

**Request for Authorization – Specialty Assessment
Pilot Form**



Child Information			
Name of child		First Steps identification number	
Date of birth (mm/dd/yyyy)	Date of intake (mm/dd/yyyy)	Date of IFSP (mm/dd/yyyy)	ICD-10
Service Coordinator			
Name of service coordinator	Phone number	Email address	

Provider Information		
Name of agency	Name of provider	Discipline
Phone number	Email Address	

Assessment Information			
Date of assessment (mm/dd/yyyy)	Start time	End time	Total # of units (15 minutes = 1 unit)
Location			
Street address	City	Zip code	Location code Off-site On-site

My signature verifies that I agree to the accuracy of the time reported for this assessment activity.	
Signature of parent/guardian/surrogate parent	Date (mm/dd/yyyy)
Signature of provider	Date (mm/dd/yyyy)

- If assessment will take place prior to initial IFSP only report the date of intake
- If assessment will take place after IFSP only report the date of IFSP
- Maximum time authorized for assessment is 150 minutes/10 units.
- Location code must be entered as off-site (child’s natural environment) or on-site (ex. office, clinic)
- Form must be sent with the completed assessment to the Service Coordinator no more than five (5) business days after assessment.
- Data will be entered for authorization after the SPOE receives completed form.

Notes: