

## First Steps Request for Change or Addition in Service with ED Team Response

To be completed by requesting provider and forwarded to Service Coordinator:

Child's Name: \_\_\_\_\_ ID# \_\_\_\_\_ DOB: \_\_\_\_\_

SERVICE	CURRENT		CHANGE REQUEST		PROVIDER NAME	PHONE#	Justification Y/N
	Duration	Frequency	Duration	Frequency			

Request is for:  Change in Current Service;  Change in location;  Addition of new service,  Termination of Service

Requesting Provider Signature \_\_\_\_\_ Date \_\_\_\_\_ Provider Phone Number \_\_\_\_\_

Service Coordinator \_\_\_\_\_ Date \_\_\_\_\_ Phone Number \_\_\_\_\_

Justification:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ideas/Strategies already utilized:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Documented Communication with team:

\_\_\_\_\_

\_\_\_\_\_

**\*\* ED Team Use Only \*\***

Support Request       Need additional information to support request

ED Team Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EXIT AEPS SCORES / PROGRESS MADE? { 0, -1, -1.5, -2 } / { Yes or No }		
Fine Motor = _____	YES	NO
Gross Motor = _____	YES	NO
Adaptive = _____	YES	NO
Cognitive = _____	YES	NO
Communication = _____	YES	NO
Social = _____	YES	NO

Signature of ED Team Member \_\_\_\_\_ Date \_\_\_\_\_ Billable Time \_\_\_\_\_