Form EI-15

Today's date | Child's name | Child's DOB | ETID number

Determination of Parent Ability to Pay for Early Intervention Services

Documentation (only one is required)

☐ (A) Ohio Medicaid card ☐ (B) Ohio WIC card ☐ (C) Parent income

Parent initials

I understand that providing my income information allows the EI Service Coordinator to determine if I may be eligible for other income based resources. However, I have chosen not to share my financial information and understand that according to OAC 5123-10-03 (D), I will be responsible for paying the cost of early intervention services beyond the first publicly funded 100 units.

Parent income: ☐ Weekly (52) ☐ Bi-weekly (26) ☐ Monthly (12) ☐ Bi-monthly (24) Family size: _____

Pay stub date(s) _____

Gross amount(s) _____

Parent income: ☐ Weekly (52) ☐ Bi-weekly (26) ☐ Monthly (12) ☐ Bi-monthly (24) Family size: _____

Pay stub date(s) _____

Gross amount(s) _____

Total annual income: _____

Family income less than or equal to Healthy Start Eligibility for uninsured children? (206% FPL) Yes ☐ No ☐
https://ohioearlyintervention.org/system-of-payments

I have seen and reviewed the documentation provided by the parent per OAC 5123-2-10-03 (D) and have determined the parent is ☐ unable ☐ able to pay for Early Intervention services.

EI Service Coordinator name | Date

EI Service Coordinator signature

I have reviewed the information used to complete this form and my Service Coordinator has explained to me the determination of whether I am able or unable to pay for EI services. I have a copy of the Ohio Early Intervention System of Payments brochure (ohioearlyintervention.org/printed-materials). I understand I have dispute resolution options if I have an EI complaint.

Parent name(s) | Parent signature(s) | Date

Department of Children & Youth
Help Me Grow Early Intervention