

# Form EI-15

Today's date

Child's name

Child's DOB

ETID number

## Determination of Parent Ability to Pay for Early Intervention Services

### Documentation (only one is required)

(A) Ohio Medicaid card

(B) Ohio WIC card

(C) Parent income

Parent initials \_\_\_\_\_ I understand that providing my income information allows the EI Service Coordinator to determine if I may be eligible for other income based resources. However, I have chosen not to share my financial information and understand that according to OAC 5123-10-03 (D), I will be responsible for paying the cost of early intervention services beyond the first publicly funded 100 units.

Parent income:  Weekly (52)  Bi-weekly (26)  Monthly (12)  Bi-monthly (24) Family size: \_\_\_\_\_

Pay stub date(s) \_\_\_\_\_

Gross amount(s) \_\_\_\_\_

Parent income:  Weekly (52)  Bi-weekly (26)  Monthly (12)  Bi-monthly (24) Family size: \_\_\_\_\_

Pay stub date(s) \_\_\_\_\_

Gross amount(s) \_\_\_\_\_

Total annual income: \_\_\_\_\_

Family income less than or equal to Healthy Start Eligibility for uninsured children? (206% FPL) Yes  No

<https://ohioearlyintervention.org/system-of-payments>

I have seen and reviewed the documentation provided by the parent per OAC 5123-2-10-03 (D) and have determined the parent is  unable  able to pay for Early Intervention services.

\_\_\_\_\_  
EI Service Coordinator name

\_\_\_\_\_  
Date

\_\_\_\_\_  
EI Service Coordinator signature

I have reviewed the information used to complete this form and my Service Coordinator has explained to me the determination of whether I am able or unable to pay for EI services. I have a copy of the Ohio Early Intervention System of Payments brochure ([ohioearlyintervention.org/printed-materials](https://ohioearlyintervention.org/printed-materials)). I understand I have dispute resolution options if I have an EI complaint.

\_\_\_\_\_  
Parent name(s)

\_\_\_\_\_  
Parent signature(s)

\_\_\_\_\_  
Date



**Department of  
Children & Youth**

Help Me Grow Early Intervention