

Welcome to Summit/Wasatch Early Intervention

Your child was referred to us because of concerns that we will be discussing further with you. To help you through the evaluation process we would like to share the following information with you.

- Please note that the evaluations are free of charge, but therapy is provided on an income based sliding fee scale.
- You will be receiving phone calls from several people, all of whom it is important you talk to.
- The evaluation process will take several appointments. We are required to do a full developmental assessment, hearing and vision screenings, and additional testing in specific areas of development that you are concerned about. Following this comprehensive evaluation, if your child qualifies for our program, we will schedule a meeting to enroll your child in Early intervention, write goals and work out a therapy schedule.

Please Contact any of us at Summit/Wasatch Early Intervention if you have any questions. Our phone number is (435)-333-1525

Jackie Swan, Program Director, OT

Office (435)333-1520 Cell (435) 640-2092

We look forward to meeting you and your child.

Sincerely,

The Summit/Wasatch Early Intervention Team

When your child turns three

Our team completes a transition meeting with the school district starting at 29 months. The transition meeting provides information to the family and child about what services and programs are available at the school district when the child turns three.

Early Intervention

It helps children significantly improve their abilities and learn new skills, overcome challenges to improve independence in life.



Contact Us

Summit County Early Intervention

650 Round Valley Dr, Park City, UT 84060

Phone: 435.333.1520

Fax: 435.333.1587

summitcountyhealth.org/early-intervention



Summit County

Early Intervention

A healthier community for all.





What is Early Intervention?

Early Intervention is a program for families with a child from 0-3 years with a developmental delay, qualifying diagnoses or disability.

Early Intervention Process

A referral is made to Summit County Early Intervention. The nurse completes a health history and then the child is evaluated by a service provider. The service provider completes a standardized evaluation to determine eligibility for the child.

The eligibility addresses gross motor, fine motor, self-help, cognition, language and social emotional skills. If the child is eligible, the service provider and family complete an Individualized Family Service Plan. (IFSP) The child starts service visits after the IFSP is completed.

The services provided address the needs and priorities of the child's family. The family-directed services are established to help family members understand the special needs of their child and how to enhance their overall development.

Early Intervention's approach

Our service visits are provided through coordinated care from parents, health care professionals, and community partners. Our team provides support to families that allow the infant and toddler to grow and develop independently within Summit and Wasatch Counties.



Our services

Summit County Early Intervention provides early identification and developmental services for families of infants and toddlers. We provide services in the child's natural environment including the community.

Services offered include:

- Full assessment of a child's current health and development
- Service coordination among providers, programs, and agencies
- Strategies to build on family concerns, priorities, and resources
- Developmental services: occupational therapy, physical therapy, speech Therapy, and Nursing

How much does it cost?

The initial evaluation is free of charge. Then, each family fills out an electronic form to determine the cost of services. The sliding scale is based on number of family members and income.

Who is part of the team?

Our team is made up of occupational therapy, physical therapy, speech therapy, nursing, service coordinators and Spanish translation.

Our goal is for each child to reach their full potential in their development to be able to be independent in their home and community.



Our mission is to be a trusted and innovative public health organization focused on defining and implementing strategies and services.

What is Baby Watch?

Baby Watch is the state agency responsible for Part C early intervention (EI) services in Utah. Our statewide network of EI programs serves the families of eligible infants and toddlers with developmental delays or disabilities.

