CHILD AND FAMILY CONNECTIONS
PROVISIONAL PROVIDER AUTHORIZATION REQUEST

Section 1: Family Information

CFC # _____

Child's Name _____ Parent/Guardian's Name _____

Address _____ Phone # _____

City, State & Zip _____ CBO/EI # _____ Date of Birth _____

Section 2: Non-Enrolled Service Provider Information and Certification

Provider's Name _____ Agency, if app. _____

Address _____

City, State & Zip _____ Daytime Phone _____

Is provider in the process of enrolling with Provider Connections? (*Check one*) ☐ YES ☐ NO

Is provider credentialed with Provider Connections but not as an evaluator? (*Check one*) ☐ YES ☐ NO

Attach copy of qualifying license, certification or credential to this request, if applicable.

I certify that I will provide the requested Early Intervention (EI) service at the state rate and will submit monthly bills to DHS for services rendered. I understand that provisional authorization must be received from DHS **prior** to service provision. I understand that this provisional authorization will end as soon as an enrolled provider is available to serve the child.

Provider Signature _____ Date _____

Section 3: EI Service Coordinator Information and Certifications

Current Service Coordinator Name _____ Phone # _____

I, the Service Coordinator, certify:

1) that the EI service requested is necessary for Evaluation or Assessment or is on an IFSP functional outcome page;
2) that the parents have signed the *CFC Acknowledgement of Receipt of Notices* or Section 7 of the IFSP to indicate their permission to implement the service requested; and
3) that no enrolled provider is available to provide the service(s) requested.

Discipline	Service Needed (Direct/IFSP/Eval)	Begin Date	Location	Natural Env.	# of Times	Auth/ Month/ Week	Minutes/ Session
			☐Onsite ☐Offsite	☐ YES ☐ NO			
			☐Onsite ☐Offsite	☐ YES ☐ NO			
			☐Onsite ☐Offsite	☐ YES ☐ NO			

Names of Enrolled EI Providers contacted and reason unavailable ***(REQUIRED):*** _____

Service Coordinator Signature _____ Date _____

CFC Program Manager Signature _____ Date _____

Section 4: Checklist of Required Attachments

For All Requests:	☐ Completed W-9 on Current Version of Form (only need to submit first time) ☐ Copy of license, certification or credential, if applicable (only need to submit first time)
Prior to Initial IFSP:	☐ Copy of *CFC Acknowledgement of Receipt of Notices*
Child has an IFSP:	☐ Copy of cover page, applicable functional outcome page(s) & signature implementation page of IFSP
Interpreter/Translator:	☐ Provide the language and specific authorization increment for each service (not a total block of time.) Language, ***(Required)*:**

****CFC MUST SUBMIT FORM AND ATTACHMENTS TO DEPARTMENT OF HUMAN SERVICES FOR DECISION****