Form EI-06	5					
Today's date	Child's	s name	Child's DO	ОВ	ETID number	
Consent fo	r Releas	e or Exchan	ge of Information	1		
			arly Intervention (EI) record. An the federal law, Part C of the Inc			
nformation cannot be nformation may be s copy of this form will consent is not needed	e shared with hared orally o be released to d for certain li	any person or agency r in writing. You may o the agency or perso mited reasons. Please	ract information which is shared or outside of the EI system without decide what information you were when you give permission to refer to your Parent Rights Brook	ut your permiss ant to share or release or excha	ion. With your permission, do not want to share. A ange information. Parent	
3	•	ervention to release o	r exchange with			
Name and/or ager	•					
Contact information	,	•				
the following infor	mation about	my child/me.				
Individualized Family Service Plan (IFSP)			Results of eligil	Results of eligibility determination		
El case no	otes		The entire El re	cord		
Other (sp	ecify)					
Using the follow	ving methods					
phone/tex	xt/video	in person	email/fax/digital upload	paper i	records	
The purpose of the	release or exc	hange of information	is to assist with:			
Eligibility determination for Ohio El			Transition from community pro	Transition from El to preschool or other community programs		
Development of the IFSP			The child's serv	The child's services and progress		
Other (sp	ecify)					
If applicable, describ	oe any limitati	ons in the release or	exchange of information:			
This consent is valid	l:					
Until my	child's third bi	rthday on				
From	to					
and explained my p brochure (<u>ohioearlyi</u> I understand and a	parent rights, intervention.org gree to the re	ncluding giving consumble of the consumb	e of all information related to re ent. I have a copy of the Ohio Ea nderstand I have dispute resolut my child's information. I unders agencies may require their own	arly Interventior tion options if I stand that even	(EI) Parent Rights have an El complaint. though I agree to the	

Parent Name(s)

Lyla Jones

Parent Signature(s)

Date

Help Me Grow Early Intervention

If this form is completed by a person other than the EI Service Coordinator, the EI provider must send a copy to the EI Service Coordinator within five calendar days of signed consent.

Department of Children & Youth