

## AzEIP Transfer Request Form

The Service Coordinator must follow all steps outlined in the AzEIP Transfer Procedures, and complete this form as indicated in the AzEIP Transfer Procedures.

**Child is transferring to a:**  Multi-Contract Region  Single Contract Region

**Name of Child:**

**Date of Birth:**

**I-TEAMS ID#:**

**Updated Address:**

**New Zip Code:**

**Eligibility:**  AzEIP only  DDD  DD-only  ASDB

**Who currently holds Service Coordination:**  AzEIP Contractor  DDD

**The complete Child Record will be:**  Faxed  Emailed securely  Hand-Delivered

To:

Date:

**Explanation of where the child is in the early intervention process:**

Describe child's current status:

*(i.e., needs evaluation, pending IFSP needing scheduled, DDD eligibility pending, ongoing child transfer, etc.)*

If the child has an active IFSP, include the services and frequency *(i.e., PT is TL 12 units/6 mo, SLP JV 3 units/6 mo)*

**Any other important information to share with the receiving EIP:**

**The transferring Service Coordinator must ensure that all data is completed and updated in I-TEAMS up to the date of transfer; which includes:**

I-TEAMS Data	Service Coordinators Initials
Completed Child Demographic page, including the <b>new address</b> and updated parent contact information	AW
Up-to-date Insurance Page	n/a
Up-to-date Eligibility Page	n/a
Up-to-date Assign/Change Team Members page ( <i>must be up to date with all assigned core team members prior to transfer</i> )	n/a
Up-to-date IFSP page	n/a
Completed Child Indicators, if applicable	n/a
Up-to-date Transition Page, if applicable	n/a

**The child record has been transferred in I-TEAMS on:**

**Date:**