



FAX

To: (EIOD)	From:
EI Fax: (516) 227-8663/8664	Pages: (including cover sheet)
Agency Phone:	Date:
Agency Fax:	
Re:	

Here is the ABA schedule for the above-mentioned child. Please be advised of the following:

- Initial/first schedule
- New IFSP period
- Amended schedule
- Change of therapist/team leader
- No new authorizations required
- No schedule changes
- Authorizations required for the following services:

1 _____	6 _____
2 _____	7 _____
3 _____	8 _____
4 _____	9 _____
5 _____	10 _____

- Discontinuation of the following services/authorization numbers:

1 _____	Auth # _____	4 _____	Auth # _____
2 _____	Auth # _____	5 _____	Auth # _____
3 _____	Auth # _____	6 _____	Auth # _____

Comments: _____

Thank you for your assistance in this matter. If you have any questions, please call.