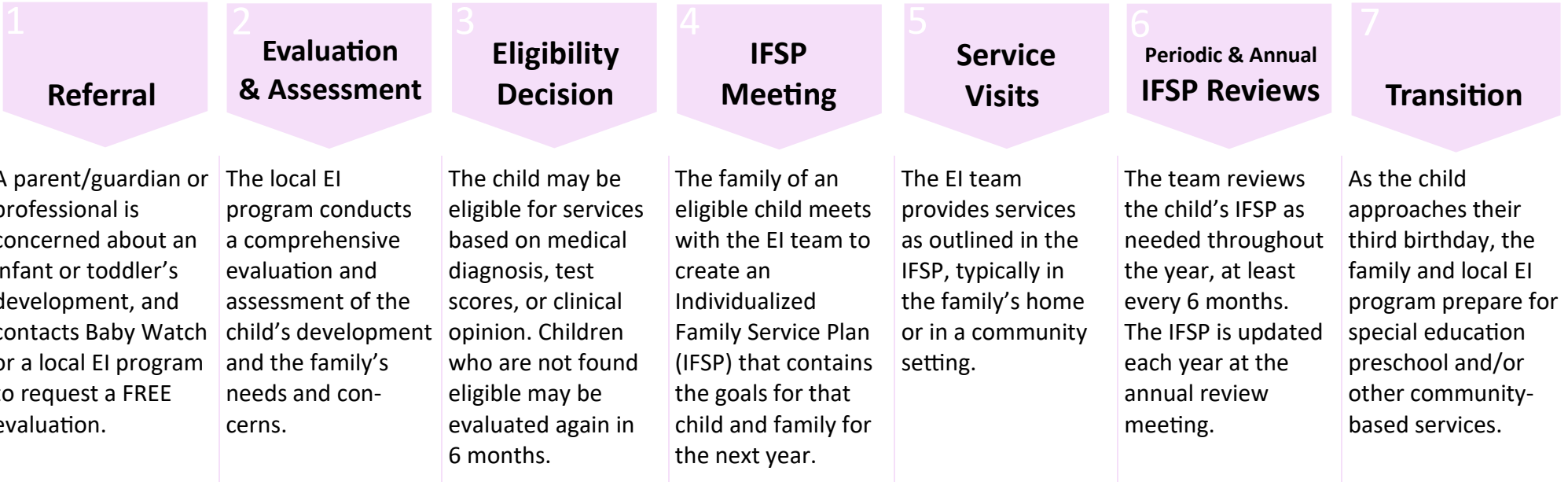


What is Early Intervention?

Early intervention (EI) is a parent coaching program that teaches families how to support their infant or toddler's development. EI services are customized for every child and family, and are provided by a team of qualified personnel that may include:

- Service coordinators
- Child development specialists
- Speech-language pathologists
- Registered nurses
- Occupational therapists
- Physical therapists
- Social workers
- Hearing specialists
- Vision specialists

Our Process



CHILD NAME	DATE OF BIRTH
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WHAT DOES EVALUATION AND ASSESSMENT MEAN?

Free Services

We will provide timely, multidisciplinary, and comprehensive evaluation and assessment of your infant or toddler's development at no cost.

Evaluation

We will evaluate your child using the Battelle® Developmental Inventory, Second Edition Normative Update (BDI-2 NU), in order to determine their eligibility for early intervention. The BDI-2 NU is an evaluation tool that helps us learn more about your child's progress in all areas of development: Motor, Adaptive, Cognitive, Personal-Social, and Communication. We may also conduct additional evaluation in specific areas of concern.

Assessment

We will conduct a comprehensive health, hearing, and vision assessment. We will also assess your child's development through in-home observation, interviews, and reviewing health information. If your child is eligible for services, we will conduct a family-directed assessment to identify your unique concerns, priorities, and resources.

Eligibility Report

You will receive an Eligibility Report that contains the results of your child's evaluation and assessment. The report will describe if your child is eligible for services based on medical diagnosis, test scores, or clinical opinion.

Confidentiality

You have the right to confidentiality throughout the evaluation and assessment process. Information about your child and family will be stored in our secure online database, and can only be accessed by select early intervention (EI) staff. You must agree in writing before your child's EI record can be shared with anyone else.

For more information about Part C evaluation and assessment, please refer to sites.ed.gov/idea/regs/c.

PARENT/GUARDIAN CONSENT STATEMENT

YES, I give permission for the local EI program to evaluate and assess my child and family. I understand this permission is being granted for the length of time my child participates in early intervention. My consent is voluntary and may be revoked at any time.

PARENT/GUARDIAN NAME	PARENT/GUARDIAN SIGNATURE	DATE
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CHILD NAME	DATE OF BIRTH	IFSP DATE
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WHAT IS CHARM?

The Child Health Advanced Records Management (CHARM) is a secure data-sharing system within the Utah Department of Health (UDOH). CHARM allows UDOH programs and partners to share public health data, in order to improve services and outcomes for Utah children. Participating CHARM programs include:

- Baby Watch Early Intervention Program
- Early Hearing Detection and Intervention
- Fostering Healthy Children Program
- Utah Birth Defect Network
- Utah Office of Recovery Services
- Utah Office of Vital Records & Statistics
- Utah Statewide Immunization Information System

CHARM allows authorized professionals to access to your child's health information for treatment, care coordination, and quality improvement purposes. All data shared electronically through CHARM is encrypted and protected through strict security procedures, as required by the Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA).

More information about CHARM is available at charm.health.utah.gov.

PARENT/GUARDIAN CONSENT STATEMENT

YES, I give permission to share my child's early intervention health information in the CHARM system.

NO, I do not give permission to share my child's early intervention health information in the CHARM system.

PARENT/GUARDIAN NAME	PARENT/GUARDIAN SIGNATURE	DATE
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CHILD NAME		DOB	
EARLY INTERVENTION PROGRAM		PARTNER ORGANIZATION	
Program Name		Org Name	
Contact Person		Contact Person	
Phone		Phone	
Fax		Fax	
Email		Email	
INFORMATION TO BE SHARED			
<input type="checkbox"/> Developmental evaluation report <input type="checkbox"/> Medical information <input type="checkbox"/> Medical diagnosis documentation <input type="checkbox"/> Hearing or vision report <input type="checkbox"/> Hospital discharge summary <input type="checkbox"/> Two-way verbal and/or written communication		Early Intervention (EI) records including: <input type="checkbox"/> Eligibility report <input type="checkbox"/> Individualized Family Service Plan (IFSP) <input type="checkbox"/> Evaluation/Assessment information <input type="checkbox"/> Other (describe)	
AUTHORIZATION STATEMENT			
<p>I authorize the release and exchange of information between the early intervention program and partner organization named above. I understand that:</p> <ul style="list-style-type: none"> • All information shared will be kept confidential and will be used for planning purposes only. • As the parent/guardian, I have the right to give or deny permission for the release of my child's information unless the release of information is allowed as an exception under Part C of the Individuals with Disabilities Education Act (IDEA) and Family Education Rights and Privacy Act (FERPA). • If releasing information to a Local Education Agency (LEA) or public school district: This release allows the Baby Watch Early Intervention Program to inform the school district special education program about my child's participation in early intervention. It also allows the school district to inform Baby Watch Early Intervention Program regarding my child's eligibility for special education services. • The information released will help determine my child's eligibility for services, developmental progress, and/or types and levels of services, as well as for planning and coordination of care. • This authorization is valid for the entire time my child receives early intervention services and will expire on my child's third birthday. If my child exits before their third birthday, this authorization expires on their exit date. • I may withdraw this authorization in writing at any time; however, withdrawal of authorization will not apply to information already shared under a previously signed authorization. 			
PARENT/GUARDIAN NAME		PARENT/GUARDIAN SIGNATURE	
EI PROGRAM REPRESENTATIVE NAME		EI PROGRAM REPRESENTATIVE SIGNATURE	
DATE		DATE	

CHILD NAME		DATE OF BIRTH	CHILD ID
MAILING ADDRESS		CITY	ZIP CODE
TELE-INTERVENTION SERVICE TYPE(S) <input type="checkbox"/> Service Coordination <input type="checkbox"/> Evaluation and Assessment <input type="checkbox"/> Ongoing IFSP Services Please complete a separate form for each service type to be provided via tele-intervention.		REMOTE CONSENT (IF PARENT IS UNABLE TO CONSENT IN PERSON) <input type="checkbox"/> Via phone call <input type="checkbox"/> Via text message <input type="checkbox"/> Via email message Please document the following details in the child's electronic EI record: <ul style="list-style-type: none"> • Date and time of phone call, text message, or email • Parent/guardian's phone number or email address • Name of parent/guardian who gave consent • Name of employee who received the consent 	
ACKNOWLEDGEMENT AND STATEMENT OF CONSENT			
<p>I understand that my child and family may receive early intervention (EI) services through tele-intervention visits. I also understand that federal and state laws require that:</p> <ol style="list-style-type: none"> 1. I consent to the delivery of EI services by tele-intervention over a computer, tablet, or smart phone between EI professionals and my family/child. I understand that the availability of tele-intervention will depend on the type of technology, devices, or system requirements used. 2. I understand that EI professionals providing tele-intervention will have the same licensure/certification and apply the same standard of care as EI professionals during an in-person visit. 3. I understand that not all EI professionals are able to provide tele-intervention due to licensure restrictions. 4. I have access to the same EI records from tele-intervention that I do for in-person visits, as provided for by law. 5. As with any internet-based communication, I understand that risks include the possibility of technological problems such as: poor quality audio or video, session disconnection, as well as a security breach without the appropriate protections. To mitigate security risks, it is recommended I take steps to protect my personal device and data by using a password-protected Wi-Fi network and an encrypted videoconferencing platform. 6. I understand that the Baby Watch Early Intervention Program is not responsible for my device security and acknowledge and knowingly accept the risks of accessing services via virtual technology. 7. I understand that, in addition to the EI professional, other individuals may be involved in tele-intervention sessions to operate or troubleshoot the audio or video equipment. If this occurs, these individuals must be identified to all parties and must adhere to the same privacy policies as the EI professional. 8. I understand that I am responsible for the cost of technology (e.g., home Internet and/or mobile device data plans, etc.) associated with receiving EI services through tele-intervention. 9. I understand that tele-intervention is only allowable at this time due to COVID-19, and is not a permanent service delivery option. This temporary policy will be in effect until Utah's public health emergency is lifted. 			
PARENT/GUARDIAN NAME		PARENT/GUARDIAN SIGNATURE	DATE
EI PROGRAM REPRESENTATIVE NAME		EI PROGRAM REPRESENTATIVE SIGNATURE	DATE

The Baby Watch Early Intervention Program (BWEIP) is required by the Individuals with Disabilities Education Act (IDEA) to inform parents of the following procedural safeguards and no-cost protections regarding payment for early intervention services.

