

For Physician: Select information you want to receive by checking the appropriate boxes

Section 2: Eligibility Determination

Please send me a copy of the completed Eligibility Statement forms that show the basis for the determination of eligibility or any other information used to establish eligibility.

Section 3: Request for Additional Information

After development of the child's individualized Family Service Plan (FSP), please send me the following information:

Initial FSP services pages, showing services the child and family will receive

Other (explain):

I authorize the ECI program receiving this referral to provide the physician with the information requested in sections 2 and 3 above. I understand that before sending this information to the physician, ECI will reconfirm my consent and give me the opportunity to revoke my consent to provide any and all of this information to the physician.

▶ Parent or Legal Guardian's Signature _____ Date _____

This section to be completed by ECI provider

ECI has fully informed the parent or legal guardian of the information to be sent to the child's physician as requested in Sections 2 and 3 above and explained their right to revoke said consent.

▶ Initials of ECI staff member confirming consent _____ Date _____

After completing this form, please fax to Betty Hardwick Center ECI at:
325.670.4831

For any questions, you may call our office at 325.627.0908 or email us at
eci@bettyhardwick.org