



**SERVICE COORDINATION  
NOTIFICATION FORM  
FOR  
EARLY INTERVENTION PROGRAM  
HEALTH RELATED SERVICES AND CASE MANAGEMENT  
UNDER THE MARYLAND MEDICAL ASSISTANCE PROGRAM**

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
(As listed on the MA card)  
 Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Medical Assistance Number: \_\_\_\_\_ ITP State ID #: \_\_\_\_\_

I give permission to the PGCPS Early Intervention Program to bill Medical Assistance (MA) for Health Related Services (Physical, Occupational, Speech and Language Therapy, Nursing, Social Work, Psychologist Services) and Case Management Services related to implementation of my child's Individualized Family Services Plan (IFSP) goals. I understand refusal to provide consent to bill MA will not relieve the Early Intervention Program requirement to provide the services on the IFSP at no cost to the parent.

I choose to accept Early Intervention case management services for my child through PGCPS Early Intervention Program. I understand that the purpose of this service is to assist in gaining access to needed medical, social, educational, and other services. I understand that continuation of this service depends on my child's eligibility for the Prince George's County Early Intervention Program.

Acceptance of this service does not restrict or otherwise affect my child's eligibility for other Medical Assistance benefits. I do understand that my child may receive only one type of case management services under the Medical Assistance Program if he or she qualifies for more than one type.

Service Coordinator/Case Manager (Please Print)	Signature/Date
Service Coordinator/Case Manager (Please Print)	Signature/Date

*I agree to service coordination for my child. I also agree to the appointment of the IFSP Service Coordinator(s) identified above as my child's Service Coordinator(s) as outlined in COMAR 10.09.40. I understand that I am free to choose a Service Coordinator for my child and that if I wish to change my child's Service Coordinator in the future; I can call the Early Intervention Program to make the change. I understand that by not returning the signed form within 15 days constitutes my implied consent and agreement to accept the assigned IFSP Service Coordinator / Case Manager(s) as written.*

Signature of Parent (or Legally Authorized Representative)	Date Signed
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**Prince George's County Public Schools Infants and Toddlers Program**

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