Medicaid and CHIP

NOTICE TO FAMILY: Medicaid or CHIP will be billed for your child's early intervention services if they are covered by either program.

- BWEIP must provide parents with written notice prior to billing public insurance (Medicaid/CHIP) for their child's early intervention services.
- Parents cannot be required to enroll in a public insurance or benefits program (Medicaid/CHIP) if they are not already enrolled in such a program to receive early intervention services from the BWEIP.
- Early intervention services, as specified in the child's Individualized Family Service Plan (IFSP) and to which the parent has consented, cannot be denied due to a parent's refusal to allow their public insurance to be billed for such services.
- BWEIP does not require a parent to pay any costs as a result of the BWEIP using a child's or parent's public insurance or public benefits to pay for early intervention services.
- BWEIP, Medicaid, and CHIP are programs within the Utah Department of Health, therefore parental consent is not required prior to a child's personally identifiable information (name, date of birth, policy number, and address) being submitted for billing purposes.
- Parents have the right to withdraw their consent to disclose their child's personally identifiable information at any time without affecting the BWEIP services their child is receiving as specified in their child's IFSP.
- Parents must be informed that billing their public insurance in Utah (Medicaid/CHIP) will not result in a decrease in lifetime benefits, result in the child's parents paying for services that would otherwise be covered, result in an increase in premiums or discontinuation of public benefits or insurance, or will risk loss of eligibility for home and community-based waivers based on aggregated health-related expenditures for the child or the child's parents.
- BWEIP must obtain written consent from parents if billing their public insurance would result in a decrease in lifetime benefits, result in the child's parents paying for services that would otherwise be covered, result in an increase in premiums or discontinuation of public benefits or insurance, or will risk loss of eligibility for home and community-based waivers based on aggregated health-related expenditures for the child or the child's parents.

Family Fees

The BWEIP will not charge a fee for services that a child is entitled to receive at no cost under IDEA: child find, evaluation and assessment, service coordination, development and review of IFSP, provisions of procedural safeguards, and services provided by the Utah Schools for the Deaf and the Blind. Parent's Rights guarantee that:

- All early intervention services on the IFSP will be provided at no cost without delay if the family meets the state's definition of inability to pay.
- Families will receive an annual review of their family fee or may request a review at any time.
- Families have the right to appeal the amount of their family fee through their program's conflict resolution procedure.
- Families are entitled to receive uninterrupted services during the appeal process.

PLEASE NOTE:

- **A service will be considered rendered and the family will be subject to a fee for a no show or untimely cancellation.**
- **Please cancel prior to 9am on the day of the scheduled service.**
- **Fee-eligible services may be suspended if unpaid charges exceed 90 days past due.**

** Family Fee Information can be entered at: <http://bnp.health.utah.gov>. If you do not have a Child ID or Family Fee Pin, please contact your local Early Intervention Program.**

Program Name _____

Family and Child Contact Information			
Parent/Legal Guardian Last Name: _____ First Name: _____		Parent/Legal Guardian Last Name: _____ First Name: _____	
Street Address: _____		City: _____	Zip Code: _____ Home Phone: () _____ Daytime Phone: () _____

Please list all children enrolled in early intervention by name and date of birth.				
Last Name	First Name	Date of Birth	Gender	Public Insurance Number*
1.			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP # _____
2.			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP # _____
3.			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP # _____

***NOTICE TO FAMILY:** Public insurance (Medicaid/CHIP) will be billed for your child's early intervention services if your child is currently enrolled in a public insurance program. If your child has public insurance, enter a monthly family fee amount of \$0 on Line E. Parent/legal guardian and program staff member must both sign below. Please see the attached statement of No-Cost Protections. STOP HERE.

Family Services Information					
<input type="checkbox"/> FEP/TANF	<input type="checkbox"/> WIC	<input type="checkbox"/> Early Head Start	<input type="checkbox"/> PCN	<input type="checkbox"/> Medicaid	<input type="checkbox"/> CHIP
If <u>any</u> family member receives <u>any</u> of the services listed above, enter a monthly family fee amount of \$0 on Line E. Parent/legal guardian and program staff member must both sign below. STOP HERE.					

