

## AZEIP Request for Transfer

Service Coordinator needs to:

Email "to" [AZEIPiTEAMS@azdes.gov](mailto:AZEIPiTEAMS@azdes.gov)

Please "cc" the Team Lead, Active team members, DDD if involved, ASDB if involved, and

Subject line: "Request for re-Assignment"

iTEAMS ID#:

Name of Child:

Date of Birth:

New Zip Code:

Updated Address:

Phone Number:

Parent/Guardian:

Eligibility: To Be Determined AZEIP Only ASDB DDD (State Only  Targeted ALTCS)

Who currently holds Service Coordination?  AZEIP Contractor ASDB DDD

SC Name: Best Contact Number:

How will the child's record be transferred? Faxed Emailed Securely Hand Delivered

Where in the process is the Child? (Example: still needs initial visit, needs evaluation, ready to schedule IFSP, this child is ongoing)

If the child has an IFSP, please give a quick summary of the service plan? (Example: SC 2 hrs/month, PT is TL 4x/month, etc.)

Notes: