	me based resources. Howev	allows the El Service Coordina ver, I have chosen not to share (D), I will be responsible for pa d 100 units.	e my financial information
			nthly (12) 🗌 Bi-monthly (2	-
Pay stub date(s)				
Gross amount(s)	I			
Parent income:	Weekly (52)	Bi-weekly (26)	nthly (12) 🔲 Bi-monthly (2	24) Family size:
Pay stub date(s)				
Gross amount(s)	·			
Total annual inco	ome:			
	ess than or equal to He vintervention.org/syste	, , ,	insured children? (206% FPL)	Yes No
I have seen and r	_	ntation provided by the pare	ent per OAC 5123-2-10-03 (D	
	ible able to pay fo		5.) and have determined the
parent is una	_	or Early Intervention services	•) and have determined the
El Service Coo	_		5.) and have determined the
El Service Coo El Service Coo I have reviev determinatio System of Pa	rdinator name rdinator signature ved the information us on of whether I am abl	sed to complete this form an e or unable to pay for El ser	5.	s explained to me the io Early Intervention

