



Ohio Help Me Grow Early Intervention Prior Written Notice

Date: _____	Early Track ID: _____
Child's Name: _____	Date of Birth: _____

Dear: _____

(Parent) _____

Address: _____

City/State/Zip: _____

This is to notify you of your child's eligibility determination for Ohio's Help Me Grow Early Intervention.

Name of Person Initiating or Proposing Action: _____

Action(s) being proposed:

Evaluation results indicate that your child is not eligible for Ohio's Help Me Grow Early Intervention Program at this time. Enclosed is a copy of your child's Evaluation and Assessment report.

Recent assessment results indicate that your child does not need Ohio's Help Me Grow Early Intervention Program services at this time to support their development. Enclosed is a copy of your child's Evaluation and Assessment report.

A copy of the "Parents Rights in Ohio Help Me Grow" brochure is enclosed for your convenience.

Ohio's Help Me Grow Early Intervention
 Program Service Coordinator Signature: _____ Date: _____

Printed Name: _____ Agency: _____

This is to notify you of changes being proposed to your child's/family's Ohio's Help Me Grow Early Intervention Program services as listed on your Individualized Family Service Plan.

Name of Person Initiating or Proposing Action: _____

Action(s) being proposed: _____ Effective Date of Change: _____

Initiate or change an Ohio's Help Me Grow Early Intervention Program service as currently written on your child's Individualized Family Service Plan. A copy of the "Parents Rights in Ohio Help Me Grow" brochure is enclosed for your convenience.

Reason(s) for Action(s)

Service Provider Signature: _____ Date: _____

Printed Name: _____ Agency: _____