

SECTION V: (EI Record Copy)

Child's name _____ **FSIS Number** _____

Contact Information
Acknowledgement of Receipt of Child and Family Rights/Procedural Safeguards
Consent to Screen, Evaluate and/or Assess

First Steps EIP strives to maintain open communication among personnel and families. Your concerns, questions, and opinions are important to us. If you wish to contact your Service Coordinator, the District Coordinator (your Service Coordinator's supervisor), or the Part C Coordinator, their contact information is provided below:

Service Coordinator	District Coordinator	Part C Coordinator
		Part C Coordinator
		Mississippi State Dept. of Health
		507 E. Woodrow Wilson
		P.O. Box 1700, Jackson, MS 39215
		601-576-7427 or 1-800-451-3903
		Fax 601-576-7540
		@msdh.state.ms.us

Acknowledgement of Receipt of the
Child and Family Rights/Procedural Safeguards

I, _____ (parent's name) acknowledge that I have received a verbal explanation of the Child and Family Rights/Procedural Safeguards and a copy of this booklet has been given to me by _____ (name) on _____ (date). I also understand if I have any questions, I may contact my Service Coordinator using the above contact information.

Parent Signature _____ Date _____

Service Coordinator Signature _____ Date _____

Consent to Screen, Evaluate and/or Assess

I, _____ (parent's name) acknowledge that the developmental screening, evaluation and assessment has been fully explained to me. I understand the developmental screening, evaluation and assessment are provided at no cost to my child or family. I further understand that I may request a comprehensive, multidisciplinary evaluation during or after my child's developmental screening, even if the screening indicates no developmental delays. Complete and/or initial the following:

I have been fully informed and (parent's initial) _____ **give my consent** or _____ **do not give my consent** for my child _____ (child's name) to receive a developmental:

(parent's initial, as applicable) ___ **Screening** ___ **Evaluation** ___ **Reevaluation** ___ **Assessment** ___ **Reassessment**.

Parent Signature _____ Date _____

Service Coordinator Signature _____ Date _____