Option to Decline Disclosure of Family Financial Information
<input type="checkbox"/> Check here if the parent/legal guardian declines to disclose family financial information. The family will be billed for the full fee of \$200 per month. Enter a monthly family fee of \$200 on Line E. Parent/legal guardian and program staff member must both sign below. STOP HERE.

Please fill out the Family Fee Calculation Worksheet on page 2 unless you were instructed in one of the above sections to stop and sign below.

Monthly Family Fee	Extenuating Circumstances
A. Modified Family Income (From page 2, Line 25.) \$ _____	Extenuating circumstances are unexpected events that affect the family's financial situation and should be taken into consideration when determining the monthly family fee. Enter \$0 on Line E and describe the circumstance:
B. Number of adults in family _____	
C. Number of children in family _____	
D. Total family size (Add Line B + Line C.) _____	
E. Enter a monthly family fee amount of \$0 if instructed to do so in one of the above sections OR enter the fee amount from the sliding fee schedule using Line A and Line D. \$ _____	
This monthly family fee amount will become effective:	
Month: _____ Year: 20_____	_____ Program Coordinator or Designee Signature Date

Parent/Legal Guardian Certification
<input type="checkbox"/> The No-Cost Protections for families when billing a child's public insurance have been reviewed with me and I have received a copy of the Procedural Safeguards and No-Cost Protections.
<input type="checkbox"/> I understand that my financial responsibility is calculated based on the information I have provided. I also understand that non-payment of fees may result in the discontinuation of services. A minimum penalty fee of \$20 per check will be charged for returned checks. I certify to the best of my knowledge the information provided above is true and correct. I have received a copy of my parent's rights and responsibilities related to cost participation through family fees and understand that I may ask for a review of my family fee if my financial situation changes.
_____ Parent/Legal Guardian Signature Date

Program Staff Member Certification
I verify that I have informed the parent/legal guardian regarding their rights and responsibilities related to cost participation in early intervention through family fees, and that I have utilized all the information provided to me by the family in assisting them to calculate their fee. I have informed the family of the No-Cost Protections if the child's public insurance is billed.
_____ Program Staff Member Signature Date

NOTE: A new form is required at each annual review or any time there is a change in family size, income, address, or phone number.

