



INDIANA FIRST STEPS REQUEST FOR CHANGE OR ADDITION IN SERVICE WITH ELIGIBILITY DETERMINATION (ED) TEAM RESPONSE

State Form 54960 (4-12)



This form is to be completed by the requesting provider and forwarded to the Service Coordinator.

| Name of child | | | | First Steps identification number | Date of birth of child (month, day, year) | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|----------------|-----------------------------------|-------------------------------------------|-------------------------|----------------------------------------------------------|
| SERVICE | CURRENT | | CHANGE REQUEST | | PROVIDER NAME | TELEPHONE NUMBER | JUSTIFICATION |
| | Duration | Frequency | Duration | Frequency | | | |
| | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Request is for: <input type="checkbox"/> Change in Current Service <input type="checkbox"/> Change in location <input type="checkbox"/> Addition of new service | | | | | | | |
| Signature of Requesting Provider | | | | | Telephone number () | Date (month, day, year) | |
| Name of Service Coordinator | | | | | Telephone number () | Date (month, day, year) | |



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|------------------------------------------------------------------------------------------------------------------|-------------------------|---------------|
| Justification: | | |
| Ideas/strategies already utilized: | | |
| Documented communication with team: | | |
| ED TEAM USE ONLY | | |
| <input type="checkbox"/> Support Request <input type="checkbox"/> Need additional information to support request | | |
| ED Team Comments: | | |
| Signature of ED Team Member | Date (month, day, year) | Billable Time |