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| *North Carolina Infant-Toddler Program* |       |
| *Prior Written Notice and Consent for Evaluation and Assessment* |
| Child’s Name:  |       | Date of Birth: |       |
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| **Reason for Prior Written Notice:** This is to notify you that federal and state regulations require the North Carolina Infant-Toddler Program to provide ten (10) days prior written notice to conduct evaluation and assessment activities. You may agree to have the proposed action(s) occur sooner and not wait the ten (10) days.  |
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| ***Select the appropriate actions for which prior written notice is provided and consent is sought*** |
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| **ELIGIBILITY EVALUATION** | **CHILD ASSESSMENT** |
| **Proposed Action:** [ ]  Initial Evaluation to determine eligibility **OR**[ ]  Evaluation after enrollment to determine ongoing eligibility | **Proposed Action:** [ ]  Initial Child Assessment  |
| **Action: Eligibility Evaluation****Reason**: The purpose of evaluation is to determine your child’s initial or ongoing eligibility for the NC Infant-Toddler Program (NC ITP). | **Action: Child Assessment****Reason**: A child assessment for eligible children is conducted prior to the initial development of the IFSP to inform intervention planning.  |
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| **Consent for Eligibility Evaluation** | **Consent for Child Assessment** |
| I have been **fully informed** of all information relevant to the eligibility evaluation. I understand my consent is voluntary and may be revoked in writing at any time. I understand that my child will not receive the eligibility evaluation unless I give my written consent. | I have been **fully informed** of all information relevant to the child assessment. I understand my consent is voluntary and may be revoked in writing at any time. I understand that my child will not receive the assessment unless I give my written consent. |
|       ***(initial)*** I give my consent for the NC ITP to carry out the eligibility evaluation as described above. |       ***(initial)*** I give my consent for the NC ITP to carry out the assessment as described above. |
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| **Consent to Bill Insurance / Medicaid**      ***(initial)*** I have received a copy of the *NC ITP System of Payment Notification*. The notifications related to billing private and public insurance benefits have been explained to me and I understand them.       ***(initial)*** I understand that evaluation, assessment and service coordination activities are provided at no cost to all families, regardless of consent for billing private or public insurance benefits. **[ ]**  I Do [ ]  I Do Not give consent for the NC ITP and authorized service providers to bill the private insurance and / or public insurance (Medicaid), on record for my child, for the Eligibility Evaluation and/or Child Assessment *(and related service coordination activities as applicable prior to initial IFSP development)*. I authorize the release of medical or clinical information necessary to process the insurance claim. If my child is covered by private insurance and Medicaid, I understand that Medicaid policy is that private insurance must be billed first before Medicaid benefits can be accessed.  |
| Parent Signature       |  | Date       |
| **Parental Notice of Child and Family Rights and Procedural Safeguards:** A copy of the ***North Carolina Infant-Toddler Program Notice of Child and Family Rights***document is provided to you and pertinent rights and procedural safeguards are reviewed and explained as an accompaniment to all prior written notice forms. This information includes all the procedural safeguards that are available, including a description of mediation, due process and state complaint procedures and the timelines for those procedures. |  | **For CDSA Use** (check and complete all that apply): |
|  |  | [ ]  | Notice mailed on  |       |
|  |  | [ ]  | Notice hand-delivered on |       |
|  |  | [ ]  | Parent agreed on |       |
|  |  |  | to have the proposed action(s) occur sooner and not wait the ten (10) day prior notice time. |