POVERTY LEVEL % NIVEL DE POBREZA %		100%	186%	200%	250%	300%	400%	500%	600%	700%	800%	900%	1000%	1100%	1200%
MONTHLY FAMILY FEE CUOTA MENSUAL		Exempt	\$10	\$20	\$30	\$40	\$50	\$60	\$80	\$100	\$120	\$140	\$160	\$180	\$200
FAMILY SIZE TAMAÑO de FAMILIA	MODIFIED ANNUAL INCOME / INGRESO ANUAL MODIFICADO														
2	\$19,720	\$0.00 to \$36,679.19	\$36,679.20 to \$39,439.99	\$39,440.00 to \$49,299.99	\$49,300.00 to \$59,159.99	\$59,160.00 to \$78,879.99	\$78,880.00 to \$98,599.99	\$98,600.00 to \$118,319.99	\$118,320.00 to \$138,039.99	\$138,040.00 to \$157,760.00	\$157,760.00 to \$177,480.00	\$177,480.00 to \$197,200.00	\$197,200.00 to \$216,920.00	\$216,920.00 to \$236,640.00	\$236,640.00 and above
3	\$24,860	\$0.00 to \$46,239.59	\$46,239.60 to \$49,719.99	\$49,720.00 to \$62,149.99	\$62,150.00 to \$74,579.99	\$74,580.00 to \$99,439.99	\$99,440.00 to \$124,299.99	\$124,300.00 to \$149,159.99	\$149,160.00 to \$174,019.99	\$174,020.00 to \$198,879.99	\$198,880.00 to \$223,739.99	\$223,740.00 to \$248,599.99	\$248,600.00 to \$273,460.00	\$273,460.00 to \$298,320.00	\$298,320.00 and above
4	\$30,000	\$0.00 to \$55,799.99	\$55,800.00 to \$59,999.99	\$60,000.00 to \$74,999.99	\$75,000.00 to \$89,999.99	\$90,000.00 to \$119,999.99	\$120,000.00 to \$149,999.99	\$150,000.00 to \$179,999.99	\$180,000.00 to \$209,999.99	\$210,000.00 to \$239,999.99	\$240,000.00 to \$269,999.99	\$270,000.00 to \$299,999.99	\$300,000.00 to \$329,999.99	\$330,000.00 to \$359,999.99	\$360,000.00 and above
5	\$35,140	\$0.00 to \$65,360.39	\$65,360.40 to \$70,279.99	\$70,280.00 to \$87,849.99	\$87,850.00 to \$105,419.99	\$105,420.00 to \$140,560.00	\$140,560.00 to \$175,700.00	\$175,700.00 to \$210,840.00	\$210,840.00 to \$245,980.00	\$245,980.00 to \$281,120.00	\$281,120.00 to \$316,260.00	\$316,260.00 to \$351,400.00	\$351,400.00 to \$386,540.00	\$386,540.00 to \$421,680.00	\$421,680.00 and above
6	\$40,280	\$0.00 to \$74,920.79	\$74,920.80 to \$80,559.99	\$80,560.00 to \$100,699.99	\$100,700.00 to \$120,839.99	\$120,840.00 to \$161,119.99	\$161,120.00 to \$201,399.99	\$201,400.00 to \$241,679.99	\$241,680.00 to \$281,959.99	\$281,960.00 to \$322,239.99	\$322,240.00 to \$362,519.99	\$362,520.00 to \$402,799.99	\$402,800.00 to \$443,079.99	\$443,080.00 to \$483,359.99	\$483,360.00 and above
7	\$45,420	\$0.00 to \$84,481.19	\$84,481.20 to \$90,839.99	\$90,840.00 to \$113,549.99	\$113,550.00 to \$136,259.99	\$136,260.00 to \$181,679.99	\$181,680.00 to \$227,099.99	\$227,100.00 to \$272,519.99	\$272,520.00 to \$317,940.00	\$317,940.00 to \$363,360.00	\$363,360.00 to \$408,780.00	\$408,780.00 to \$454,200.00	\$454,200.00 to \$499,620.00	\$499,620.00 to \$545,040.00	\$545,040.00 and above
8	\$50,560	\$0.00 to \$94,041.59	\$94,041.60 to \$101,119.99	\$101,120.00 to \$126,399.99	\$126,400.00 to \$151,679.99	\$151,680.00 to \$202,239.99	\$202,240.00 to \$252,799.99	\$252,800.00 to \$303,359.99	\$303,360.00 to \$353,919.99	\$353,920.00 to \$404,479.99	\$404,480.00 to \$455,039.99	\$455,040.00 to \$505,599.99	\$505,600.00 to \$556,159.99	\$556,160.00 to \$606,719.99	\$606,720.00 and above
9	\$55,700	\$0.00 to \$103,601.99	\$103,602.00 to \$111,399.99	\$111,400.00 to \$139,249.99	\$139,250.00 to \$167,100.00	\$167,100.00 to \$222,799.99	\$222,800.00 to \$278,499.99	\$278,500.00 to \$334,199.99	\$334,200.00 to \$389,899.99	\$389,900.00 to \$445,599.99	\$445,600.00 to \$501,299.99	\$501,300.00 to \$556,999.99	\$557,000.00 to \$612,699.99	\$612,700.00 to \$668,399.99	\$668,400.00 and above
10	\$60,840	\$0.00 to \$113,162.39	\$113,162.40 to \$121,679.99	\$121,680.00 to \$152,099.99	\$152,100.00 to \$182,519.99	\$182,520.00 to \$243,359.99	\$243,360.00 to \$304,199.99	\$304,200.00 to \$365,039.99	\$365,040.00 to \$425,879.99	\$425,880.00 to \$486,719.99	\$486,720.00 to \$547,559.99	\$547,560.00 to \$608,399.99	\$608,400.00 to \$669,239.99	\$669,240.00 to \$730,079.99	\$730,080.00 and above
11	\$65,980	\$0.00 to \$122,722.79	\$122,722.80 to \$131,959.99	\$131,960.00 to \$164,949.99	\$164,950.00 to \$197,939.99	\$197,940.00 to \$263,919.99	\$263,920.00 to \$329,899.99	\$329,900.00 to \$395,879.99	\$395,880.00 to \$461,859.99	\$461,860.00 to \$527,839.99	\$527,840.00 to \$593,819.99	\$593,820.00 to \$659,799.99	\$659,800.00 to \$725,779.99	\$725,780.00 to \$791,759.99	\$791,760.00 and above
12	\$71,120	\$0.00 to \$132,283.19	\$132,283.20 to \$142,239.99	\$142,240.00 to \$177,799.99	\$177,800.00 to \$213,359.99	\$213,360.00 to \$284,479.99	\$284,480.00 to \$355,599.99	\$355,600.00 to \$426,719.99	\$426,720.00 to \$497,839.99	\$497,840.00 to \$568,959.99	\$568,960.00 to \$640,079.99	\$640,080.00 to \$711,199.99	\$711,200.00 to \$782,319.99	\$782,320.00 to \$853,439.99	\$853,440.00 and above
12+	+\$5140.00	+\$5,140.00 per person	+\$9,560.40 per person	+\$10,280.00 per person	+\$12,850.00 per person	+\$15,420.00 per person	+\$20,560.00 per person	+\$25,700.00 per person	+\$30,840.00 per person	+\$35,980.00 per person	+\$41,120.00 per person	+\$46,260.00 per person	+\$51,400.00 per person	+\$56,540.00 per person	+\$61,680.00 per person
<p>NOTE: This Division of Family Health & Preparedness Sliding Fee Scale is based on the Federal Poverty Guidelines published in the Federal Register on January 13 2018 at federalregister.gov. The scale will be changed in accordance with federal poverty guidelines and updated when new guidelines are published by the Department of Health and Human Services, Office of the Secretary.</p> <p>NOTA: Éste gráfico está basado en los Federal Poverty Guidelines como se publica en el Federal Register, 13 de enero de 2018 en federalregister.gov. Cuando nuevos guías federales de pobreza están publicados, el gráfico será cambiado en acuerdo con las guías federales de pobreza publicados por el Department of Health and Human Services, Office of the Secretary.</p>															

Parent Rights and Responsibilities in Part C Early Intervention

Parent Responsibilities

As the parent of an infant or toddler with a developmental delay or disability, you are your child's voice. It is your responsibility to:

- Learn about your child's developmental delay or disability
- Provide the local early intervention (EI) program with information about your child and family so they can understand your needs
- Participate in the development of your child's IFSP goals, and partner with the EI team to help your child reach those goals
- Monitor your child's progress, and communicate any questions or concerns to your service team or local EI program director
- Communicate with the EI team about any issues that may affect your child's services
- Schedule appointments at a time when you and your child are best able to participate
- Be available and prepared to meet with service providers at the scheduled time
- Give your full attention to your child and to service providers during each visit
- Tell your providers promptly when you need to reschedule or cancel an appointment
- Pay family fees promptly (if applicable)

Resources

For more information about parent rights and responsibilities in Part C early intervention, please contact:

babywatch.utah.gov

(800) 961-4226



Parent Rights

Every parent has rights under a federal law known as the Individuals with Disabilities Education Act (IDEA). Part C of IDEA guarantees certain rights for families of infants and toddlers with special needs. These rights begin the moment your child is referred to early intervention (EI). When you know your parent rights, you can help make important decisions about your child's EI services. Part C of IDEA gives ALL parents the following rights:

1. **THE RIGHT TO GIVE INFORMED CONSENT: §303.7**
You must give written permission before your child is evaluated, before services begin or are changed, and before information about your child or family is shared with anyone else. You will be given complete information and explanations before you are asked to make decisions or sign anything. Written consent can be cancelled in writing at any time.
2. **THE RIGHT TO RECEIVE NOTIFICATION IN WRITING: §303.421**
You must receive written notice from your local EI program before any evaluations or assessments can take place. You must also be given written notice within a reasonable time before any decisions are made about:
 - a. Your child's eligibility
 - b. Individualized Family Service Plan (IFSP) meetings
 - c. Beginning or changing your child's services
 - d. Refusing (choosing not to receive) services
3. **THE RIGHT TO A COORDINATED INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP): §303.342-343**
An IFSP is a written plan that contains your goals for your child for the next 12 months. The IFSP lists when, where, and how each EI service will be delivered. You will work with your service team to create your child's IFSP. You will also help plan the meeting when the IFSP is discussed and signed. You can invite anyone you want to join you at the IFSP meeting. Your child's IFSP will be reviewed at least every 6 months, or sooner if requested. You can request an IFSP review meeting at any time.

4. **THE RIGHT TO RECEIVE SERVICES IN NATURAL ENVIRONMENTS: §303.26 and §303.126**

Natural environments are the places where children live, learn, and play. They are also the activities that children do as they go about their everyday lives at home and in the community. IFSP services are designed to be carried out within your family's daily routines and activities, so that you can learn strategies for teaching your child that can be practiced in between service visits. When a service is provided anywhere other than a natural environment, the program must give you a written explanation of why they changed the location.

5. **THE RIGHT TO CONFIDENTIALITY: §303.401 and §303.414-416**

Access to your personal information is limited to select EI program staff. You must agree in writing before your child's records can be shared with anyone else. Child records will be retained for at least five years, and then destroyed.

6. **THE RIGHT TO REVIEW RECORDS: §303.401, §303.405-412**

You can ask for an explanation of your child's records, or to review your child's records at any time. EI programs have 10 days to comply with your records request, and must give you one free copy of your child's records. After reviewing the records, you can ask to make changes if you think anything is incorrect or incomplete. If the EI program disagrees with your request to change the records, you can ask for a hearing to challenge the decision.

7. **THE RIGHT TO RESOLVE DISAGREEMENTS: §303.430-434**

If you are unable to resolve a disagreement or concern with your local EI program, or if you want to address the issue directly with Baby Watch, please email babywatch@utah.gov or send written concerns to:

Baby Watch Early Intervention Program
PO Box 144720
SLC UT 84114-4720

If you feel your rights have been violated, the following dispute resolution options are available (model letters available on Baby Watch website):

- a. Submit a written complaint.
- b. Request mediation.
- c. Request a due process hearing.

Until the disagreement is resolved, your child's services will not be affected unless you and the local EI program agree to make a change. For more information about dispute resolution, contact Baby Watch or the Utah Parent Center at (800) 468-1160 or utahparentcenter.org.

HELP ME GROW UTAH

It's time to see the difference you are making in your child's life.

Help Me Grow Utah is a statewide information and referral network available at no cost to families who are pregnant or have young children. Check out what we have to offer:

PERSONALIZED PARENT SUPPORT

A virtual Parent Support Specialist, to answer your parenting, pregnancy, and child development questions

SCREENINGS

Questionnaires to measure and track a child's general and social-emotional development, and surveys to help parents throughout pregnancy and postpartum

ACTIVITIES

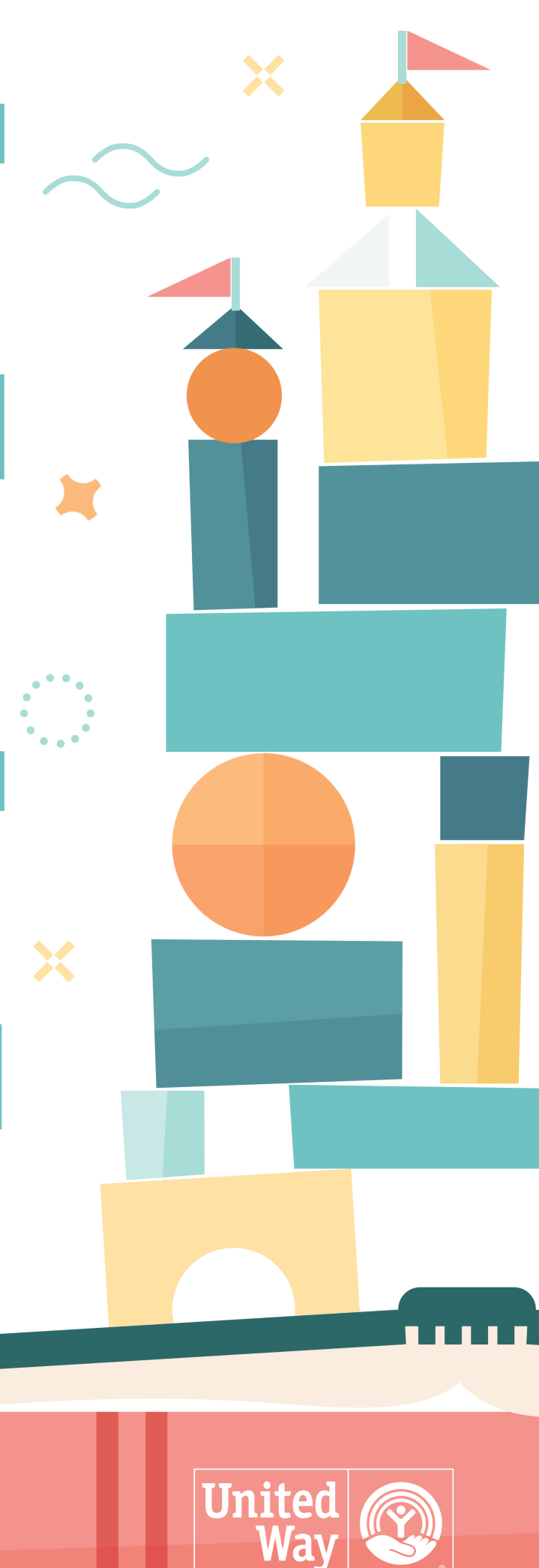
Age-specific activities to strengthen your child's development and your parent-child bond

CONNECTIONS TO RESOURCES

Recommendations on community support (parenting classes, therapy, and more)

Call/Text:
801.691.5322

helpmegrowutah.org



United Ways of Utah